



HEALTHY SEXUAL SOLUTIONS

Questionnaire

Sexual Addiction Screening Quiz

Explanation/Instructions: This is a brief screening measure to help you determine whether you might have a problem with sexual addiction. This screening questionnaire is not designed to make a diagnosis of a sexual addiction or take the place of a professional diagnosis or consultation. For each item, indicate the extent to which it is true, by checking the appropriate box next to the item.

1. Do you purchase sexually explicit magazines?

No Sometimes Regularly

2. Are you preoccupied with sex?

No Yes

3. Do you feel that your sexual behavior is abnormal?

No Sometimes Regularly

4. Does your spouse ever complain about your sexual behavior?

No Sometimes Often

5. Do you often feel badly about your sexual behavior?

Not at all Somewhat Very much

6. Do you hide aspects of your sexual behavior from your partner?

No Sometimes Often

7. Has your sexual behavior ever interfered with your family life?

No Yes

8. Have you been unable to stop your sexual behavior even though you know it's inappropriate?

No Yes

(Source: Patrick Cames, 1991)