



## Test of Functional Health Literacy in Adults

Short Test of Functional Health Literacy in Adults (STOFHLA)

# STOFHLA

## Large Print Version

### English, 14 point font

### VARIABLE NAMES

ALL NAMES HAVE A PREFIX OF

STOFHLA\_

### FORMATS

FORMATS ARE CREATED  
FOR EACH QUESTION

NAMES GO FROM

↓ FMT-STOFHLA1 \_

TO

↓ FMT-STOFHLA36 \_

PREFACE: STOFHILA —

PASSAGE A

Your doctor has sent you to have a A1 X-ray.

- a. stomach
- b. diabetes
- c. stitches
- d. germs

STOFHILA —

You must have an A2 stomach when you come for A3.

- a. asthma
- b. empty
- c. incest
- d. anemia

- a. is.
- b. am.
- c. if.
- d. it.

The X-ray will A4 from 1 to 3 A5 to do.

- a. take
- b. view
- c. talk
- d. look

- a. beds
- b. brains
- c. hours
- d. diets

STOFHILA —

THE DAY BEFORE THE X-RAY.

For supper have only a A6 snack of fruit, A7 and jelly, BENT-STOPHAG

a. little	a. toes
b. broth	b. throat
c. attract	c. toast
d. nausea	d. thigh

with coffee or tea.

After A8, you must not A9 or drink

a. minute,	a. easy
b. midnight,	b. ate
c. during,	c. drank
d. before,	d. ear

anything at A10 until after you have A11 the X-ray. BENT-STOPHAG

a. ill	a. are
b. all	b. has
c. each	c. had
d. any	d. was

THE DAY OF THE X-RAY.

Do not eat A12

- a. appointment.
- b. walk-in.
- c. breakfast.
- d. clinic.

§ FMT-STOFHLA12 -

Do not A13, even A14

- |           |            |
|-----------|------------|
| a. drive, | a. heart.  |
| b. drink, | b. breath. |
| c. dress, | c. water.  |
| d. dose,  | d. cancer. |

If you have any A15, call the X-ray A16 at 616-4500.

- |               |               |
|---------------|---------------|
| a. answers,   | a. Department |
| b. exercises, | b. Sprain     |
| c. tracts,    | c. Pharmacy   |
| d. questions, | d. Toothache  |

§ FMT-STOFHLA16

PASSAGE B

I agree to give correct information to B17 if I can receive Medicaid. SENT STOFHLA 17

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

I B18 to provide the county information to B19 any

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

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

statements given in this B20 and hereby give permission to

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

the B21 to get such proof. I B22 that for

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

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

Medicaid I must report any B23 in my circumstances SENT STOFHLA 23

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

within B24 (10) days of becoming B25 of the change. § FMT. STOFHLA 24  
a. three  
b. one  
c. five  
d. ten  
a. award  
b. aware  
c. away  
d. await

I understand B26 if I DO NOT like the B27 made on my  
a. thus  
b. this  
c. that  
d. than  
a. marital  
b. occupation  
c. adult  
d. decision

case, I have the B28 to a fair hearing. I can B29 a  
a. bright  
b. left  
c. wrong  
d. right  
a. request  
b. refuse  
c. fail  
d. mend

hearing by writing or B30 the county where I applied.  
a. counting  
b. reading  
c. calling  
d. smelling

If you B31 TANF for any family B32, you will have to § FMT. STOFHLA 32  
a. wash  
b. want  
c. cover  
d. tape  
a. member,  
b. history,  
c. weight,  
d. seatbelt,

B33 a different application form.

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

B34, we will use

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

STAFF STOFFNER 33 -

the B35 on this form to determine your

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

B36

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

STAFF STOFFNER 36 -

*Short Test of Functional Health Literacy in Adults (STOFHLA)*

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TOFHLA is a measure of the patient's ability to read and understand health care information, their functional health literacy. TOFHLA Numeracy assesses their understanding of prescription labels, appointment slips, and glucose monitoring. TOFHLA Reading Comprehension assesses their understanding of health care texts such as preparation for a diagnostic procedure and Medicare Rights & Responsibilities.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SSN or ID# \_\_\_\_\_

Hospital or Health-care Setting \_\_\_\_\_

City, State \_\_\_\_\_

Short Form Administered: \_\_\_\_English \_\_\_\_Spanish

STOFHLA - Score

STOFHLA TOTAL FMT - NUMERIC.

TOFHLA Total Score:  
Reading Comprehension Raw Score (0-36)

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Functional Health Literacy Level:

FMT - STOFHLA - 3 CAT.

STOFHLA 3 CAT

0 - 16 -- Inadequate Functional Health Literacy

17 - 22 -- Marginal Functional Health Literacy

23 - 36 -- Adequate Functional Health Literacy

FMT - STOFHLA - 2 CAT.

STOFHLA 2 CAT

3 CAT  
1  
2  
3

2 CAT  
1  
1  
2


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