



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 stitches | <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.

- 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],

- |   |                                   |                                    |                                       |
|---|-----------------------------------|------------------------------------|---------------------------------------|
| <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.

- a Department
- b Sprain
- c Pharmacy
- d Toothache



Participant ID: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

Clinical Center: \_\_\_\_\_

Site: \_\_\_\_\_

Visit Number: \_\_\_\_\_

CRF Date: \_\_\_\_\_

RC ID: \_\_\_\_\_

### SHORT TEST OF FUNCTIONAL HEALTH LITERACY IN ADULTS (STOFHLA)

#### 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.



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### SHORT TEST OF FUNCTIONAL HEALTH LITERACY IN ADULTS (STOFHLA)

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		
<b>Subtotal A:</b> ___			<b>Subtotal B:</b> ___		
<b>STOFHLA Score:</b> ___					