

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 ¹
Administration Time	Approx. 1 minute
Strengths	<ul style="list-style-type: none"> • Shortest and therefore practical for use in clinical setting • Validated with the STOFHLA, REALM and NVS <ul style="list-style-type: none"> ○ Performed better than other screening questions with Spanish speaking patients² ○ Performed better than other screening questions across age, race, ethnicity, language, and education² • 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	1. Chew LD, Griffin JM, Partin MR, et al. Validation of screening questions for limited health literacy in a large VA outpatient population. <i>J Gen Intern Med</i> 2008;23(5):561-566. 2. Sarkar U, Karter AJ, Liu JY, Moffet HH, Adler NE, Schillinger D. Hypoglycemia is more common among Type 2 diabetes patients with limited health literacy: The diabetes study of Northern California (DISTANCE). <i>JGIM: Journal of General Internal Medicine</i> 2010;25(9):962-968.

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. ^{3,4}
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	1. Chew LD, Griffin JM, Partin MR, et al. Validation of screening questions for limited health literacy in a large VA outpatient population. <i>J Gen Intern Med</i> 2008;23(5):561-566. 2. Sarkar U, Karter AJ, Liu JY, Moffet HH, Adler NE, Schillinger D. Hypoglycemia is more common among type 2 diabetes patients with limited health literacy: The diabetes study of Northern California (DISTANCE). <i>JGIM: Journal of General Internal Medicine</i> 2010;25(9):962-968. 3. Chew LD, Bradley KA, Boyko EJ. Brief questions to identify patients with inadequate health literacy. <i>Fam Med</i> 2004;36(8):588-594. 4. Wallace LS, Cassada DC, Rogers ES, et al. Can screening items identify surgery patients at risk of limited health literacy? <i>J Surg Res</i> 2007;140(2):208-213. 5. Cordasco KM, Homeier DC, Franco I, Wang PC, Sarkisian CA. Health literacy screening of geriatric monolingual Spanish-speaking patients using single-item literacy screening questions and education. <i>Health Educ J</i> 2012;71(5):597-605. 6. Stagliano V, Wallace LS. Brief health literacy screening items predict newest vital sign scores. <i>J Am Board Fam Med</i> 2013;26(5):558-565. 7. Wallace LS, Rogers ES, Roskos SE, Holiday DB, Weiss BD. Brief report: Screening items to identify patients with limited health literacy skills. <i>J Gen Intern Med</i> 2006;21(8):874-877.

3. Newest Vital Sign (NVS)	
Description	This 6-item assessment measures reading and comprehension of a nutrition label.
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 literacy ¹ May dichotomize as limited (0-3) and adequate (4-6) ¹⁻³
Administration Time	Approx. 3 minutes
Strengths	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
References	<p>1. Weiss BD, Mays MZ, Martz W, et al. Quick assessment of literacy in primary care: The Newest Vital Sign. <i>Ann Fam Med</i> 2005;3(6):514-522.</p> <p>2. Kiechle ES, Hnat AT, Norman KE, Viera AJ, DeWalt DA, Brice JH. Comparison of brief health literacy screens in the emergency department. <i>J Health Commun</i> 2015;20(5):539-545.</p> <p>3. Clausen W, Watanabe-Galloway S, Bill BM, Britigan DH. Health literacy among people with serious mental illness. <i>Community Ment Health J</i> 2016;52(4):399-405.</p> <p>Available online: http://www.pfizer.com/health/literacy/public_policy_researchers/nvs_toolkit</p>

4. Rapid Estimate of Adult Literacy in Medicine - Revised (REALM-SF)	
Description	The word-recognition REALM test was shortened from 66 items to 7 items. ¹
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	<ul style="list-style-type: none"> • Has been used in health literacy research for almost 20 years • Short administration time
Limitations	<ul style="list-style-type: none"> • 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	<p>1. Health literacy measurement tools (Revised). Content last reviewed February 2016. Agency for Healthcare Research and Quality, Rockville, MD.</p> <p>Available online: http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy/index.html</p>

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	<ul style="list-style-type: none"> • Indicator of a patient’s ability to read health-related prose passages • Tested on a variety of populations (young, elderly)
Limitations	<ul style="list-style-type: none"> • Numeracy not tested • Longer administration time than other tools • Assesses sentence completion rather than functional understanding • May not be free to use
References	<p>1. Baker DW, Williams MV, Parker RM, Gazmararian JA, Nurss J. Development of a brief test to measure functional health literacy. <i>Patient Education and Counseling</i>. 1999, 38:33-42.</p> <p>Note: Available for purchase from http://www.peppercornbooks.com/ at \$60.</p>