

Clean Acres Recovery Housing

Self-Assessment of Sexual Addiction

Name: _____

Date: _____

This assessment is designed to assist in the evaluation of sexually compulsive or “addictive” behavior. Develop in cooperation with hospitals, treatment programs, private therapists, and community groups, this assessment provides a profile of response which helps to discriminate between addictive and non-addictive behavior.

Yes No

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Where you sexually abused as a child or adolescent? |
| ___ | ___ | 2. Have you subscribed or regularly purchased sexually explicit magazines like Playboy or Penthouse? |
| ___ | ___ | 3. Did your parents have trouble with sexual behavior? |
| ___ | ___ | 4. Do you often find yourself preoccupied with sexual thoughts? |
| ___ | ___ | 5. Do you feel that you sexual behavior is not normal? |
| ___ | ___ | 6. Does your spouse (or significant other/s) every worry or complain about your sexual behavior? |
| ___ | ___ | 7. Do you have trouble stopping your sexual behavior when you know it is inappropriate? |
| ___ | ___ | 8. Do you ever feel bad about your sexual behavior? |
| ___ | ___ | 9. Has your sexual behavior ever created problems for you or your family? |
| ___ | ___ | 10. Have you ever sought help for sexual behaviors you did not like? |
| ___ | ___ | 11. Have you ever worried about people finding out about your sexual activities? |
| ___ | ___ | 12. Has anyone been hurt emotionally because of your sexual behavior? |
| ___ | ___ | 13. Are any of your sexual activities against the law? |
| ___ | ___ | 14. Have you made promises to yourself to quit some aspect of your sexual behavior? |
| ___ | ___ | 15. Have you made efforts to quit a type of sexual activity and failed? |
| ___ | ___ | 16. Do you have to hide some of your sexual behavior from others? |
| ___ | ___ | 17. Have you attempted to stop some parts of your sexual activity? |
| ___ | ___ | 18. Have you ever felt degraded by your sexual behavior? |
| ___ | ___ | 19. Has sex been a way for you to escape your problems? |
| ___ | ___ | 20. When you have sex, do you feel depressed afterwards? |
| ___ | ___ | 21. Have you felt the need to discontinue a certain form of sexual activity? |
| ___ | ___ | 22. Has your sexual activity interfered with your family life? |
| ___ | ___ | 23. Have you been sexual with minors? |
| ___ | ___ | 24. Do you feel controlled by your sexual desire? |
| ___ | ___ | 25. Do you ever think your sexual desire is stronger than you are? |