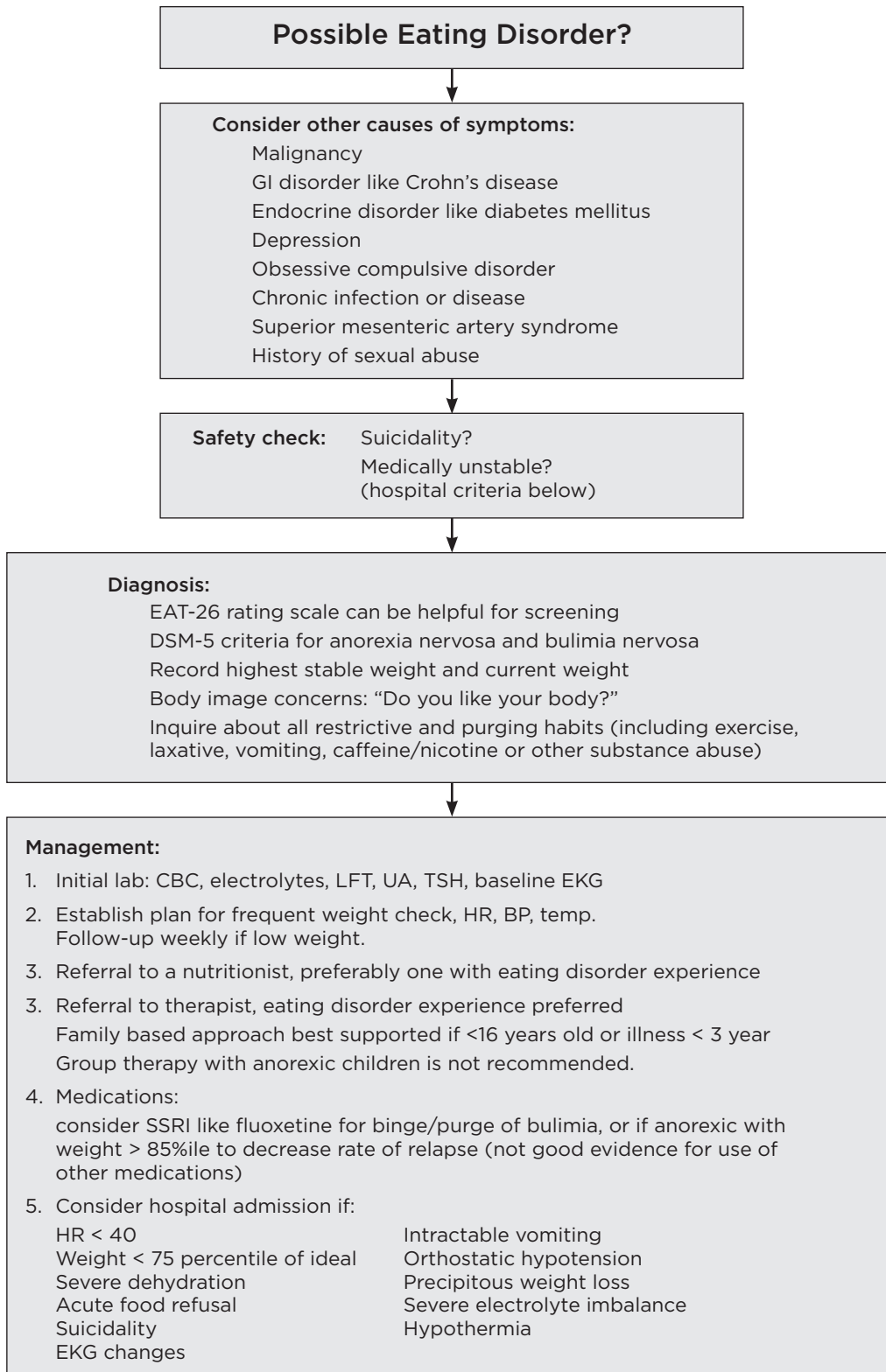




Eating Disorder



Primary References:

Jellinek M, Patel BP, Froehle MC eds. (2002): Bright Futures in Practice: Mental Health-Volume I. Practice Guide. Arlington, VA: National Center for Education in Maternal and Child Health: 203-211

AAP Committee on Adolescence (2003): "Policy statement: identifying and treating eating disorders." Pediatrics 111(1):204-211

Eating Attitudes Test[©] (EAT-26)

Instructions: 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.

