Eating Attitudes Test (EAT-26)

Part A: Complete the following questions

1. Birth Date:						
Month: Day: Year:						
2. Gender:						
☐ Female						
3. Height: Feet:	_ Inches: _					
4. Current Weight (lbs.):						
5. Highest Weight (exclude	ding pregn	ancy):				
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
I am terrified about being overweight.						
I avoid eating when I am hungry.						
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:

/ \. U	Sone 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
В. Е	ver 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
o -	
C. E	Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?
	Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape? Never
	Never
	Never Once a month or less
	Never Once a month or less 2-3 times a month
	Never Once a month or less 2-3 times a month Once a week
	Never Once a month or less 2-3 times a month Once a week 2-6 times a week
D. E	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. E	Never Once a month or less 2-3 times a month Once a week 2-6 times a week Once a day or more Exercised more than 60 minutes a day to lose or to control your weight?
D. E	Never Once a month or less 2-3 times a month Once a week 2-6 times a week Once a day or more Exercised more than 60 minutes a day to lose or to control your weight? Never
D. E	Never Once a month or less 2-3 times a month Once a week 2-6 times a week Once a day or more Exercised more than 60 minutes a day to lose or to control your weight? Never Once a month or less
D. E	Never Once a month or less 2-3 times a month Once a week 2-6 times a week Once a day or more 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

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.