# Instruments to Assess Health Literacy

<table>
<thead>
<tr>
<th>Tool Acronym</th>
<th>Tool’s Full Name</th>
<th>Time to Administer</th>
<th>Pros</th>
<th>Cons</th>
<th>Scoring</th>
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| 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. | Does not resolve social support issues. Does not include other barriers to medication adherence. | Scale of 1-5. 5 is “as much as I would like”. 1 is “much less than I would like”.
| Medication Knowledge Survey | Medication Knowledge Survey | Depends on Clinician | • Assesses a patient’s knowledge of each medication they are taking  
• Will help in developing a plan for improving knowledge | The patient needs to know what medications they are taking at the time of the test | Identifies knowledge gaps
| MMS          | Modified Morisky Scale | Depends on Clinician | Measures specific medication-taking behavior | Does not measure adherence | 1 point for every yes. 0 points is high adherence  
1-2 is intermediate. 3-4 is low adherence |
| NVS          | Newest Vital Sign | 3 minutes | It is available online, in English and Spanish  
The test is limited to 6 items | • It can only be validated in primary care settings  
• It only assesses reading | 0-4 questions correct= low literacy  
5-6 questions correct= patients |
<table>
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<tr>
<th>Test</th>
<th>Description</th>
<th>Time</th>
<th>Complexity</th>
<th>Uses</th>
<th>Limitations</th>
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<tr>
<td><strong>Readiness Ruler</strong></td>
<td>Assess readiness to change (motivation) for a specific activity</td>
<td>Depends on Clinician</td>
<td>Nutritional labels, not general written text</td>
<td>likely do not have low literacy</td>
<td></td>
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<tr>
<td><strong>REALM-R</strong></td>
<td>Rapid Estimate of Adult Literacy in Medicine, Revised</td>
<td>Depends on Clinician</td>
<td>There is a long version and a short version</td>
<td>Only available in English, Can only be used to test adults, Limited to word recognition, not reading comprehension</td>
<td>Tally of the correctly understood words. A score of less than 6 may indicate poor health literacy</td>
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<tr>
<td><strong>SAHLSA</strong></td>
<td>Short Assessment of Health Literacy for Spanish Speaking Adults</td>
<td>5 minutes</td>
<td>This test is designed for Spanish speakers</td>
<td>It is only available in Spanish, It is only for adults</td>
<td>Tally of correct answers</td>
</tr>
<tr>
<td><strong>SILS</strong></td>
<td>Single Item Literacy Screener</td>
<td>1 minute</td>
<td>It is a simple test with only one question</td>
<td>It may not catch literacy issues in people with a marginal reading ability</td>
<td>A selection of 2 or greater can indicate difficulty reading health materials</td>
</tr>
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</table>
| TOFHLA | Test of Functional Health Literacy in Adults (S)- short version | Long: 22 minutes\(^3\)  
Short: 7 minutes\(^3\) | • There is a short version and a long version\(^3\)  
• There are English and Spanish versions\(^3\)  
• It has been used in numerous clinical trials\(^3\)  
• 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 lengthy\(^3\)  
• Even the shorter version has a longer administration time than other tools\(^4\)  
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 \(^4\) |