

Eating Attitudes Test (EAT-26)

The following screening questionnaire is designed to help you determine if your eating behaviors and attitudes warrant further evaluation. The questionnaire is **not intended to provide a diagnosis**. Rather, it identifies the presence of symptoms that are consistent with a possible eating disorder.

Answer these as honestly as you can, and then score questions using the instructions at the end.

Please mark a check to the right of each of the following statements:	Always	Usually	Often	Some- times	Rarely	Never	Score
1. Am terrified about being overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Avoid eating when I am hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Find myself preoccupied with food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have gone on eating binges where I feel that I may not be able to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cut my food into small pieces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Aware of the calorie content of foods that I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feel that others would prefer if I ate more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Vomit after I have eaten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feel extremely guilty after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Am preoccupied with a desire to be thinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Think about burning up calories when I exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other people think that I am too thin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Am preoccupied with the thought of having fat on my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Take longer than others to eat my meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Avoid foods with sugar in them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Eat diet foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Feel that food controls my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Display self-control around food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Feel that others pressure me to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Give too much time and thought to food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Feel uncomfortable after eating sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Engage in dieting behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Like my stomach to be empty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have the impulse to vomit after meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Enjoy trying new rich foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Score =							

Eating Attitudes Test (EAT-26) (continued)

- A) Have you gone on eating binges where you feel that you may not be able to stop? ___ No ___ Yes ___ How many times in the last 6 months? _____
- B) Have you ever made yourself sick (vomited) to control your weight or shape? ___ No ___ Yes ___ How many times in the last 6 months? _____
- C) Have you ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape? ___ No ___ Yes ___ How many times in the last 6 months? _____
- D) Have you ever been treated for an eating disorder? ___ No ___ Yes ___ When? _____

EAT-26' David M. Garner (1982) Note: The EAT-26 has been made available with permission of the authors.

Step 1: EAT-26 ITEM SCORING			
Score each item as indicated below and put score in box to the right of each item			
Items # 1-25:		Item # 26 only:	
Always	= 3	=	0
Usually	= 2	=	0
Often	= 1	=	0
Sometimes	= 0	=	1

Step 2: Total EAT-26 Score	
	Total =
Add item scores together for a Total EAT-26 score:	

Step 3: Behavioral Questions	
	Total =
Did you score Yes on Questions A, B, C or D?	

Step 4: Underweight
Determine if you are significantly underweight according to the table to the right

Step 5: Referral	No	Yes
If your EAT-26 score is 20 or more		
or if you answered YES to any questions A-D		
or if your weight is below the number on the weight chart to the right		
Please discuss your results with your physician or therapist		

Significantly Underweight According to Height (Body Mass Index of 18)*			
Height (inches)	Weight (pounds)	Height (inches)	Weight (pounds)
58	86	68	118
58	88	68	120
59	89	69	121
59	90	69	124
60	91	70	125
60	93	70	127
61	95	71	128
61	96	71	131
62	99	72	132
62	100	72	134
63	101	73	135
63	103	73	138
64	105	74	140
64	106	74	141
65	108	75	144
65	109	75	146
66	112	76	147
66	113	76	149
67	114	77	152
67	117	77	154

***Note:** The table on the previous page indicates the body weights for heights considered to be “significantly underweight” according to a Body Mass Index (BMI) of 18. BMI is a simple method of evaluating body weight taking height into consideration. It applies to both men and women. There is some controversy regarding whether or not BMI is the best method of determining relative body weight and it is important to recognize that it is possible for someone to be quite malnourished even though they are above the weight listed in the table. In order to determine if you are “significantly underweight”, locate your height (without shoes) on the table and see if the corresponding body weight (in light indoor clothing) is below that listed. If so, you are considered “significantly underweight” and should speak to your physician or therapist about your weight. To Calculate Body Mass Index (BMI) exactly; Weight (pounds) Divided by Height in Inches; Divide this again by Height in Inches and Multiply by 703

$$\text{BMI} = (\text{lbs}) \div (\text{inches}) \div (\text{inches}) \times 703$$

Spiritual Well-Being Scale (SWBS)

Purpose: A general indicator of well-being that may be used for the assessment of both individual and group spiritual well-being. It provides an overall measure of the perception of spiritual quality of life, as well as subscale scores for Religious and Existential Well-Being. The Religious Well-Being subscale provides a self-assessment of one’s relationship with God, while the Existential Well-Being Subscale gives a self-assessment of one’s sense of life purpose and life satisfaction.

Clinical utility: The SWBS is composed of 20 items, 10 of which assess religious well-being specifically, and 10 of which assess existential well-being.

Groups with whom this instrument has been used: Adults and children

Norms: Yes

Format: The SWBS is a paper-pencil instrument currently available in English and Spanish.

Administration time: 10-15 minutes

Scoring time: Information not available

Computer scoring? Information not available

Administrator training and qualifications: Information not available

Fee for use: Yes

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