

Women's Sex Addiction Screening Test (W-SAST)

The Women's Sex Addiction Screening Test (W-SAST) is designed as a preliminary assessment screening for sexual addiction. The W-SAST provides a profile of responses that frequently help to identify women with sexual impulse disorders. To complete the test, answer each question by placing a check in the appropriate Yes/No box. A high score may indicate issues of sexual addiction, which would require further exploration with a sex addiction specialist. For more information on The Institute for Sexual Health's female sex and love addiction program call (310) 286-1300 or email drchavez@sexualtreatmentprograms.com.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you sexually abused as a child or adolescent?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you regularly purchase romance novels or sexually explicit magazines?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you stayed in romantic relationships after they become emotionally or physically abusive?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you often find yourself preoccupied with sexual thoughts or romantic daydreams?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel that your sexual behavior is not normal?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse (or Significant other)s every worry or complain about your sexual behavior?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have trouble stopping your sexual behavior when you know it is inappropriate?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ever feel bad about your sexual behavior?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your sexual behavior ever created problems for you and your family?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sought help for sexual behavior you did not like?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worried about people finding our about your sexual activities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has anyone been hurt emotionally because of your sexual behavior?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever participated in sexual activity in exchange for money or gifts?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have times when you act out sexually followed by periods of celibacy (no sex at all)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you made efforts to quit a type of sexual activity and failed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hide some of your sexual behavior from others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you find yourself having multiple romantic relationships at the same time?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever felt degraded by your sexual behavior?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has sex or romantic fantasies been a way for your to escape your problems?
<input type="checkbox"/> Yes <input type="checkbox"/> No	When you have sex, do you feel depressed afterwards?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you regularly engage in sado-masochistic behavior?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your sexual activity interfered with your family life?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been sexual with minors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel controlled by your sexual desired or fantasies of romance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ever think that your sexual desire is stronger than you are?