

Eating Attitudes Test (EAT-26)

Age: _____
pregnancy): _____

Current Weight: _____

Highest weight (excluding

Sex: _____

Height: _____

Lowest Adult Weight: _____

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: _____								

SCORING THE EATING ATTITUDES TEST (EAT-26) ©

Follow the 5 steps below:

Step 1: EAT-26 ITEM SCORING:	
Score each item as indicated below and put score in box to the right of each item	

Items # 1-25:	Item #26 only:
Always = 3	= 0
Usually = 2	= 0
Often = 1	= 0
Sometimes = 0	= 1
Rarely = 0	= 2
Never = 0	= 3

Step 2: Total EAT-26 Score	
	Total =
Add item scores together for a Total EAT-26 score:	

Step 3: Behavioral Questions	
	Yes
Did you score Yes on Questions A, B, C or D?	

Step 4: Underweight
Determine if you are significantly underweight according to the table to the right

Step 5: Referral	No	Yes
If your EAT-26 score is 20 or more		
or if you answered YES to any questions A-D		
or if your weight is below the number on the weight chart to the right,		
Please discuss your results with your physician or therapist		

Significantly Underweight According to Height (Body Mass Index of 18)*			
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Height (inches)	Weight (pounds)	Height (inches)	Weight (pounds)
58	86	68	118
58	88	68	120
59	89	69	121
59	90	69	124
60	91	70	125
60	93	70	127
61	95	71	128
61	96	71	131
62	99	72	132
62	100	72	134
63	101	73	135
63	103	73	138
64	105	74	140
64	106	74	141
65	108	75	144
65	109	75	146
66	112	76	147
66	113	76	149
67	114	77	152
67	117	77	154

* Note: The table above indicates the body weights for heights considered to be “significantly underweight” according to a Body Mass Index (BMI) of 18. BMI is a simple method of evaluating body weight taking height into consideration. It applies to both men and women. There is some controversy regarding whether or not BMI is the best method of determining relative body weight and it is important to recognize that it is possible for someone to be quite malnourished even though they are above the weight listed in the table. In order to determine if you are “significantly underweight”, locate your height (without shoes) on the table and see if the corresponding body weight (in light indoor clothing) is below that listed. If so, you are considered “significantly underweight” and should speak to your physician or therapist about your weight. To Calculate Body Mass Index (BMI) exactly: Weight (pounds) Divided by Height in Inches; Divide this again by Height in Inches and Multiply by 703

$$BMI = (\text{lbs}) \div (\text{inches}) \div (\text{inches}) \times 703$$

Eating Attitudes Test (EAT-26)

The following screening questionnaire is designed to help you determine if your eating behaviors and attitudes warrant further evaluation. The questionnaire is **not intended to provide a diagnosis**. Rather, it identifies the presence of symptoms that are consistent with either a possible eating disorder.

Answer the questions as honestly as you can, and then score questions using the instructions at the end.

	<input checked="" type="checkbox"/> Please mark a check to the right of 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=								

- 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? _____

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Step 2	
Add item scores together for a Total EAT-26 score:	Total =

Step 3
Determine if you are significantly underweight according to the table to the right

Step 4
If your EAT-26 score is 20 or more or if your weight is below the number on the weight chart to the right, we suggest that you discuss your results with your physician or therapist

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$$BMI = \frac{\text{lbs}}{(\text{inches})^2} \times 703$$