The UAMS Center for Health Literacy developed this resource to guide Patient Centered Medical Homes in selecting a tool to screen patients for health literacy. This list is based on strength of evidence in the cited literature, along with professional expertise. The list is in ranked priority order; we consider the first tool the most appropriate for PCMH use based on the tools' properties, purposes, administration demands, and utility in the context of patient-centered care. While many of these tools are available in Spanish, this list is recommended for English administration only.

1. Single Health Literacy Screening Question

| Description | “A single health literacy screening question intended to identify adults with inadequate health literacy:
“How confident are you filling out medical forms by yourself?”
1-Extremely 2-Quite a bit 3-Somewhat 4-A little 5-Not at all |
| Measurement | Scores 3 or greater indicate inadequate health literacy |
| Administration Time | Approx. 1 minute |

**Strengths**
- Shortest and therefore practical for use in clinical setting
- Validated with the STOFHLA, REALM and NVS
  - Performed better than other screening questions with Spanish speaking patients
  - Performed better than other screening questions across age, race, ethnicity, language, and education
- Currently implemented in large health systems, including over 40,000 patients screened to date at UAMS

**Limitations**
As with all self-reported questions, false negatives are possible; however, this question is estimated to identify with the highest level of accuracy of all screening questions.

**References**

2. Brief (Three) Screening Questions for Health Literacy

| Description | Two studies investigated the utility of three questions to detect limited health literacy: 3,4 |
| 1. How often do you have problems learning about your medical condition because of difficulty understanding written information? Responses are: 1-Never 2-Occasionally 3-Sometimes 4-Often 5-Always |
| 2. How often do you have someone help you read hospital materials? Responses are: 1-Never 2-Occasionally 3-Sometimes 4-Often 5-Always |
| 3. *How confident are you filling out medical forms by yourself? Responses are: 1-Extremely 2-Quite a bit 3-Somewhat 4-A little 5-Not at all |
| Measurement | Any response that is 3 or greater on any question indicates inadequate health literacy. |
| Administration Time | Approx. 3 minutes |

**Strengths**
- Brief and therefore practical for use in clinical practice.

**Limitations**
*Recent research suggests that the “how confident” question is sufficient alone. 1,2,4,7*

**References**
### 3. Newest Vital Sign (NVS)

<table>
<thead>
<tr>
<th>Description</th>
<th>This 6-item assessment measures reading and comprehension of a nutrition label.</th>
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| Measurement | 0-1 questions answered correctly: Patients highly likely to have low literacy  
2-3 questions answered correctly: Patients possibly have low literacy  
4-6 questions answered correctly: Patients unlikely to have low literacy¹  
May dichotomize as limited (0-3) and adequate (4-6)¹³ |
| Administration Time | Approx. 3 minutes |
| Strengths | • Tests for numeracy, reading ability and comprehension skills¹  
• Available in English and Spanish¹  
• Correlates with TOFHLA¹  
• May be more sensitive to patients with marginal health literacy than other functional health literacy assessments¹ |
| Limitations | • May overestimate the percentage of patients with low literacy¹  
• Takes longer to administer than single question and score must be tallied  
• May seem like a math test to patients |

### 4. Rapid Estimate of Adult Literacy in Medicine - Revised (REALM-SF)

<table>
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<tr>
<th>Description</th>
<th>The word-recognition REALM test was shortened from 66 items to 7 items.¹</th>
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| Measurement | Words read correctly  
0: Third grade and below; will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes.  
1-3: Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels.  
4-6: Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials.  
7: High school; will be able to read most patient education materials. |
| Administration Time | Approx. 2 minutes |
| Strengths | • Has been used in health literacy research for almost 20 years  
• Short administration time |
| Limitations | • Assesses a narrow scope of skills (reading aloud)  
• Poor literacy skills are thought to disproportionately affect the elderly and minorities, 2 groups underrepresented in the study validating the REALM-R¹  
• Utility in clinical settings less known |
| References | ¹. Health literacy measurement tools (Revised). Content last reviewed February 2016. Agency for Healthcare Research and Quality, Rockville, MD.  
### 5. Short Test of Functional Health Literacy in Adults (S-TOFHLA)

| Description | The TOFHLA is reduced to 2 reading passages with missing words, based on the Cloze method. The first passage is at the 4th grade reading level and the second passage is at the 10th grade reading level.¹ |
| Measurement | 0-16: Inadequate functional health literacy  
17-22: Marginal functional health literacy  
23-36: Adequate functional health literacy |
| Administration Time | Approx. 7 minutes |
| Strengths | • Indicator of a patient’s ability to read health-related prose passages  
• Tested on a variety of populations (young, elderly) |
| Limitations | • Numeracy not tested  
• Longer administration time than other tools  
• Assesses sentence completion rather than functional understanding  
• May not be free to use |