MIRACLE Counseling

Eating Attitudes Test - 26 Item (EAT-26)

Patient Name _____ DOB _____ Female ☐

Provider Name _____ Date _____ Male ☐ Other ☐

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.

Part A: Body Mass Index (Part A is optional).

Weight (pounds):	
Height:	

The Body Mass Index (BMI) is of limited utility, especially for very short and very tall people. Enter your height and weight if you would like to have your BMI calculated.

Part B: Questions

	Always	Usually	Often	Sometimes	Rarely	Never
1. I am terrified about being overweight.	☐	☐	☐	☐	☐	☐
2. I avoid eating when I am hungry.	☐	☐	☐	☐	☐	☐
3. I find myself preoccupied with food.	☐	☐	☐	☐	☐	☐
4. I have gone on eating binges where I feel that I may not be able to stop.	☐	☐	☐	☐	☐	☐
5. I cut my food into small pieces.	☐	☐	☐	☐	☐	☐
6. I aware of the calorie content of foods that I eat.	☐	☐	☐	☐	☐	☐
7. I particularly avoid food with a high carbohydrate content (i.e., bread, rice, potatoes, etc.)	☐	☐	☐	☐	☐	☐
8. I feel that others would prefer if I ate more.	☐	☐	☐	☐	☐	☐
9. I vomit after I have eaten.	☐	☐	☐	☐	☐	☐
10. I feel extremely guilty after eating.	☐	☐	☐	☐	☐	☐
11. I am occupied with a desire to be thinner.	☐	☐	☐	☐	☐	☐
12. I think about burning up calories when I exercise.	☐	☐	☐	☐	☐	☐
13. I other people think that I am too thin.	☐	☐	☐	☐	☐	☐
14. I am preoccupied with the thought of having fat on my body.	☐	☐	☐	☐	☐	☐

15. I take longer than others to eat my meals.	☐	☐	☐	☐	☐	☐
16. I avoid foods with sugar in them.	☐	☐	☐	☐	☐	☐
17. I eat diet foods.	☐	☐	☐	☐	☐	☐
18. I feel that food controls my life.	☐	☐	☐	☐	☐	☐
19. I display self-control around food.	☐	☐	☐	☐	☐	☐
20. I feel that others pressure me to eat.	☐	☐	☐	☐	☐	☐
21. I give too much time and thought to food.	☐	☐	☐	☐	☐	☐
22. I feel uncomfortable after eating sweets.	☐	☐	☐	☐	☐	☐
23. I engage in dieting behavior.	☐	☐	☐	☐	☐	☐
24. I like my stomach to be empty.	☐	☐	☐	☐	☐	☐
25. I have the impulse to vomit after meals.	☐	☐	☐	☐	☐	☐
26. I enjoy trying new rich foods.	☐	☐	☐	☐	☐	☐

Part C: Behaviors

	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? (Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control.)	☐	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐	☐

	Yes	No
5. Lost 20 pounds or more in the past 6 months?	☐	☐
6. Have you ever been treated for an eating disorder?	☐	☐

Sources: DM Garner, PE Garfinkel. The Eating Attitudes Test: An Index of the Symptoms of Anorexia Nervosa. 9 Psychological Medicine 273-279. 1979. DM Garner, et al. The Eating Attitudes Test: Psychometric Features and Clinical Correlates. 12 Psychological Medicine 871-878. 1982. (Introduced the 26 item version of the EAT).

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NOTES:

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