

Eating Attitudes Test

EAT © David M. Garner & Paul E Garfinkel (1979), David M. Garner, et al. (1982)

The Eating Attitudes Test (EAT-26) was the screening instrument used in the 1998 National Eating Disorders Screening program. The EAT-26 is probably the most widely used standardized measure of symptoms and concerns characteristics of eating disorders.

The EAT-26 alone does not yield a specific diagnosis of an eating disorder. Neither the EAT-26, nor any other screening instrument, has been established as highly efficient as the sole means for identifying eating disorders. However, studies have shown that the EAT-26 can be an efficient screening instrument as part of a two-stage screening process in which those who score at or above a cut-off score of 20 are referred for a diagnostic interview.

If you score above 20 on the EAT-26, please contact your doctor or an eating disorders treatment specialist for a follow-up evaluation.

Personal		
Age	Sex	Height
Current Weight	Highest Weight	Lowest Adult Weight
Ethnic/Racial Group <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> European <input type="checkbox"/> Latin/Hispanic <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Other		
Education		
Level of Education Completed <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate		Current College or University Level <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student
Activity		
Do you participate in athletics at any of the following levels: <input type="checkbox"/> Intramural <input type="checkbox"/> Inter-Collegiate <input type="checkbox"/> Recreational <input type="checkbox"/> High School Teams		

Please circle a response for each of the following statements.						
	Always	Usually	Often	Sometimes	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 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 I eat	3	2	1	0	0	0
7. Particularly avoid food with high carbohydrate content (bread, rice, potatoes, etc.)	3	2	1	0	0	0

Please circle a response for each of the following statements.						
	Always	Usually	Often	Sometimes	Rarely	Never
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 I'm 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 other 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

Scoring System for the EAT-26

Responses for each item (# 1-26) are weighted from zero to three, with a score of 3 assigned to the responses farthest in the "symptomatic" direction, a score of 2 for the immediately adjacent response, a score of 1 for the next adjacent response and a 0 score assigned to the three responses farthest in the "asymptomatic" direction.

EAT-26 Scores	
EAT-26 Total	
Add the values circled for questions 1 through 26: _____	
Subscale Totals	
Dieting: add the values circled for questions 1, 6, 7, 10, 11,12,14,16, 17, 22, 23, 24, 25:	_____
Bulimia and Food Preoccupation: add the values circled for questions 3, 4, 9, 18, 21, 26:	_____
Oral Control: add the values circled for questions 2, 5, 8, 13, 15, 19, 20:	_____

If you scored above 20 on the EAT-26 total, please contact your doctor or an eating disorders treatment specialist for a follow-up evaluation.

Please respond to each of the following questions.

Have you gone on eating binges, eating much more than most people would eat under the circumstances, where you feel that you may not be able to stop?

No Yes

If yes, on average, how many times per month over the last 6 months? _____

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

No Yes

If yes, on average, how many times per month over the last 6 months? _____

Have you ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?

No Yes

If yes, on average, how many times per month over the last 6 months? _____

Have you ever been treated for an eating disorder?

No Yes

If yes, when? _____

Have you recently thought of or attempted suicide?

No Yes

If yes, when? _____

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