

TORONTO HOSPITAL ALERTNESS TEST

This questionnaire tries to establish how alert you feel. In reporting your feeling, we would like you to consider your last week. Using the following scale, please choose one response for each question.

During the last week I felt:	Not at all	Less than $\frac{1}{4}$ of the time	$\frac{1}{4}$ to $\frac{1}{2}$ of the time	$\frac{1}{2}$ to $\frac{3}{4}$ of the time	More than $\frac{3}{4}$ of the time	All the time I was awake
1. Able to concentrate						
2. Alert						
3. Fresh						
4. Energetic						
5. Able to think of new ideas						
6. Vision was clear noting all details (e.g., driving)						
7. Able to focus on the task at hand						
8. Mental facilities were operating at peak level						
9. Extra effort was needed to maintain alertness						
10. In a boring situation, I would find my mind wandering						