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

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

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.