

## Eating Attitudes Test (EAT-26)

|  |   |  |
|--|---|--|
| <b>1) Age</b> _____<br><b>2) Sex (M/F)</b> _____<br><b>3) Ethnic/Racial Group:</b><br><input type="checkbox"/> African American <input type="checkbox"/> Caucasian<br><input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Asian American <input type="checkbox"/> Other | <b>4) Do you live:</b> (Check all that apply)<br><input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus<br><input type="checkbox"/> Alone <input type="checkbox"/> With Roommate<br><b>5) What year are you in college</b><br><input type="checkbox"/> Freshman <input type="checkbox"/> Senior<br><input type="checkbox"/> Sophomore <input type="checkbox"/> Graduate Student<br><input type="checkbox"/> Junior <input type="checkbox"/> Other | <b>6) In the last 12 months have you ever had suicidal thoughts?</b><br><input type="checkbox"/> Never <input type="checkbox"/> Once a week<br><input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-6 times a week<br><input type="checkbox"/> 2-3 times a month <input type="checkbox"/> Once a day or more |
|--|---|--|

**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 form below as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

| Check a response for each of the following statements:   | Always | Usually | Often | Some times | Rarely | Never |
|--|--------|---------|-------|------------|--------|-------|
| 1) I am terrified about being overweight   | 3      | 2       | 1     | 0          | 0      | 0     |
| 2) I avoid eating when I am hungry.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 3) I find myself preoccupied with food.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 4) I have gone on eating binges where I feel that I may not be able to stop.                     | 3      | 2       | 1     | 0          | 0      | 0     |
| 5) I cut my food into small pieces.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 6) I am aware of the calorie content of foods that I eat.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 7) I particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.) | 3      | 2       | 1     | 0          | 0      | 0     |
| 8) I feel that others would prefer if I ate more.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 9) I vomit after I have eaten.   | 3      | 2       | 1     | 0          | 0      | 0     |
| 10) I feel extremely guilty after eating.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 11) I am preoccupied with a desire to be thinner.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 12) I 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) I am preoccupied with the thought of having fat on my body.                                  | 3      | 2       | 1     | 0          | 0      | 0     |
| 15) I take longer than others to eat my meals.   | 3      | 2       | 1     | 0          | 0      | 0     |
| 16) I avoid foods with sugar in them.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 17) I eat diet foods.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 18) I feel that food controls my life.   | 3      | 2       | 1     | 0          | 0      | 0     |
| 19) I display self-control around food.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 20) I feel that others pressure me to eat.   | 3      | 2       | 1     | 0          | 0      | 0     |
| 21) I give too much time and thought to food.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 22) I feel uncomfortable after eating sweets.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 23) I engage in dieting behavior.  | 3      | 2       | 1     | 0          | 0      | 0     |
| 24) I like my stomach to be empty.   | 3      | 2       | 1     | 0          | 0      | 0     |
| 25) I have the impulse to vomit after meals.   | 3      | 2       | 1     | 0          | 0      | 0     |
| 26) I enjoy trying new rich foods.   | 0      | 0       | 0     | 1          | 2      | 3     |

**Add Columns**

**Total Score**

| 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       |
|---|------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Gone on eating binges where you feel that you may not be able to stop?*                     | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever made yourself sick (vomited) to control your weight or shape?                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape? | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercised more than 60 minutes a day to lose or to control your weight?                     | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Lost 20 pounds or more in the past 6 months   | YES <input type="checkbox"/> |                          |                          | NO <input type="checkbox"/> |                          |                          |

\*Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control

**High Scores (20 or Higher)** — If people have EAT-26 scores of 20 or higher, it does not necessarily indicate they have an eating disorder, but it does indicate concerns regarding body weight, body shape, and eating. If you have a score of 20 or higher, please seek the advice of a qualified mental health professional who has experience with treating eating disorders. The only way to determine if you meet the diagnostic criteria for an eating disorder is through an interview and follow-up evaluation with a qualified professional, such as your personal physician or an eating disorder treatment specialist.

**Low Scores (Below 20)** — Self-report measures require open and honest responses for accuracy, so denial can create a problem for interpreting test scores. Therefore, a person who has EAT-26 scores below 20 can still have clinically significant eating disorder symptoms or a formal eating disorder. Collateral information from parents, teammates, and coaches can correct for denial, limited self-disclosure, and social desirability.

**Behavioral Questions:** Any affirmative answer to the behavioral questions, recommend seek an evaluation from a trained mental health professional specializing in the treatment of eating disorders. It is important to consider the frequency and the context of the behaviors needs to determine the degree of medical risk they represent. For example, both vomiting and using laxatives for weight control confer serious medical dangers in direct relationship to their frequency. However, less frequent use of these behaviors is still a serious reason for concern since these behaviors tend to escalate over time.