

Eating Attitudes Test (EAT-26)

Name: _____ Age _____ Sex _____ Height _____ Current Weight: _____

Lowest Adult Weight: _____ Highest weight (excluding pregnancy) _____ Ideal Weight: _____

	✓ Please choose one response by marking a check to the right for each of the following statements:	Always	Usually	Often	Some times	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 food 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.	Have the impulse to vomit after meals.								
26.	Enjoy trying new rich foods.								
Total Score =									
Behavioral Questions:									
In the past 6 months have you:								Yes	No
A.	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) If you answered yes, how often during the worst week: _____								
B.	Ever made yourself sick (vomited) to control your weight or shape? If you answered yes, how often during the worst week: _____								
C.	Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape? If you answered yes, how often during the worst week? _____								
D.	Ever been treated for an eating disorder? When: _____								