## **Eating Attitudes Test (EAT-26)**

Use of the EAT may be able to help you determine if you need to speak to a mental health professional or a physician and get help for an eating disorder. Completing the EAT-26 will take you about 2 minutes.

The EAT-26 is the most widely used screening measure that may be able to help you determine if you have an eating disorder that needs professional attention. The EAT-26 is a measure of symptoms and concerns that are characteristic of eating disorders. In 1982, the test was updated and shortened to the current 26-item version, known as the EAT-26©. The EAT-26 is designed to be either self-administered or administered by health professionals, school counselors, coaches, camp counselors, and others. The EAT-26 is not designed to make a diagnosis of an eating disorder or to take the place of a professional diagnosis or consultation.

The EAT-26 alone does not diagnose an eating disorder. In fact, no test or screening instrument has been shown to be highly efficient as the sole means of identifying an eating disorder. *Only a qualified health care professional can provide a diagnosis*. However, the EAT-26 can be a first step in the screening process, with the second step being a consultation and evaluation with a qualified professional. The idea behind early screening assumes that an eating disorder identified in its early stages can lead a person to seek earlier treatment, thereby reducing the risk of serious physical and psychological complications. The EAT-26 can be a particularly useful tool for assessing "eating disorder risk".

All self-report measures require open and honest responses in order to provide accurate information. The fact that most people provide honest responses means that the EAT-26 usually provides very useful information about the eating symptoms and concerns that are common in eating disorders.

		Always	Usually	Often	Some	Rarely	Never	Score
Please check a response for each of the following statements:		3	2	1	0	0	0	
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 food with a high carbohydrate content (i.e. 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.	Have the impulse to vomit after meals.							
26.	Enjoy trying new rich foods.	□ 0	□ 0	□ 0	□ 1	□ 2	□ 3	
Total Score:								

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Note: This questionnaire is made available with permission of the authors.

## **SCORING THE EATING ATTITUDES TEST**

For all items except #26, each of the responses receives the following value:

Always = 3 Usually = 2 Often = 1 Sometimes = 0 Rarely = 0 Never = 0

For item #26, the responses receive these values:

Always = 0Usually = 0  $\begin{array}{ll} \text{Often} & = 0 \\ \text{Sometimes} & = 1 \\ \text{Rarely} & = 2 \\ \text{Never} & = 3 \\ \end{array}$ 

Interpreting High Scores (20 or Higher) — If people have EAT-26 scores of 20 or higher, it does not necessarily indicate they have an eating disorder, but it does indicate concerns regarding body weight, body shape, and eating. If you have a score of 20 or higher, please seek the advice of a qualified mental health professional who has experience with treating eating disorders. The only way to determine if you meet the diagnostic criteria for an eating disorder is through an interview and follow-up evaluation with a qualified professional, such as your personal physician or an eating disorder treatment specialist.

**Interpreting Low Scores (Below 20)** — Self-report measures require open and honest responses for accuracy, so denial can create a problem for interpreting test scores. Therefore, a person who has EAT-26 scores below 20 can still have clinically significant eating disorder symptoms or a formal eating disorder. Collateral information from parents, teammates, and coaches can correct for denial, limited self-disclosure, and social desirability.

Other important pieces of information about Weight-Control Behaviors – Have any of the following weight-control behaviors been present in the previous 6 months?

- Self-reported binge eating
- Self-induced vomiting
- Laxative use
- Eating disorder treatment

CONTACT A HEALTH-CARE PROFESSIONAL IF YOU FEEL THAT YOU ARE IN NEED OF ASSISTANCE. If you believe that you are in crisis or in need of immediate attention, call 911 or visit your local emergency room.

## Original publication of the EAT-26 test is:

Garner, D.M., Olmsted, M.P., Bohr, Y., and Garfinkel, P.E. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. Psychological Medicine, 12, 871-878.