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### Eating Attitudes Test (EAT-26)

Age: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Highest weight (excluding pregnancy): \_\_\_\_\_  
Sex: \_\_\_\_\_ Lowest Adult Weight: \_\_\_\_\_ Ideal Weight: \_\_\_\_\_  
Height: \_\_\_\_\_

| 9 Please choose one response by marking a check to the right for each of the following statements: |  | Always | Usually | Often | Some times | Rarely | Never | Score      |           |
|--|--|--------|---------|-------|------------|--------|-------|------------|-----------|
| 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.   | -      | -       | -     | -          | -      | -     |            |           |
| <b>Total Score =</b>   |  |        |         |       |            |        |       |            |           |
| <b>Behavioral Questions:</b>   |  |        |         |       |            |        |       |            |           |
| In the past 6 months have you:   |  |        |         |       |            |        |       | <b>Yes</b> | <b>No</b> |
| A.   | Gone on eating binges where you feel that you may not be able to stop? (Eating much more than most people would eat under the same circumstances)<br>If you answered yes, how often during the worst week: _____ |        |         |       |            |        |       |            |           |
| B.   | Ever made yourself sick (vomited) to control your weight or shape?<br>If you answered yes, how often during the worst week: _____  |        |         |       |            |        |       |            |           |
| C.   | Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?<br>If you answered yes, how often during the worst week? _____   |        |         |       |            |        |       |            |           |
| D.   | Ever been treated for an eating disorder? When: _____  |        |         |       |            |        |       |            |           |

EAT-26 From: Garner et al. 1982, Psychological Medicine, 12, 871-878); adapted by D. Garner with permission.

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