



Eating Attitudes Test-26 (EAT-26)

Instructions:

This is a screening measure to help you determine whether you might have an eating disorder. Please respond as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

		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 felt that 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 that I eat.	3	2	1	0	0	0
7	Particularly avoid food with a high carbohydrates content (i.e. bread, rice, potatoes, etc.)	3	2	1	0	0	0
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 that I am 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



		Always	Usually	Often	Sometimes	Rarely	Never
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 others 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 eating sweets.	3	2	1	0	0	0
23	Engage in dieting behaviour.	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.	3	2	1	0	0	0
Behavioural Questions							
27	<p>-</p> <p>In the past 6 months have you gone on eating binges where you feel that you may not be able to stop?*</p> <p>*Defined as eating much more than most people would under the same circumstances and feel that eating is out of control</p> <p>0 Never</p> <p>0 Once a month or less</p> <p>1 2-3 times a month</p> <p>1 Once a week</p> <p>1 2-6 times a week</p> <p>1 Once a day or more</p>						
28	<p>In the past 6 months have you ever made yourself sick (vomited) to control your weight or shape? Or ever used laxatives, diets pills or diuretics (water pills) to control your weight or shape?</p> <p>0 Never</p> <p>1 Once a month or less</p> <p>1 2-3 times a month</p> <p>1 Once a week</p> <p>1 2-6 times a week</p> <p>1 Once a day or more</p>						



29	In the past 6 months have you ever used laxatives or diet pills to control your weight or shape?
0	Never
1	Once a month or less
1	2-3 times a month
1	Once a week
1	2-6 times a week
1	Once a day or more
30	In the past 6 months have you exercised more than 60 minutes a day to lose or to control your weight?
0	Never
0	Once a month or less
0	2-3 times a month
0	Once a week
1	2-6 times a week
	Once a day or more
31	In the past 6 months have you lost 9 kgs (20 pounds) or more in the past 6 months?
1	Yes
0	No