



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

SHORT TEST OF FUNCTIONAL HEALTH LITERACY IN ADULTS (STOFHLA)

Completion Status:

- | | |
|---|---|
| <input type="checkbox"/> ₁ Completed STOFHLA | <input type="checkbox"/> ₄ Unable to Complete, Other Reason (Specify: _____) |
| <input type="checkbox"/> ₂ Unable to Complete, Vision Problem | <input type="checkbox"/> ₅ Refused, No Reason Given |
| <input type="checkbox"/> ₃ Unable to Complete, States Illiterate | <input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> _a stomach | <input type="checkbox"/> _a asthma |
| <input type="checkbox"/> _b diabetes | <input type="checkbox"/> _b empty |
| <input type="checkbox"/> _c stiches | <input type="checkbox"/> _c incest |
| <input type="checkbox"/> _d germs | <input type="checkbox"/> _d anemia |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> _a is. | <input type="checkbox"/> _a take | <input type="checkbox"/> _a beds |
| <input type="checkbox"/> _b am. | <input type="checkbox"/> _b view | <input type="checkbox"/> _b brains |
| <input type="checkbox"/> _c if. | <input type="checkbox"/> _c talk | <input type="checkbox"/> _c hours |
| <input type="checkbox"/> _d it. | <input type="checkbox"/> _d look | <input type="checkbox"/> _d diets |

THE DAY BEFORE THE X-RAY.

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

- | | |
|--|--|
| <input type="checkbox"/> _a little | <input type="checkbox"/> _a toes |
| <input type="checkbox"/> _b broth | <input type="checkbox"/> _b throat |
| <input type="checkbox"/> _c attack | <input type="checkbox"/> _c toast |
| <input type="checkbox"/> _d nausea | <input type="checkbox"/> _d thigh |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> _a minute, | <input type="checkbox"/> _a easy | <input type="checkbox"/> _a ill |
| <input type="checkbox"/> _b midnight, | <input type="checkbox"/> _b ate | <input type="checkbox"/> _b all |
| <input type="checkbox"/> _c during, | <input type="checkbox"/> _c drank | <input type="checkbox"/> _c each |
| <input type="checkbox"/> _d before, | <input type="checkbox"/> _d eat | <input type="checkbox"/> _d any |

_____ [11] the X-ray.

- | |
|---|
| <input type="checkbox"/> _a are |
| <input type="checkbox"/> _b has |
| <input type="checkbox"/> _c had |
| <input type="checkbox"/> _d was |

THE DAY OF THE X-RAY.

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> _a appointment. | <input type="checkbox"/> _a drive, | <input type="checkbox"/> _a heart. | <input type="checkbox"/> _a answers, |
| <input type="checkbox"/> _b walk-in. | <input type="checkbox"/> _b drink, | <input type="checkbox"/> _b breath. | <input type="checkbox"/> _b exercises, |
| <input type="checkbox"/> _c breakfast. | <input type="checkbox"/> _c dress, | <input type="checkbox"/> _c water. | <input type="checkbox"/> _c tracts, |
| <input type="checkbox"/> _d clinic. | <input type="checkbox"/> _d dose, | <input type="checkbox"/> _d cancer. | <input type="checkbox"/> _d questions, |

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

- | |
|--|
| <input type="checkbox"/> _a Department |
| <input type="checkbox"/> _b Sprain |
| <input type="checkbox"/> _c Pharmacy |
| <input type="checkbox"/> _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 [Correct = 1; Incorrect = 0]	Scoring Key	Participant Response	Score [Correct = 1; Incorrect = 0]
1. a			17. c		
2. b			18. a		
3. d			19. d		
4. a			20. b		
5. c			21. 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: ___ ___					