

## 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?

- Yes  No 20. After sexually acting out, do you sometimes avoid sexually related behaviors and feelings for a significant time?
- Yes  No 21. Have you engaged in sexual behaviors you considered risky or dangerous even though you knew it could cause you harm?
- Yes  No 22. Have you visited malls, parks, or other places looking for sex with strangers?
- Yes  No 23. Has your sexual behavior caused you trouble in your relationships?
- Yes  No 24. Have you experienced depression as a result of your sexual activity?
- Yes  No 25. Has your sexual activity resulted in you getting a sexually transmitted disease?
- Yes  No 26. Have you taken sexually explicit pictures or videos of yourself or others?
- Yes  No 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*