

The Sexual Symptom Assessment Scale

The following questionnaire is aimed at evaluating problematic sexual behaviors **DURING THE PAST SEVEN DAYS**. Please read the questions carefully before you answer.

- 1. If you had urges to engage in problematic sexual behaviors, on average, how strong were your urges? Please circle the most appropriate number:**

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4

- 2. How many times did you experience urges to engage in problematic sexual behaviors? Please circle the most appropriate number:**

None	Once	2 to 3 times	Several to many	Constant to near constant
0	1	2	3	4

- 3. How many hours (add up hours) were you preoccupied with your urges to engage in problematic sexual behaviors? Please circle the most appropriate number:**

None	1hr or less	1 to 7hrs	7 to 21hrs	+21hs
0	1	2	3	4

- 4. How much were you able to control your urges? Please circle the most appropriate number:**

Completely	Much	Moderate	Minimal	No control
0	1	2	3	4

- 5. How often did thoughts about engaging in problematic sexual behaviors come up? Please circle the most appropriate number:**

None	Once	2 to 3 times	Several to many	Constant to near constant
0	1	2	3	4

- 6. Approximately how many hours (add up hours) did you spend thinking about engaging in problematic sexual behaviors? Please circle the most appropriate number:**

None	1hr or less	1 to 7hrs	7 to 21hrs	+21hs
0	1	2	3	4

7. How much were you able to control your thoughts of problematic sexual behaviors? Please circle the most appropriate number:

Completely	Much	Moderate	Minimal	No control
0	1	2	3	4

8. Approximately how much total time did you spend engaging in problematic sexual behaviors? Please circle the most appropriate number:

None	1hr or less	1 to 7hrs	7 to 21hrs	+21hs
0	1	2	3	4

9. On average, how much anticipatory tension and/or excitement did you have *shortly before* you engaged in problematic sexual behaviors? If you did not actually engage in such behaviors, please estimate how much tension and/or excitement you believe you would have experienced if you had engaged in problematic sexual behaviors. Please circle the most appropriate number:

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4

10. On average, how much excitement and pleasure did you feel when you engaged in problematic sexual behaviors? If you did not actually engage in such behaviors, please estimate how much excitement and pleasure you would have experienced, if you had. Please circle the most appropriate number:

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4

11. How much emotional distress (mental pain or anguish, shame, guilt, embarrassment) has your problematic sexual behavior caused you? Please circle the most appropriate number:

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4

12. How much personal trouble (relationship, financial, legal, job, medical or health) has your problematic sexual behavior caused you? Please circle the most appropriate number:

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4