

Toronto Hospital Alertness Test

Date:	Date of Birth:
Name:	

Instructions

- This questionnaire tries to establish **how alert you have felt over the past 7 days**
- **Please select (tick ✓) one response for each question**

During the last 7 days I felt:	Not at all	Less 25% of the time	25-50% of the time	50-75% of the time	More than 75% of the time	All the time I was awake
1. Able to concentrate(0-5)	0	1	2	3	4	5
2. Alert (0-5)	0	1	2	3	4	5
3. Fresh (0-5)	0	1	2	3	4	5
4. Energetic (0-5)	0	1	2	3	4	5
5. Able to think of new ideas (0-5)	0	1	2	3	4	5
6. Vision was clear noting all details (e.g. driving) (0-5)	0	1	2	3	4	5
7. Able to focus on the task at hand (0-5)	0	1	2	3	4	5
8. Mental facilities were operating at peak level (0-5)	0	1	2	3	4	5
9. Extra effort was needed to maintain alertness (5-0)	5	4	3	2	1	0
10. In a boring situation I would find my mind wandering (5-0)	5	4	3	2	1	0
Total for column						
Total Score						