

Eating Attitudes Test

Age: _____

Sex: Male Female

Height: _____feet_____inches

Weight (in Pounds)

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:

Junior High/Middle School High School College Post-College

Ethnic/Racial Group

African American Asian American European American

Hispanic American Indian Other

If you participate in athletics, at what level:

Intramural Inter-Collegiate Recreational High School Teams

Please check a response for each of the following statements.

	Always	Usually	Often	Sometimes	Rarely	Never
Am terrified about being overweight						
Avoid eating when I am hungry						
Find myself preoccupied with food						
Have gone on eating binges where I feel I may not be able to stop						
Cut my food into small pieces						
Aware of the calorie content of foods I eat						
Particularly avoid high carbohydrate foods (bread, rice, potatoes, etc.)						
Feel that others would prefer if I ate more						
Vomit after I have eaten						
Feel extremely guilty after eating						
Am preoccupied with a desire to be thinner						
Think about burning calories when I exercise						
Other people think I'm too thin						
Am preoccupied with the thought of having fat on my body						
Take longer than others to eat my meals						
Avoid foods with sugar in them						
Eat diet foods						
Feel that food controls my life						
Display self-control around food						
Feel that others pressure me to eat						
Give too much time and thought to food						
Feel uncomfortable after eating sweets						
Engage in dieting behavior						
Like my stomach to be empty						
Have the impulse to vomit after meals						
Enjoy trying new rich foods						

Please respond to each of the following questions.	No	YES
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)		

If yes, on average, how many times per month in the last 6 months? _____

	No	YES
2. Have you ever made yourself sick (vomited) to control your weight or shape?		

If yes, on average, how many times per month in the last 6 months? _____

	No	YES
3. Have you ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?		

If yes, on average, how many times per month in the last 6 months? _____

	No	YES
4. Have you ever been treated for an eating disorder?		

If yes, when? _____

	No	YES
5. Have you recently thought of or attempted suicide?		

If yes, when? _____

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