

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: <input style="width: 50px;" type="text"/>	Day: <input style="width: 50px;" type="text"/>	Year: <input style="width: 50px;" type="text"/>	2) Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
3) Height	Feet : <input style="width: 50px;" type="text"/>	Inches: <input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4) Current Weight (lbs.):	<input style="width: 100%; border: none;" type="text"/>		5) Highest Weight (excluding pregnancy):	<input style="width: 100%; border: none;" type="text"/>		
6) Lowest Adult Weight:	<input style="width: 100%; border: none;" type="text"/>		7: Ideal Weight:	<input style="width: 100%; border: none;" type="text"/>		

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

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