SEXUAL ADDICTION SCREENING TEST FOR TEENS (T-SAST)

Directions: Complete the following survey and then review with your therapist. The answers to this survey will help you see if sexual addiction is a problem in your life. Respond to each question by checking either the “yes” or “no” box.

☐ Yes  ☐ No  1. Have you worried that your sexual behavior might not be normal?

☐ Yes  ☐ No  2. Do you ever feel bad about your sexual behavior?

☐ Yes  ☐ No  3. Has your sexual behavior ever created problems for you?

☐ Yes  ☐ No  4. Have you ever done anything sexual that you thought might be against the law?

☐ Yes  ☐ No  5. Have you made efforts to stop a type of sexual activity and failed?

☐ Yes  ☐ No  6. Do you hide your sexual behaviors from others?

☐ Yes  ☐ No  7. Do you ever think your sexual desire is stronger than your ability to control it?

☐ Yes  ☐ No  8. Have important parts of your life (such as school, family, friends, job) been neglected because you were spending too much time on sex?

☐ Yes  ☐ No  9. Were you touched inappropriately in a sexual way when you were younger?

☐ Yes  ☐ No  10. Is having sex almost all you think about?

☐ Yes  ☐ No  11. Has sexual behavior using the Internet caused you problems?

☐ Yes  ☐ No  12. Do you spend an hour or more a day on the Internet for sexual purposes?

☐ Yes  ☐ No  13. Have you been involved with sexting others?

☐ Yes  ☐ No  14. Have people in your life been upset about your sexual activities online?

☐ Yes  ☐ No  15. Have you attempted to stop your online sexual behaviors?

☐ Yes  ☐ No  16. Have you purchased, rented, or stolen sexually explicit materials (magazines, videos, books, or online pornography)?

☐ Yes  ☐ No  17. Have you used social media sites such as Facebook or YouTube to post sexual content?

☐ Yes  ☐ No  18. Have you stayed in romantic relationships after they became emotionally or physically abusive?

☐ Yes  ☐ No  19. Have you traded sex for money or gifts?
20. After sexually acting out, do you sometimes avoid sexually related behaviors and feelings for a significant time?

21. Have you engaged in sexual behaviors you considered risky or dangerous even though you knew it could cause you harm?

22. Have you visited malls, parks, or other places looking for sex with strangers?

23. Has your sexual behavior caused you trouble in your relationships?

24. Have you experienced depression as a result of your sexual activity?

25. Has your sexual activity resulted in you getting a sexually transmitted disease?

26. Have you taken sexually explicit pictures or videos of yourself or others?

27. Have you sent sexually explicit pictures or videos of yourself or others to someone else?

Total Number of statements marked “yes”: __________

Total number of statements marked “no” __________

Evaluating Your Screening Test

If you answered “Yes” six or more times, this could signal some problematic behaviors. Discuss your T-SAST with a trained therapist to help determine what your score means.

The S-SAST adapted for: The Teen Guide to Recovery from Sex and Pornography Addiction