EAT 26

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 I: PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Age: _____ **Current Weight:** _____

Lowest Adult Weight: _____ **Highest weight (excluding pregnancy):** _____

Ideal Weight: _____ **Height:** _____

Sex: _____

PART II: PLEASE CHOOSE ONE RESPONSE FOR EACH OF THE FOLLOWING STATEMENTS:

1. I am terrified about being overweight.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

2. I avoid eating when I am hungry.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

3. I find myself preoccupied with food.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

4. I have gone on eating binges where I feel that I may not be able to stop.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

5. I cut my food into small pieces.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

6. I am aware of the calorie content of foods that I eat.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

7. I particularly avoid food with a high carbohydrate content (e.g, bread, rice, potatoes, etc.)

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

8. I feel that others would prefer if I ate more.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

9. I vomit after I have eaten.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

10. I feel extremely guilty after eating.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

11. I am preoccupied with a desire to be thinner.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

12. I think about burning up calories when I exercise.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

13. Other people think that I am too thin.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

14. I am preoccupied with the thought of having fat on my body.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

15. I take longer than others to eat my meals.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

16. I avoid foods with sugar in them.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

17. I eat diet foods.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

18. I feel that food controls my life.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

19. I display self-control around food.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

20. I feel that others pressure me to eat.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

21. I give too much time and thought to food.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

22. I feel uncomfortable after eating sweets.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

23. I engage in dieting behavior.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

24. I like my stomach to be empty.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

25. I have the impulse to vomit after meals.

- ◯ Always (3)
- ◯ Usually (2)
- ◯ Often (1)
- ◯ Sometimes (0)
- ◯ Rarely (0)
- ◯ Never (0)

26. I enjoy trying new rich foods.

- ☐ Always (0)
- ☐ Usually (0)
- ☐ Often (0)
- ☐ Sometimes (1)
- ☐ Rarely (2)
- ☐ Never (3)

PART III: IN THE PAST 6 MONTHS HAVE YOU:

A. Gone on eating binges where you feel that you may not be able to stop?

- ◯ Never
- ◯ Once a month or less
- ◯ 2-3 times a month
- ◯ Once a week
- ◯ 2-6 times a week
- ◯ Once a day or more

B. Ever made yourself sick (vomited) to control your weight or shape? If you answered yes, how often during the worst week:

- ◯ Never
- ◯ Once a month or less
- ◯ 2-3 times a month
- ◯ Once a week
- ◯ 2-6 times a week
- ◯ Once a day or more

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?

- ◯ Never
- ◯ Once a month or less
- ◯ 2-3 times a month
- ◯ Once a week
- ◯ 2-6 times a week
- ◯ Once a day or more

D. Exercised more than 60 minutes a day to lose or control your weight?

- ☐ Never
- ☐ Once a month or less
- ☐ 2-3 times a month
- ☐ Once a week
- ☐ 2-6 times a week
- ☐ Once a day or more

E. Lost 20 pounds or more in the past 6 months?

◯ Yes ◯ No