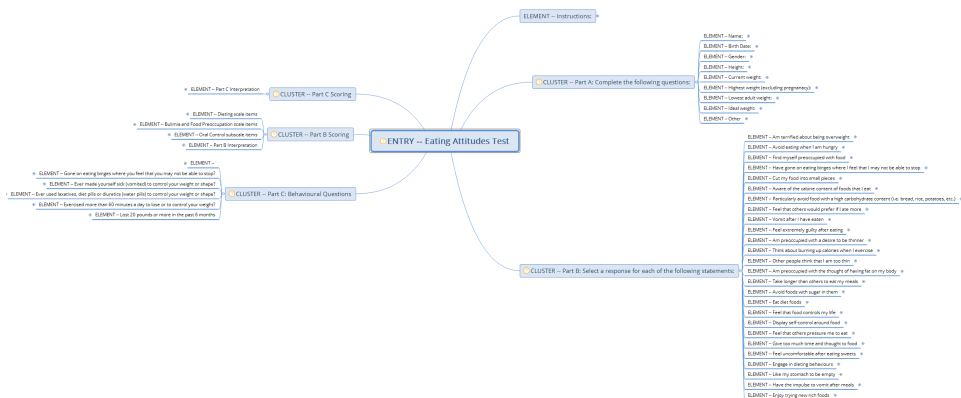


Eating Attitudes Test (EAT-26)

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	Eating Attitudes Test
Clinical Area(s)	Psychology
Description of Use	Screening measure to determine an eating disorder
Availability	Yes, full access in Explorer Online
Explorer Online Screenshot	<div>EATING ATTITUDES TEST</div> <div><div>INSTRUCTIONS:</div><div><div>This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.</div></div></div> <div><div>PART A: COMPLETE THE FOLLOWING QUESTIONS:</div><div><div>NAME:</div><div><div></div></div></div><div><div>BIRTH DATE:</div><div><div></div></div></div><div><div>GENDER:</div><div><div><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other</div></div></div><div><div>HEIGHT:</div><div><div></div></div></div><div><div>CURRENT WEIGHT:</div><div><div></div></div></div><div><div>HIGHEST WEIGHT (EXCLUDING PREGNANCY):</div><div><div></div></div></div><div><div>LOWEST ADULT WEIGHT:</div><div><div></div></div></div><div><div>IDEAL WEIGHT:</div><div><div></div></div></div><div><div>OTHER:</div><div><div></div></div></div></div> <div><div>PART B: SELECT A RESPONSE FOR EACH OF THE FOLLOWING STATEMENTS:</div><div><div>AM TERRIFIED ABOUT BEING OVERWEIGHT</div><div><div><input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never</div></div></div><div><div>AVOID EATING WHEN I AM HUNGRY</div><div><div><input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never</div></div></div><div><div>FIND MYSELF PREOCCUPIED WITH FOOD</div><div><div><input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never</div></div></div><div><div>HAVE GONE ON EATING BINGES WHERE I FEEL THAT I MAY NOT BE ABLE TO STOP</div><div><div><input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never</div></div></div><div><div>CUT MY FOOD INTO SMALL PIECES</div><div><div><input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never</div></div></div></div>

Mind Map



Excel File /Structure

CEN.EatingAttitudesTest.v1.xlsx

Editor Screenshots

- CEN.EatingAttitudesTest.v1
- ☐ Description
 - ☐ Uses (Archetype)s
 - ☐ Definition
 - ☒ ENTRY - Eating Attitudes Test
 - ☒ ELEMENT - Instructions:
 - ☒ CLUSTER - Part A: Complete the following questions:
 - ☒ ELEMENT - Name
 - ☒ ELEMENT - Birth Date
 - ☒ ELEMENT - Gender
 - ☒ ELEMENT - Height
 - ☒ ELEMENT - Current weight
 - ☒ ELEMENT - Highest weight (excluding pregnancy)
 - ☒ ELEMENT - Lowest adult weight
 - ☒ ELEMENT - Ideal weight
 - ☒ ELEMENT - Other
 - ☒ CLUSTER - Part B: Select a response for each of the following statements:
 - ☒ CLUSTER - Part C: Behavioural Questions
 - ☒ ELEMENT -
 - ☒ ELEMENT - I've gone on eating binges where you feel that you may not be able to stop?
 - ☒ ELEMENT - Ever made yourself sick (vomited) to control your weight or shape?
 - ☒ ELEMENT - Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?
 - ☒ ELEMENT - Exercised more than 60 minutes a day to lose or to control your weight?
 - ☒ ELEMENT - Lost 20 pounds or more in the past 6 months
 - ☒ CLUSTER - Part B Scoring
 - ☒ ELEMENT - Dieting scale items
 - ☒ ELEMENT - Bulimia and Food Preoccupation scale items
 - ☒ ELEMENT - Oral Control subscale items
 - ☒ ELEMENT - Part B Interpretation
 - ☒ CLUSTER - Part C Scoring
 - ☒ ELEMENT - Part C Interpretation
 - ☐ Ontology
 - ☐ Presentation