



Instruments to Assess Health Literacy³

Tool Acronym	Tool's Full Name	Time to Administer	Pros	Cons	Scoring
FSSQ	Duke-UNC Functional Social Support Questionnaire	Depends on Clinician	 Identifies social support issues. Assesses a person's need for and perception of their social support.² 	 Does not resolve social support issues. Does not include other barriers to medication adherence.² 	 Questions scored on a 1-5 scale. Scores from all 8 questions are tallied and divided by 8 to get an average. The higher the score, the greater is the need for social support²
Medication Knowledge Survey	Medication Knowledge Survey	Depends on Clinician	 Assesses a person's knowledge of each medication they are taking Helps in developing a plan for improving knowledge² 	• The patient needs to bring all their medication bottles to the appointment at the time of the test ²	Mark each correctly answered question. Incorrectly answered questions should be used to identify knowledge gaps and develop a knowledge improvement plan. ²
MMAS-8	Morisky Medication Adherence Scale	Depends on Clinician	 Identifies adherence problems⁵ Used to monitor adherence over the course of treatment⁵ Measures specific medication-taking behavior⁵ 	 Subject to recall bias⁵ Subject to overestimation of adherence⁵ 	1 point for every yes. Score of 8 = Highly adherent Score 6-8 = Medium adherers Score 0-6 = Low adherers ⁵
<u>NVS</u>	Newest Vital Sign	3 minutes ³	 It is available online It is in English and Spanish³ Correlates with TOFHLA The test is limited to 6 items³ 	 It can only be validated in primary care settings³ It only assesses reading nutritional labels, not general written text³ 	0-4 questions correct= low literacy 5-6 questions correct= patients likely do not have low literacy ⁴
<u>Readiness</u> <u>Ruler</u>	Readiness Ruler	Depends on Clinician	 Assess readiness to change (motivation) for a specific activity² 	• Does not specifically discuss how to address barriers ²	The patient marks their own readiness on a scale of 0-10. A score above 5 shows that a person is ready to change. ²





REALM-R	Rapid Estimate of Adult Literacy in Medicine, Revised	Depends on Clinician	 There is a long version and a short version³ Assesses adult literacy related to health² 	 Only available in English³ Can only be used to test adults³ Limited to word recognition, not reading comprehension³ 	Tally of the correctly pronounced words. A score of less than 6 may indicate poor health literacy ²
SAHLSA-50	Short Assessment of Health Literacy for Spanish Speaking Adults (Based on the REALM-R)	5 minutes ³	• This test is designed for Spanish speakers ³	• It is only for adults ³	Tally of correct Answers ⁴ . A score below 37 indicates poor health literacy ¹
TOFHLA	Test of Functional Health Literacy in Adults	Long: 22 minutes ³	 There are English and Spanish versions³ It has been used in numerous clinical trials³ It is more effective than word recognition alone.³ It can gauge a person's understanding of a health- related passage by assessing reading comprehension and numerical ability^{3,4} 	 The original version is too lengthy³ 	One point per correct answer. ⁴ In the long version: 0-59=Inadequate health literacy 60-74= Marginal Literacy 75-100= Adequate Literacy In the short version: 0-53= Inadequate health literacy 54-66= Marginal health literacy 67-100= Adequate health literacy ⁴
<u>STOFHLA</u>	Short Test of Functional Health Literacy in Adults	7 minutes ³	 It is a shorter version⁴ It has a shorter administrative time⁴ It was tested on diverse populations⁴ 	• Even the shorter version has a longer administration time than other tools ⁴	One point per correct answer. The 36-point scale of the S-TOFHLA is divided into three categories of functional literacy: Inadequate (0- 16), Adequate (17-22) and Functional (23-36). ⁷

1. Agency for Healthcare Research and Quality. <u>SAHLSA</u>.

2. <u>American Society on Aging and American Society of Consultant Pharmacists Foundation. Assessment Tools.</u>

3. Evangelista et al. (2010). <u>Health literacy and the patient with heart failure- Implications for patient care and research: A consensus statement of the heart failure society of America.</u> Journal of Cardiac Failure, 16(1): 9-16.

4. HIV Clinical Resource. <u>Health Literacy Screening Tools</u>.

5. Morisky, et al. (2008). Predictive validity of a medication adherence measure in an outpatient setting. J Clin Hypertens (Greenwich). May 2008; 10(5): 348–354.

6. Morris et al. (2006). The single item literacy screener: Evaluation of a brief instrument to identify limited reading ability. BMC Family Practice, 7(21).

7. Resources Centers for Minority Aging Research. <u>Health Literacy</u>