| with. |
|--|
| 1) Do you spend a lot of time involved in pursuing or engaged in sexual activity? |
| 2) Do you feel that your sexual behavior is out of control? |
| 3) Do you feel shame or a high degree of guilt after engaging in some or all of your sexual activities? |
| 4) Are you emotionally isolated? |
| 5) Do you keep some or all of your sexual activities a secret from others? |
| 6) Do you tend to behave impulsively or react on a 'hair trigger?' |
| If you checked 4 or more of the above answers, you may be suffering from problem or out of control sexual behavior. To find out more about how I can help, please call or e-mail me at 512-374-0100 or |

scott@scottkampschaeferlcsw.com