Hand patient the reading comprehension passages to be completed. Fold back the page opposite the text so that the patient sees only the text.

Preface the reading comprehension exercise with:

"Here are some other medical instructions that you or anybody might see around the hospital. These instructions are in sentences that have some of the words missing. Where a word is missing, a blank line is drawn, and 4 possible words that could go in the blank appear just below it. I want you to figure out which of those 4 words should go in the blank, which word makes the sentence make sense. When you think you know which one it is, circle the letter in front of that word, and go on to the next one. When you finish the page, turn the page and keep going until you finish all the pages."

Stop at the end of 7 minutes

Passage A: X-Ray Preparation

Passage B: Medicaid Rights and Responsibilities
### PASSAGE A

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**Sub-Total**
PASSAGE A

Your doctor has sent you to have a ___________ X-ray.
   a. stomach
   b. diabetes
   c. stitches
   d. germs

You must have an ___________ stomach when you come for _____.
   a. asthma               a. is.
   b. empty                b. am.
   c. incest               c. if.
   d. anemia              d. it.

The X-ray will ___________ from 1 to 3 ___________ to do.
   a. take                  a. beds
   b. view                 b. brains
   c. talk                 c. hours
   d. look                 d. diets
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Sub-Total

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6 Large Print Version, English 14 point font  •  STOFHLA
THE DAY BEFORE THE X-RAY.

For supper have only a ______ snack of fruit, ______ and jelly,
  a. little       a. toes
  b. broth       b. throat
  c. attack      c. toast
  d. nausea      d. thigh

with coffee or tea.

After ______, you must not ______ or drink
  a. minute,       a. easy
  b. midnight,    b. ate
  c. during,      c. drank
  d. before,      d. eat

anything at ______ until after you have ______ the X-ray.
  a. ill          a. are
  b. all          b. has
  c. each         c. had
  d. any          d. was
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THE DAY OF THE X-RAY.

Do not eat _____________________.
   a. appointment.
   b. walk-in.
   c. breakfast.
   d. clinic.

Do not ___________ , even ___________.
   a. drive,
   b. drink,
   c. dress,
   d. dose,
   a. heart.
   b. breath.
   c. water.
   d. cancer.

If you have any ___________ , call the X-ray ___________ at 616-4500.
   a. answers,
   b. exercises,
   c. tracts,
   d. questions,
   a. Department
   b. Sprain
   c. Pharmacy
   d. Toothache
Sub-Total
PASSAGE B

I agree to give correct information to ______ if I can receive Medicaid.
  a. hair
  b. salt
  c. see
  d. ache

I ______ to provide the county information to __________ any
  a. agree
  b. probe
  c. send
  d. gain

statements given in this ____________ and hereby give permission to
  a. emphysema
  b. application
  c. gallbladder
  d. relationship

the ____________ to get such proof. I ____________ that for
  a. inflammation
  b. religion
  c. iron
  d. county

Medicaid I must report any ____________ in my circumstances
  a. changes
  b. hormones
  c. antacids
  d. charges
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within _______ (10) days of becoming ________ of the change.

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

I understand ______ if I DO NOT like the _______ made on my

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

I understand _______ if I DO NOT like the _______ made on my

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

I understand ______ if I DO NOT like the _______ made on my

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

I understand ______ if I DO NOT like the _______ made on my

case, I have the ________ to a fair hearing. I can ________ a

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

I understand _______ if I DO NOT like the _______ made on my

case, I have the ________ to a fair hearing. I can ________ a

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

hearing by writing or __________ the county where I applied.

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

hearing by writing or __________ the county where I applied.

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

If you _______ TANF for any family ________, you will have to

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

If you _______ TANF for any family ________, you will have to

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

a. member,  
b. history,  
c. weight,  
d. seatbelt,
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**READING COMPREHENSION RAW SCORE**

**Sub-Total**
a different application form. We will use
a. relax  b. break  c. inhale  d. sign

Since,  Whether,  However,  Because,

the _______ on this form to determine your _________.

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

a. hypoglycemia.  b. eligibility.  c. osteoporosis.  d. schizophrenia.
Short Test of Functional Health Literacy in Adults (STOFHLA)
Joanne R. Nurss, Ph.D., Ruth M. Parker, M.D., Mark V. Williams, M.D., & David W. Baker, M.D., M.P.H.

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

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

Functional Health Literacy Level:

0 - 16 -- Inadequate Functional Health Literacy

17 - 22 -- Marginal Functional Health Literacy

23 - 36 -- Adequate Functional Health Literacy

July 1995
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