

Eating Attitudes Test (EAT-26)[®] Item Scoring

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

Part A: Complete the following questions:

| | | | | | | |
|---------------------------|--|---------|-------|------------|--------------------------|--------------------------|
| 1) Birth Date | Month: | Day: | Year: | 2) Gender: | Male | Female |
| 3) Height | Feet: | Inches: | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Current Weight (lbs.): | 5) Highest Weight (excluding pregnancy): | | | | | |
| 6) Lowest Adult Weight: | 7) Ideal Weight: | | | | | |

Part B: Check a response for each of the following statements:

| | Always | Usually | Often | Some times | Rarely | Never |
|--|--------|---------|-------|------------|--------|-------|
| 1. Am terrified about being overweight. | 3 | 2 | 1 | 0 | 0 | 0 |
| 2. Avoid eating when I am hungry. | 3 | 2 | 1 | 0 | 0 | 0 |
| 3. Find myself preoccupied with food. | 3 | 2 | 1 | 0 | 0 | 0 |
| 4. Have gone on eating binges where I feel that I may not be able to stop. | 3 | 2 | 1 | 0 | 0 | 0 |
| 5. Cut my food into small pieces. | 3 | 2 | 1 | 0 | 0 | 0 |
| 6. Aware of the calorie content of foods that I eat. | 3 | 2 | 1 | 0 | 0 | 0 |
| 7. Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.) | 3 | 2 | 1 | 0 | 0 | 0 |
| 8. Feel that others would prefer if I ate more. | 3 | 2 | 1 | 0 | 0 | 0 |
| 9. Vomit after I have eaten. | 3 | 2 | 1 | 0 | 0 | 0 |
| 10. Feel extremely guilty after eating. | 3 | 2 | 1 | 0 | 0 | 0 |
| 11. Am preoccupied with a desire to be thinner. | 3 | 2 | 1 | 0 | 0 | 0 |
| 12. Think about burning up calories when I exercise. | 3 | 2 | 1 | 0 | 0 | 0 |
| 13. Other people think that I am too thin. | 3 | 2 | 1 | 0 | 0 | 0 |
| 14. Am preoccupied with the thought of having fat on my body. | 3 | 2 | 1 | 0 | 0 | 0 |
| 15. Take longer than others to eat my meals. | 3 | 2 | 1 | 0 | 0 | 0 |
| 16. Avoid foods with sugar in them. | 3 | 2 | 1 | 0 | 0 | 0 |
| 17. Eat diet foods. | 3 | 2 | 1 | 0 | 0 | 0 |
| 18. Feel that food controls my life. | 3 | 2 | 1 | 0 | 0 | 0 |
| 19. Display self-control around food. | 3 | 2 | 1 | 0 | 0 | 0 |
| 20. Feel that others pressure me to eat. | 3 | 2 | 1 | 0 | 0 | 0 |
| 21. Give too much time and thought to food. | 3 | 2 | 1 | 0 | 0 | 0 |
| 22. Feel uncomfortable after eating sweets. | 3 | 2 | 1 | 0 | 0 | 0 |
| 23. Engage in dieting behavior. | 3 | 2 | 1 | 0 | 0 | 0 |
| 24. Like my stomach to be empty. | 3 | 2 | 1 | 0 | 0 | 0 |
| 25. Have the impulse to vomit after meals. | 3 | 2 | 1 | 0 | 0 | 0 |
| 26. Enjoy trying new rich foods. | 0 | 0 | 0 | 1 | 2 | 3 |

Part C: Behavioral Questions:
In the past 6 months have you:

| | Never | Once a month or less | 2-3 times a month | Once a week | 2-6 times a week | Once a day or more |
|---|-------|----------------------|-------------------|-------------|------------------|--------------------|
| A Gone on eating binges where you feel that you may not be able to stop? * | | | √ | √ | √ | √ |
| B Ever made yourself sick (vomited) to control your weight or shape? | | √ | √ | √ | √ | √ |
| C Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape? | | √ | √ | √ | √ | √ |
| D Exercised more than 60 minutes a day to lose or to control your weight? | | | | | | √ |
| E Lost 20 pounds or more in the past 6 months | Yes | √ | No | | | |

* Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control