Part A: Complete the following questions:

- 1) Birth Date Month: Day: Year: 2) Gender: Male Female
 3) Height Feet: Inches:
 4) Current Weight (lbs.): 5) Highest Weight (excluding pregnancy):
 6) Lowest Adult Weight: 7) Ideal Weight:

| Part B: Please check a response for each of the following statements: | Always | Usually | Often | Sometimes | Rarely | Never |
|--|------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| 1. Am terrified about being overweight. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Avoid eating when I am hungry. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Find myself preoccupied with food. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have gone on eating binges where I feel that I may not be able to stop. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cut my food into small pieces. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Aware of the calorie content of foods that I eat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Feel that others would prefer if I ate more. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Vomit after I have eaten. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Feel extremely guilty after eating. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Am preoccupied with a desire to be thinner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Think about burning up calories when I exercise. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Other people think that I am too thin. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Am preoccupied with the thought of having fat on my body. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Take longer than others to eat my meals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Avoid foods with sugar in them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Eat diet foods. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Feel that food controls my life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Display self-control around food. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Feel that others pressure me to eat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Give too much time and thought to food. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Feel uncomfortable after eating sweets. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Engage in dieting behavior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Like my stomach to be empty. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have the impulse to vomit after meals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Enjoy trying new rich foods. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Part C: Behavioral Questions. In the past 6 months have you: | Never | Once a month or less | 2-3 times a month | Once a week | 2-6 times a week | Once a day or more |
| A. Gone on eating binges where you feel that you may not be able to stop? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Ever made yourself sick (vomited) to control your weight or shape? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Exercised more than 60 minutes a day to lose or to control your weight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Lost 20 pounds or more in the past 6 months | <input type="checkbox"/> Yes | | | <input type="checkbox"/> No | | |
| • Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control. | | | | | | |

EAT-26: Garner et al. 1982, Psychological Medicine, 12, (871-878); adapted/reproduced by D. Garner with permission.

Scoring the Eating Attitudes Test[©] (EAT-26)

The Eating Attitudes Test (EAT-26) has been found to be highly reliable and valid (Garner, Olmsted, Bohr, & Garfinkel, 1982; Lee et al., 2002; Mintz & O'Halloran, 2000). However the EAT-26 alone does not yield a specific diagnosis of an eating disorder.

Scores greater than 20 indicate a need for further investigation by a qualified professional.

Low scores (below 20) can still be consistent with serious eating problems, as denial of symptoms can be a problem with eating disorders.

Results should be interpreted along with weight history, current BMI (body mass index), and percentage of Ideal Body Weight. Positive responses to the eating disorder behavior questions (questions A through E) may indicate a need for referral in their own right.

EAT-26 Score

Score the 26 items of the EAT-26 according to the following scoring system. Add the scores for all items.

Scoring for Questions 1-25:

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

Scoring for Question 26:

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

Eating Disorder Resources

Information for Families

Books families may find helpful:

Helping Your Child Overcome an Eating Disorder: What You Can Do at Home (2003), by Teachman, Schwartz, Gordic and Coyle

Help Your Teenager Beat an Eating Disorder (2004), by James Lock and Daniel le Grange

Effective Meal Support: A Guide for Family and Friends, by British Columbia Children's Hospital and Seattle Children's Hospital

Off the C.U.F.F. (Calm, Unwavering, Firm and Funny) by Duke Eating Disorders Program, order info at www.dukehealth.org/treatments/psychiatry/eating-disorders

Life Without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too (2003), by Jenni Schaefer and Thom Rutledge

Books youth may find helpful:

Eating Disorders (2003), by Trudi Strain Trueit

No Body's Perfect (2002), by Kimberley Kirberger

Websites families may find helpful:

National Eating Disorders Association, provides information and referrals
www.nationaleatingdisorders.org

Parent guide to an evidence based, outpatient treatment for anorexia
www.maudsleyparents.org

Academy for Eating Disorders, professional organization
www.aedweb.org

Recovery support site
<http://something-fishy.org>

Seattle Children's, Eating Disorder Booklist and Resources
www.seattlechildrens.org/pdf/PE456.pdf



PARTNERSHIP ACCESS LINE

In Collaboration with the Wyoming Department of Health



This resource page is now available in Spanish at www.seattlechildrens.org/pal