

## The Gay and Bisexual Sexual Addiction Screening Test (GBSAST)

Please respond to the following questions with a "Yes" or "No" answer.

Yes No	1.	Were you sexually abused as a child or adolescent?
Yes No	2.	Have you subscribed to or regularly purchased/rented or downloaded sexually explicit magazines or videos?
Yes No	3.	Did your parents have trouble with their sexual or romantic behaviors?
Yes No	4.	Do you often find yourself preoccupied with sexual thoughts?
Yes No	5.	Has your use of phone sex lines, pornographic websites, etc., exceeded your ability to pay for these services?
Yes No	6.	Does your partner, friends or family ever worry or complain about your sexual behavior?
Yes No	7.	Do you have trouble stopping your sexual behavior when you know it is inappropriate and/or dangerous to your health?
Yes No	8.	Has your involvement with pornography, phone sex, internet hook-up sites, etc., become greater than your intimate contacts with romantic partners?
Yes No	9.	Do you keep the extent or nature of your sexual activities hidden from your friends and/or partners?
Yes No	10.	Do you look forward to events with friends or family being over so that you can go out to have sex?
Yes No	11.	Do you visit bathhouses, sex clubs and/or video bookstores as a regular part of your sexual activity?
Yes No	12.	Do you believe that anonymous or casual sex kept you from having more long-term intimate relationships or from reaching other personal goals?
Yes No	13.	Do you have trouble maintaining intimate relationships once the "sexual newness" of the person has worn off?
Yes No	14.	Do your sexual encounters place you in danger of arrest for lewd conduct or public indecency?
Yes No	15.	Have you spent time worrying about being HIV positive and continue to engage in risky or unsafe sexual behavior anyway?
Yes No	16.	Has anyone ever been hurt emotionally by events related to your sexual behavior (e.g., lying to partner or friends, not showing up for

			event/appointment due to sexual liaisons, etc.)?
Yes	No	17.	Have you ever been approached, charged, arrested by the police or security due to sexual activity in a public place?
Yes	No	18.	Has sex been a way for you to escape your problems?
Yes	No	19.	When you have sex, do you feel depressed afterwards?
Yes	No	20.	Have you made repeated promises to yourself to change some forms of your sexual activity only to break them later?
Yes	No	21.	Have your sexual activities interfered with some aspect of your professional or personal life (e.g. unable to perform at work, loss of relationship)?
Yes	No	22.	Have you engaged in unsafe or "risky" sexual practices even though you knew it could cause you harm?
Yes	No	23.	Have you ever been paid for sex?
Yes	No	24.	Have you ever paid for sex (escorts, prostitutes, erotic massage)?
Yes	No	25.	Have you ever had sex with someone just because you were feeling aroused and later felt ashamed or regretted it?
Yes	No	26.	Have you ever cruised public restrooms, rest areas and/or parks looking for sexual encounters with strangers?

If you answered "Yes" to 6 or more of the questions you may have a potential problem.

Credit to Patrick Carnes, Ph.D. and Robert Weiss, LCSW