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**Psychotherapy, Individual, Couple & Family Consultation**

The Marinwood Professional Center, 2400 Las Gallinas Avenue, Suite 160, San Rafael, CA 94903  
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**Eating Attitudes Test- Eating Disorder**

*EAT © David M. Garner & Paul E Garfinkel (1979), David M. Garner, et al., (1982)*

The Eating Attitudes Test (EAT-26) was the screening instrument used in the 1998 National Eating Disorders Screening program. The EAT-26 is probably the most widely used standardized measure of symptoms and concerns characteristics of eating disorders. The EAT-26 alone does not yield a specific diagnosis of an eating disorder. Neither the EAT-26, nor any other screening instrument, has been established as highly efficient as the sole means for identifying eating disorders. However, studies have shown that the EAT-26 can be an efficient screening instrument as part of a two-stage screening process in which those who score at or above a cut-off score of 20 are referred for a diagnostic interview. If you score above 20 on the EAT-26, please contact your doctor or an eating disorders treatment specialist for a follow-up evaluation.

Age  Sex: F  M  Height:  Current Weight:   
Highest Weight:  Lowest Adult Weight:

**Education: if currently enrolled in college/ university, are you a:**

Freshman  Sophomore  Junior  Senior  Grad Student

**If not enrolled in school, level of education completed:**

Jr. High/ Middle School  High School  College  Post College

**Ethnic / Racial Group:**

African American  Asian American  European American  Hispanic   
American Indian  Other

**Do you participate in athletics at any of the following levels:**

Intramural  Inter-collegiate  Recreational  High School Teams

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**Please Circle a Response for Each of the Following Statements:**

Question	Always	Usually	Often	Sometimes	Rarely	Never
1. Am terrified about being overweight	3	2	1	0	0	0
2. Avoid eating when I am hungry.	3	2	1	0	0	0
3. Find myself preoccupied with food.	3	2	1	0	0	0

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4. Have gone on eating binges where I feel I may not be able to stop.	3	2	1	0	0	0
5. Cut my food into small pieces.	3	2	1	0	0	0
6. Aware of the calorie content of foods I eat.	3	2	1	0	0	0
7. Particularly avoid food with a high carbohydrate content (bread, rice, potatoes, etc.)	3	2	1	0	0	0
8. Feel that others would prefer if I ate more.	3	2	1	0	0	0
9. Vomit after I have eaten.	3	2	1	0	0	0
10. Feel extremely guilty after eating	3	2	1	0	0	0
11. Am preoccupied with a desire to be thinner.	3	2	1	0	0	0
12. Think about burning up calories when I exercise.	3	2	1	0	0	0
13. Other people think I'm too thin.	3	2	1	0	0	0
14. Am preoccupied with the thought of having fat on my body.	3	2	1	0	0	0
15. Take longer than others to eat my meals.	3	2	1	0	0	0
16. Avoid foods with sugar in them.	3	2	1	0	0	0
17. Eat diet foods.	3	2	1	0	0	0
18. Feel that food controls my life.	3	2	1	0	0	0
19. Display self-control around food.	3	2	1	0	0	0
20. Feel that other pressure me to eat.	3	2	1	0	0	0
21. Give too much time and thought to food.	3	2	1	0	0	0
22. Feel uncomfortable after eating sweets.	3	2	1	0	0	0
23. Engage in dieting behavior.	3	2	1	0	0	0

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24. Like my stomach to be empty.	3	2	1	0	0	0
25. Have the impulse to vomit after meals.	3	2	1	0	0	0
26. Enjoy trying new rich foods.	0	0	0	1	2	3

**Please respond to each of the following questions:**

1. Have you 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 circumstances). No  YES   
 , If YES, on average, how many times per month in the last 6 months?
2. Have you ever made yourself sick (vomited) to control your weight or shape? No  YES   
 YES  , If YES, on average, how many times per month in the last 6 months?
3. Have you ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape? No  YES  If YES, on average, how many times per month in the last 6 months?
4. Have you ever been treated for an eating disorder? No  YES  If YES, when?
5. Have you recently thought of or attempted suicide? No  YES  , If YES, when?

**Scoring System for the EAT-26**

Responses for each item (# 1-26) are weighted from zero to three, with a score of 3 assigned to the responses farthest in the “symptomatic” direction , a score of 2 for the immediately adjacent response, a score of 1 for the next adjacent response and a 0 score assigned to the three responses farthest in the “asymptomatic” direction.

<b>Total Score: Add the values circled for questions 1-26 above:</b>	EAT Score <b>TOTAL</b> _____
Items are assigned to three subscales as follows:	
<b>Dieting subscale items:</b> 1, 6, 7, 10, 11,12,14,16, 17, 22, 23, 24, 25	<b>Subscale Score:</b> _____
<b>Bulimia and Food Preoccupation subscale items:</b> 3, 4, 9,	<b>Subscale Score:</b> _____

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18, 21, 26	_____
<b>Oral control subscale items:</b> 2, 5, 8, 13, 15, 19, 20 To determine subscale scores, add together all item scores for that particular subscale.	<b>Subscale Score:</b> _____