



# EATING ATTITUDES TEST (EAT-26)



Height \_\_\_\_\_

Current Weight \_\_\_\_\_

Highest Weight (excluding pregnancy) \_\_\_\_\_

Lowest Adult Weight \_\_\_\_\_

Do you participate in athletics at any of the following level:

- Intramural
- Inter-Collegiate
- Recreational
- High School teams

	Always	Usually	Often	Sometimes	Rarely	Never	Score
1. Am terrified about being overweight	<input type="radio"/>	_____					
2. Avoid eating when I am hungry	<input type="radio"/>	_____					
3. Find myself preoccupied with food	<input type="radio"/>	_____					
4. Have gone on eating binges where I feel that I may not be able to stop	<input type="radio"/>	_____					
5. Cut my food into small pieces	<input type="radio"/>	_____					
6. Aware of the calorie content of foods that I eat	<input type="radio"/>	_____					
7. Particularly avoid foods with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)	<input type="radio"/>	_____					
8. Feel that others would prefer if I ate more	<input type="radio"/>	_____					
9. Vomit after I have eaten	<input type="radio"/>	_____					
10. Feel extremely guilty after eating	<input type="radio"/>	_____					
11. Am preoccupied with a desire to be thinner	<input type="radio"/>	_____					
12. Think about burning up calories when I exercise	<input type="radio"/>	_____					
13. Other people think that I am too thin	<input type="radio"/>	_____					
14. Am preoccupied with the thought of having fat on my body	<input type="radio"/>	_____					
15. Take longer than others to eat my meals	<input type="radio"/>	_____					
16. Avoid foods with sugar in them	<input type="radio"/>	_____					
17. Eat diet foods	<input type="radio"/>	_____					
18. Feel that food controls my life	<input type="radio"/>	_____					
19. Display self-control around food	<input type="radio"/>	_____					
20. Feel that others pressure me to eat	<input type="radio"/>	_____					
21. Give too much time and thought to food	<input type="radio"/>	_____					
22. Feel uncomfortable after eating sweets	<input type="radio"/>	_____					
23. Engage in dieting behavior	<input type="radio"/>	_____					
24. Like my stomach to be empty	<input type="radio"/>	_____					
25. Enjoy trying new rich foods	<input type="radio"/>	_____					
26. Have the impulse to vomit after meals	<input type="radio"/>	_____					

Total Score (see below for scoring instructions) \_\_\_\_\_

**Please respond to each of the following questions:**

1) Have you gone on eating binges where you feel that you may not be able to stop? (Eating much more than most people would eat under the same circumstances)

No O      Yes O      How many times in the last 6 months? \_\_\_\_\_

2) Have you ever made yourself sick (vomited) to control your weight or shape?

No O      Yes O      How many times in the last 6 months? \_\_\_\_\_

3) Have you ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?

No O      Yes O      How many times in the last 6 months? \_\_\_\_\_

4) Have you ever been treated for an eating disorder?

No O      Yes O      When? \_\_\_\_\_

5) Have you recently thought of or attempted suicide?

No O      Yes O      When? \_\_\_\_\_

**SCORING THE EATING ATTITUDES TEST**

For all items except #25, each of the responses receives the following value:

Always = 3

Usually = 2

Often = 1

Sometimes = 0

Rarely = 0

Never = 0

For item #25, the responses receive these values:

Always = 0

Usually = 0

Often = 0

Sometimes = 1

Rarely = 2

Never = 3

- After scoring each item, add the scores for a total. If your score is over 20, we recommend that you discuss your responses with a counselor (take your responses to the EAT with you to your first appointment).
- If you responded yes to any of the five YES/NO items on the bottom of the EAT, we also suggest that you discuss your responses with a counselor.