

Health Literacy Patient Survey

This survey was constructed to test the AHRQ Health Literacy Universal Precautions Toolkit, 2nd edition. Some questions are taken or adapted from CAHPS® surveys, a set of validated surveys of patients' experience of care. Other questions were developed specifically to measure implementation of tools in the Toolkit. Questions from this survey may be useful in conducting small tests of change as part of quality improvement activities.

Insert Practice Name

Date: _____

Instructions:

Please answer the questions below about the care provided by this practice. Your answers will help us learn how well people in your provider's practice explain things to you and make it easy for you to take care of your health.

First, we would like to know how well the providers and other staff in this practice explain things to you and how well they listen to you.

1. In the last 6 months, how often did people in this practice explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

2. In the last 6 months, how often did people in this practice use medical words that you did not understand?

- Never
- Sometimes
- Usually
- Always

3. In the last 6 months, how often did people in this practice talk too fast when talking with you?

- Never
- Sometimes
- Usually
- Always

4. In the last 6 months, how often did anyone in this practice use pictures, drawings, models, or videos to explain things to you?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, how often did people in this practice listen carefully to you?

- Never
- Sometimes
- Usually
- Always

6. In the last 6 months, how often did people in this practice interrupt you when you were talking?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, how often did people in this practice show interest in your questions and concerns?

- Never
- Sometimes
- Usually
- Always

8. In the last 6 months, how often did people in this practice encourage you to ask questions?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you see anyone in this practice for a specific illness or for any health condition?

Yes

No → go to question 13

10. In the last 6 months, did anyone in this practice give you spoken instructions about what to do to take care of this illness or health condition?

Yes

No → go to question 13

11. In the last 6 months, how often were these verbal instructions easy to understand?

Never

Sometimes

Usually

Always

12. In the last 6 months, how often did anyone in this practice ask you to describe how you were going to follow these instructions?

Never

Sometimes

Usually

Always

13. In the last 6 months, how often did people in this practice spend enough time with you?

Never

Sometimes

Usually

Always

Now we would like to know how well clinicians and other staff in this practice have done in talking with you about any medicines that you take.

14. In the last 6 months, did you take any medicines that were recommended by someone in this practice?

Yes

No → go to question 23

15. In the last 6 months, did anyone in this practice explain the purpose for taking each medicine?

Yes

No → go to question 17

16. How often was the explanation easy to understand?

Never

Sometimes

Usually

Always

17. In the last 6 months, did anyone in this practice explain how much to take of each medicine and when to take it?

Yes

No → go to question 19

18. How often was the explanation easy to understand?

Never

Sometimes

Usually

Always

19. In the last 6 months, how often did anyone in this practice suggest ways to help you remember to take your medicines?

Never

Sometimes

Usually

Always

20. In the last 6 months, did anyone from this practice ask you to bring in all the prescription and over-the-counter medicines you were taking?

Yes

No

21. In the last 6 months, did you bring to this practice all the prescription and over-the-counter medicines you were taking?

- Yes, I brought all of them
- No, I brought only some of them
- No, I didn't bring any → **go to question 23**

22. In the last 6 months, did anyone in this practice look at your medicine bottles and talk with you about each medicine?

- Yes
- No

Now, we would like to know whether your clinician or other staff in this practice has given you written information about your health.

23. In the last 6 months, did anyone in this practice give you written information about how to take care of your health?

- Yes
- No → **go to question 25**

24. In the last 6 months, how often did anyone in this practice explain or walk you through the written information that you were given?

- Never
- Sometimes
- Usually
- Always

25. In the last 6 months, did you have to sign any forms at this practice?

- Yes
- No → **go to question 27**

26. In the last 6 months, how often did someone explain the purpose of a form before you signed it?

- Never
- Sometimes
- Usually
- Always

27. In the last 6 months, did you fill out any forms at this practice?

- Yes
- No → go to question 30

28. In the last 6 months, how often were you offered help in filling out a form at this practice?

- Never
- Sometimes
- Usually
- Always

29. In the last 6 months, how often were the forms that you got at this practice easy to fill out?

- Never
- Sometimes
- Usually
- Always

Now, we want to know whether your clinician and other staff in this practice have talked with you about classes or other services in the community that might be helpful for you.

30. In the last 6 months, did anyone in this practice ask if you ever have trouble paying for your medicines?

- Yes
- No → go to question 32

31. In the last 6 months, did anyone in this practice assist you to get help for paying for your medicines?

- Yes
- No

32. In the last 6 months, did anyone in this practice talk to you about what was available in your community to help you with things like food, jobs, or housing?

- Yes
- No

33. In the last 6 months, did anyone in this practice ask if you want to improve your reading, writing, or math skills?

- Yes
- No

34. In the last 6 months, did anyone in this practice help you get services to improve your reading, writing, or math skills?

- Yes
- No

35. In the last 6 months, were you referred to another doctor, lab, or other facility?

- Yes
- No → go to question 37

36. In the last 6 months, were you asked if you would like help making an appointment with the other doctor, lab, or other facility?

- Yes
- No

Now, we have some questions about you.

37. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

38. Are you male or female?

- Male
- Female

39. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

40. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

41. What is your race? Please mark one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Other

42. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

Thank you for taking the time to complete this survey!