Eating Attitudes Test (EAT-26)

Part A: Complete the following questions

1.	Birth Date:						
	Month: Day: Year:						
2.	Gender:						
	□ Male						
	Female						
3.	Height: Feet: Inches:						
4.	4. Current Weight (Ibs.):						
5.	5. Highest Weight (excluding pregnancy):						
6.	Lowest Adult Weight:						
7.	Ideal Weight:						

Part B: For each of the following statements, indicate how often the statement applies to you by ticking the following:

	Always	Usually	Often	Sometimes	Rarely	Never
1. I am terrified about being overweight.						
2. I avoid eating when I am hungry.						
3. I find myself preoccupied with food.						
 4. I have gone on eating binges where I feel that I may not be able to stop 						
5. I cut my food into small pieces.						

6. I am aware of the calorie content of foods that I eat.			
7. I particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)			
8. I feel that others would prefer if I ate more.			
9. I vomit after I have eaten.			
10. I feel extremely guilty after eating.			
11. I am preoccupied with a desire to be thinner.			
12. I think about burning up calories when I exercise.			
13. Other people think that I am too thin.			
14. I am preoccupied with the thought of having fat on my body.			
15. I take longer than others to eat my meals.			

16. I avoid foods with sugar in them.			
17. I eat diet foods.			
18. I feel that food controls my life.			
19. I display self- control around food.			
20. I feel that others pressure me to eat.			
21. I give too much time and thought to food.			
22. I feel uncomfortable after eating sweets.			
23. I engage in dieting behavior.			
24. I like my stomach to be empty.			
25. I have the impulse to vomit after meals.			
26. I enjoy trying new rich foods.			

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

A. Gone on eating binges where you feel that you may not be able to stop?

- Never
- Once a month or less
- 2-3 times a month
- Once a week
- 2-6 times a week
- Once a day or more
- B. Ever made yourself sick (vomited) to control your weight or shape?
- □ Never
- Once a month or less
- 2-3 times a month
- Once a week
- 2-6 times a week
- Once a day or more

C. Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?

- □ Never
- Once a month or less
- □ 2-3 times a month
- Once a week
- 2-6 times a week
- Once a day or more

D. Exercised more than 60 minutes a day to lose or to control your weight?

- □ Never
- Once a month or less
- 2-3 times a month
- Once a week
- 2-6 times a week
- Once a day or more

E. Lost 20 pounds or more in the past 6 months

□ Yes

□ No

Assessor's Notes:

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 form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.