

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 same circumstances)

No Yes How many times in the last 6 months? _____

2) Have you ever made yourself sick (vomited) to control your weight or shape?

No Yes How many times 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 How many times in the last 6 months? _____

4) Have you ever been treated for an eating disorder?

No Yes When? _____

5) Have you recently thought of or attempted suicide?

No Yes When? _____

SCORING THE EATING ATTITUDES TEST

For all items except #25, each of the responses receives the following value:

Always = 3
Usually = 2
Often = 1
Sometimes = 0
Rarely = 0
Never = 0

For item #25, the responses receive these values:

Always = 0
Usually = 0
Often = 0
Sometimes = 1
Rarely = 2
Never = 3

- After scoring each item, add the scores for a total. If your score is over 20, we recommend that you discuss your responses with a counselor (take your responses to the EAT with you to your first appointment).
- If you responded yes to any of the five YES/NO items on the bottom of the EAT, we also suggest that you discuss your responses with a counselor.