

Eating Attitude Test (EAT-26)

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

Part A: Complete the following questions	
1) Birth date (MM/DD/YY) _____	5) Highest Weight (Excluding Pregnancy) _____
2) Gender: Male / Female	6) Lowest Adult Weight (KG) _____
3) Height (CM) _____	7) Ideal Weight (KG) _____
4) Current weight (KG) _____	

Part B: Check a response for each of the following statements	Always	Usually	Often	Sometimes	Rarely	Never
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.						

Part C: Behavioural Questions: 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
1*	Gone on eating binges where you feel that you may not be able to stop?						
2	Ever made yourself sick (vomited) to control your weight or shape?						
3	Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?						
4	Exercised more than 60 minutes a day to lose or to control your weight?						
5	Lost 20 pounds or more in the past 6 months						
* Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control							

Developer Reference:

Garner et al. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine*, 12, 871-878

Scoring and Interpretation

The total score (between 0 and 78) provides an overall risk score, where higher scores indicating greater risk of an eating disorder. Total scores 20 or above are considered to be in the clinical range.

Scores on the three subscales can be examined to determine the focus of disordered eating:

1. Dieting (Items 1, 6, 7, 10, 11, 12, 14, 16, 17, 22, 23, 24,26)
2. Bulimia and Food Preoccupation (Items 3, 4, 9, 18, 21, 25)
3. Oral Control (Items 2, 5, 8, 13, 15, 19, 20)

In addition to the raw scores the results are presented as two percentiles based on published normative data (Garner et al., 1982):

The Healthy Female Percentile compares the respondent's score to women who do not have an eating disorder. A percentile of about 50 represents a typical (and healthy) relationship with food. Percentiles above the 86th percentiles (raw score = 20) indicate that the respondent has more eating concerns than 86 percentile of healthy females, and puts them above the clinical cutoff, indicating a probable eating disorder.

The Anorexia Nervosa Sample percentiles compares the respondents scores to an anorexia nervosa sample. A percentile of about 50 is average in comparison to the anorexia nervosa group and indicates the respondent answered the question in a way that is typical of someone with an eating disorder. Higher scores represents more severe eating disorder symptoms.

The five behavioural questions (questions 27, 28, 29, 30 and 31) are not included in the calculation of the above scores, but are major risk factors important to the health of people with an eating disorder and can be individually examined.