



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

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SHORT TEST OF FUNCTIONAL HEALTH LITERACY IN ADULTS (STOFHLA)

₉₇ Not attempted; participant cannot read

PASSAGE A:

Your doctor has sent you to have a _____ [1] X-ray. You must have an _____ [2] stomach when

- _a stomach
- _b diabetes
- _c stiches
- _d germs

- _a asthma
- _b empty
- _c incest
- _d anemia

you come for _____ [3]. The X-ray will _____ [4] from 1 to 3 _____ [5] to do.

- _a is.
- _b am.
- _c if.
- _d it.

- _a take
- _b view
- _c talk
- _d look

- _a beds
- _b brains
- _c hours
- _d diets

THE DAY BEFORE THE X-RAY.

For supper have only a _____ [6] snack of fruit, _____ [7] and jelly, with coffee or tea.

- _a little
- _b broth
- _c attack
- _d nausea

- _a toes
- _b throat
- _c toast
- _d thigh

After _____ [8], you must not _____ [9] or drink anything at _____ [10] until after you have

- _a minute,
- _b midnight,
- _c during,
- _d before,

- _a easy
- _b ate
- _c drank
- _d eat

- _a ill
- _b all
- _c each
- _d any

_____ [11] the X-ray.

- _a are
- _b has
- _c had
- _d was

THE DAY OF THE X-RAY.

Do not eat _____ [12]. Do not _____ [13], even _____ [14]. If you have any _____ [15],

- _a appointment.
- _b walk-in.
- _c breakfast.
- _d clinic.

- _a drive,
- _b drink,
- _c dress,
- _d dose,

- _a heart.
- _b breath.
- _c water.
- _d cancer.

- _a answers,
- _b exercises,
- _c tracts,
- _d questions,

call the X-ray _____ [16] at (310) 222 – 2821.

- _a Department
- _b Sprain
- _c Pharmacy
- _d Toothache



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PASSAGE B:

I agree to give correct information to _____ [17] if I can receive Medicaid. I _____ [18] to provide the

- a hair
- b salt
- c see
- d ache

- a agree
- b probe
- c send
- d gain

county information to _____ [19] any statements given in this _____ [20] and hereby give permission

- a hide
- b risk
- c discharge
- d prove

- a emphysema
- b application
- c gallbladder
- d relationship

to the _____ [21] to get such proof. I _____ [22] that for Medicaid I must report any _____ [23]

- a inflammation
- b religion
- c iron
- d county

- a investigate
- b entertain
- c understand
- d establish

- a changes
- b hormones
- c antacids
- d charges

in my circumstances within _____ [24] (10) days of becoming _____ [25] of the change. I understand

- a three
- b one
- c five
- d ten

- a award
- b aware
- c away
- d await

_____ [26] if I DO NOT like the _____ [27] made on my case, I have the _____ [28] to a

- a thus
- b this
- c that
- d than

- a marital
- b occupation
- c adult
- d decision

- a bright
- b left
- c wrong
- d right

fair hearing. I can _____ [29] a hearing by writing or _____ [30] the county where I applied. If you

- a request
- b refuse
- c fail
- d mend

- a counting
- b reading
- c calling
- d smelling

_____ [31] AFDC for any family _____ [32], you will have to _____ [33] a different application

- a wash
- b want
- c cover
- d tape

- a member,
- b history,
- c weight,
- d seatbelt,

- a relax
- b break
- c inhale
- d sign

form. _____ [34], we will use the _____ [35] on this form to determine your _____ [36].

- a Since,
- b Whether,
- c However,
- d Because,

- a lung
- b date
- c meal
- d pelvic

- a hypoglycemia.
- b eligibility.
- c osteoporosis.
- d schizophrenia.



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Scoring:

Passage A:			Passage B:		
Scoring Key	Participant Response	Score <small>[Correct = 1; Incorrect = 0]</small>	Scoring Key	Participant Response	Score <small>[Correct = 1; Incorrect = 0]</small>
1. a			17. c		
2. b			18. a		
3. d			19. d		
4. a			20. b		
5. c			12. d		
6. a			22. c		
7. c			23. a		
8. b			24. d		
9. d			25. b		
10. b			26. c		
11. c			27. d		
12. c			28. d		
13. b			29. a		
14. c			30. c		
15. d			31. b		
16. a			32. a		
			33. d		
			34. c		
			35. b		
			36. b		
Subtotal A: ___ ___			Subtotal B: ___ ___		
STOFHLA Score: ___ ___					