



# 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:

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

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

**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  Yes  How many times in the last 6 months? \_\_\_\_\_

2) Have you ever made yourself sick (vomited) to control your weight or shape?

No  Yes  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  Yes  How many times in the last 6 months? \_\_\_\_\_

4) Have you ever been treated for an eating disorder?

No  Yes  When? \_\_\_\_\_

5) Have you recently thought of or attempted suicide?

No  Yes  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.