Top End Sleepiness Scale (TESS)

Patient's Name:	DOB: /	1	Date:	1	1

Information – How to use TESS

It is essential that you guide the patient through the questionnaire and DO NOT hand the questionnaire to the patient to be filled out and

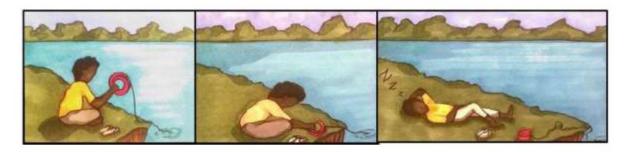
- All questions must be completed.
- It is not essential that the patient has recently undertaken all the described activities in order to provide a response. The patient need only be able to imagine undertaking the activity and provide the likelihood that they think they would fall asleep.

Information for the Patient

This is a quick test for measuring the likeliness of you falling asleep during the day.

Please imagine you are in the situations below and tell us whether you think you would fall asleep. It's important not to answer whether you would feel tired, but whether you would actually doze off. Please circle an option after each situation below:

Question 1) If you were: Sitting and fishing, waiting for the fish to bite.



Would you sleep:

Never (score 0)

Sometimes (score 1)

Most times (score 2)

Always (score 3)

Question 2) If you were: Sitting with one other person talking to you.



Would you sleep:

Never (score 0)

Sometimes (score 1)

Most times (score 2)

Always (score 3)

Question 3) If you were: Riding in a car or bush bus for some time.



Would you sleep:

Never (score 0)

Sometimes (score 1)

Most times (score 2)

Always (score 3)

Question 4) If you were: Sitting in a group listening to other people talk or tell stories.



Would you sleep: Never Sometimes Most times Always (score 0) (score 1) (score 2) (score 3)

Question 5) If you were: Waiting for your turn at the clinic.



Would you sleep: Never Sometimes Most times Always (score 0) (score 1) (score 2) (score 3)

Question 6) If you were: Watching TV



Would you sleep: Never Sometimes Most times Always (score 0) (score 1) (score 2) (score 3)

Please add up the total score of all the circled responses.

TESS SCORE: