

Client Information

<i>Client Name</i>	Client Demo
<i>Date of birth (age)</i>	18 January 1998 (22)

Assessment Information

<i>Assessment</i>	Eating Attitudes Test-26 (EAT-26)
<i>Date administered</i>	7 October 2020
<i>Assessor</i>	Mr Demo Assessor
<i>Time taken</i>	3 minutes 8 seconds

Results

	Raw Score	Healthy Female Percentile	Anorexia Nervosa Percentile
Total Score	2	19.5	2.2
Dieting	1	19.8	4.1
Bulimia and Food Preoccupation	0	31.7	6.2
Oral Control	1	33.4	10.4

Interpretive Text

	This individual scored in the sub-clinical range for eating related concerns. However, given that under-reporting is common, results ought to be treated with caution.
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Scoring and Interpretation Information

	<p>Results consist of a total score and three subscales scores: 1) Dieting, 2) Bulimia, 3) Food Preoccupation and Oral Control</p> <p>Higher scores indicating greater risk of an eating disorder and total scores 20 or above are considered to be in the clinical range. In addition to the raw scores the results are presented as a percentiles based on a healthy female sample (n = 140) and a sample of anorexia nervosa patients (n = 160: Garner et al., 1982). A percentile of about 50 is typical in comparison to the anorexia nervosa group for someone suffering from an eating disorder.</p> <p>The four behavioural questions (questions 27, 28, 29, 30 and 31) are not included in the calculation of the above scores, but are major risk factors important to the health of people with an eating disorder.</p>
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Client Responses

		Always	Usually	Often	Sometimes	Rarely	Never
1	Am terrified about being overweight.	3	2	1	0	0	0

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Client Responses (cont.)		Always	Usually	Often	Sometimes	Rarely	Never
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
4	Have gone on eating binges where I felt that 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 that I eat.	3	2	1	0	0	0
7	Particularly avoid food with a high carbohydrates content (i.e. 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 that I am 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 others pressure me to eat.	3	2	1	0	0	0

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Client Responses (cont.)		Always	Usually	Often	Sometimes	Rarely	Never
21	Give too much time and thought to food.	3	2	1	0	0	0
22	Feel uncomfortable eating sweets.	3	2	1	0	0	0
23	Engage in dieting behaviour.	3	2	1	0	0	0
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.	3	2	1	0	0	0
Behavioural Questions							
27	- In the past 6 months have you gone on eating binges where you feel that you may not be able to stop?*						
	*Defined as eating much more than most people would under the same circumstances and feel that eating is out of control						
	0 Never						
	0 Once a month or less						
	1 2-3 times a month						
	1 Once a week						
	1 2-6 times a week						
	1 Once a day or more						
28	In the past 6 months have you ever made yourself sick (vomited) to control your weight or shape? Or ever used laxatives, diets pills or diuretics (water pills) to control your weight or shape?						
	0 Never						
	1 Once a month or less						
	1 2-3 times a month						
	1 Once a week						
	1 2-6 times a week						
	1 Once a day or more						
29	In the past 6 months have you ever used laxatives or diet pills to control your weight or shape?						
	0 Never						
	1 Once a month or less						
	1 2-3 times a month						
	1 Once a week						
	1 2-6 times a week						
	1 Once a day or more						

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Client Responses (cont.)

30	In the past 6 months have you exercised more than 60 minutes a day to lose or to control your weight?
	0 Never 0 Once a month or less 0 2-3 times a month 0 Once a week 1 2-6 times a week Once a day or more
31	In the past 6 months have you lost 9 kgs (20 pounds) or more in the past 6 months?
	1 Yes 0 No