

ALMOST ANOREXIC

Is My (or My Loved One's) Relationship with Food a Problem?

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Table 1.

Eating Attitudes Test (EAT-26)

INSTRUCTIONS: This screening measure helps you determine whether you might have an eating disorder that needs professional attention. It is not designed to diagnose 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.

STEP 1: ATTITUDES		Always	Usually	Often	Sometimes	Rarely	Never
<i>Please check a response for the following statements.</i>							
1.	I am terrified about being overweight.						
2.	I avoid eating when I am hungry.						
3.	I find myself preoccupied with food.						
4.	I have gone on eating binges where I feel that I may not be able to stop.						
5.	I cut my food into small pieces.						
6.	I am aware of the calorie content of foods that I eat.						
7.	I particularly avoid food with a high carbohydrate content (e.g., bread, rice, etc.).						
8.	I feel that others would prefer if I ate more.						
9.	I vomit after I have eaten.						
10.	I feel guilty after eating.						
11.	I am preoccupied with a desire to be thinner.						
12.	I think about burning up calories when I exercise.						
13.	Other people think that I am too thin.						
14.	I am preoccupied with the thought of having fat on my body.						
15.	I take longer than others to eat my meals.						
16.	I avoid eating foods with sugar in them.						
17.	I eat diet foods.						
18.	I feel that food controls my life.						
19.	I display self-control around food.						
20.	I feel that others pressure me to eat.						
21.	I give too much time and thought to food.						
22.	I feel uncomfortable after eating sweets.						
23.	I engage in dieting behavior.						
24.	I like my stomach to be empty.						
25.	I have the impulse to vomit after meals.						
26.	I enjoy trying new rich foods.						

Continued

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STEP 2: BODY WEIGHT
<p><i>Indicate your height (in feet and inches) and your weight (in pounds).</i></p> <p>Height: _____</p> <p>Weight: _____</p>

STEP 3: BEHAVIORS							
<i>In the past 6 months, have you . . . :</i>		Never	Once a month or less	2 to 3 times a month	Once a week	2 to 6 times a week	Once a day or more
A.	Gone on eating binges where you felt you might not be able to stop? (<i>Binges are defined as eating much more than most people would under the same circumstances and feeling that eating is out of control.</i>)						
B.	Ever made yourself sick (vomited) to control your shape or weight?						
C.	Ever used laxatives, diet pills, or diuretics (water pills) to control your weight?						
D.	Exercised more than 60 minutes a day to lose or control your weight?						
E.	Lost 20 pounds or more in the past 6 months?	Yes			No		

Note: The EAT-26 has been reproduced with permission. You can also complete it online at www.eat-26.com.

D. M. Garner, M. P. Olmstead, Y. Bohr, and P. E. Garfinkel, "The Eating Attitudes Test: Psychometric Features and Clinical Correlates," *Psychological Medicine* 12 (1982): 871-78.

For scoring instructions, see appendix B of *Almost Anorexic* or visit www.eat-26.com.

For more information about the book, visit www.AlmostAnorexic.com.