

EATING ATTITUDES TEST (EAT-26)

Name: _____ Date: _____ Age: _____

Present Weight: _____ (lbs) Height: _____ Sex: _____

Highest Past Weight: _____ (lbs) How Long Ago? _____

Lowest Past Adult Weight: _____ (lbs) How Long Ago? _____

INSTRUCTIONS

Please place an (X) under the column which applies best to each of the numbered statements. All of the results will be strictly confidential. Most of the questions directly relate to food or eating, although other types of questions have been included. Please answer each question carefully. Thank you.

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 foods with a high carbohydrate content (e.g., 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. Enjoy trying new rich foods.
						26. Have the impulse to vomit after meals.