About the Measure			
Domain:	Social Determinants of Health		
Measure:	Health Literacy		
Definition:	A questionnaire to assess an adult's health literacy level, the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.		
Purpose:	This measure can be used to evaluate an individual's health literacy level. Low health literacy is associated with not understanding health and disease information, difficulties following medical instructions and scheduling preventive and routine appointments, increased hospitalizations and medical costs, and ultimately higher mortality rates.		
Essential PhenX Measures:	Current Age, Current Educational Attainment		
Related PhenX Measures:	Reading Comprehension		
Measure Release Date:			

About the Protocol		
Protocol Release Date:		
PhenX Protocol Name:	Health Literacy	
Keywords:	Agency for Healthcare Research and Quality, National Institute of Dental and Craniofacial Research, University of North Carolina at Chapel Hill, Social Determinants of Health, Health Literacy, Health literacy screening, Short Assessment of Health Literacy—English (SAHL- E), English speakers	
Protocol Name from Source:	Short Assessment of Health Literacy——English (SAHL-E), Health Literacy Screening Questions from Chew et al., 2004	
Description:	The Short Assessment of Health Literacy—English (SAHL-E) includes 18 interviewer-administered items designed to assess an English-speaking adult's ability to read and understand common medical terms. The test could help health professionals estimate the adult's health literacy level. The interviewer shows the respondent a series of laminated 4"x 5" flash cards, with each card containing a medical term printed in boldface on the top and the two association words—i.e., the key and the distracter—at the bottom. Responses are summed to achieve the total, SAHL-E score. A score less than or equal to 14 represents the cutoff point for low health literacy, or low health-related reading ability. An additional health literacy screening question, useful for	

	surveys with space constraints, asks how confident the respondent is in completing medical forms.	
Specific Instructions:	SAHL-E administration is facilitated by using laminated 4"x 5" flash cards, with each card containing a medical term printed in boldface on the top and the two association words—i.e., the key and the distracter—at the bottom.	

Protocol:	Short Assessment of Health Literacy-English (SAHL-E)		
	Directions to the Interviewer:		
	1 Before the test, the interviewer should say to the examinee: "I'm going to show you cards with 3 words on them. First, I'd like you to read the top word out loud. Next, I'll read the two words underneath and I'd like you to tell me which of the two words is more similar to or has a closer association with the top word. If you don't know, please say 'I don't know'. Don't guess."		
	2. Show the examinee the first card.		
	 The interviewer should say to the examinee: "Now, please, read the top word out loud." 		
	4. The interviewer should have a clipboard with a score sheet to record the examinee's answers. The clipboard should be held such that the examinee cannot see or be distracted by the scoring procedure.		
	5. The interviewer will then read the key and distracter (the two words at the bottom of the card) and then say: "Which of the two words is most similar to the top word? If you don't know the answer, please say 'I don't know'."		
	The interviewer may repeat the instructions so that the examinee feels comfortable with the procedure.		
	7. Continue the test with the rest of the cards.		
	8. A correct answer for each test item is determined by both correct pronunciation and accurate association. Each correct answer gets one point. Once the test is completed, the interviewer should tally the total points to generate the <i>SAHL-E</i> score.		
	A score between 0 and 14 suggests the examinee has low health literacy.		

Stem	Key or Distract	er	
1. kidney	[] urine	[] fever	[] don't know
2. occupation	[] work	[] education	[] don't know
3. medication	[] instrument	[] treatment	[] don't know
4. nutrition	[] healthy	[] soda	[] don't know
5. miscarriage	[]loss	[] marriage	[] don't knov
6. infection	[] plant	[] virus	[] don't knov
7. alcoholism	[] addiction	[] recreation	[] don't knov
8. pregnancy	[] birth	[] childhood	[] don't knov
9. seizure	[] dizzy	[] calm	[] don't knov
10. dose	[] sleep	[] amount	[] don't knov
11. hormones	[] growth	[] harmony	[] don't knov
12. abnormal	[] different	[] similar	[] don't knov
13. directed	[] instruction	[] decision	[] don't knov
14. nerves	[] bored	[] anxiety	[] don't knov
15. constipation	[] blocked	[]loose	[] don't knov
16. diagnosis	[] evaluation	[] recovery	[] don't knov
17. hemorrhoids	[] veins	[] heart	[] don't knov
18. syphilis	[] contraception	[] condom	[] don't knov

Health Literacy Screening Question

19. How confident are you filling out medical forms by yourself?

- [] 1 Extremely [] 2 Quite a bit
- [] 3 Somewhat
- [] 4 A little bit
- [] 5 Not at all

Selection Rationale: Source:	The Short Assessment of Health Literacy English (SAHL-E) protocol was selected because of its good reliability and validity, ease of administration, endorsement by the Agency for Healthcare Research and Quality (AHRQ), and availability in Spanish and English. An additional health literacy screening question from Chew et al., 2004, was added following the SAHL-E questionnaire. Short Assessment of Health Literacy-English (SAHL-E) Lee, SY. D., Stucky, B.D., Lee, J. Y. (2010). Short assessment of health literacy–Spanish and English: A comparable test of health literacy for Spanish and English speakers. <i>Health Services Research, 45</i> (4), 1105–20. Appendix SA6-SA7.
Availability:	Health Literacy Screening QuestionChew, L.D., Bradley, K.A., Boyko, E.J. (2004). Brief questions to identifypatients with inadequate health literacy. Family Medicine, 36(8), 588–94.Appendix 1, Question 14.Publicly available
Availability.	
Life Stage:	Adult
Language:	English, Spanish
Participant:	Adults
Personnel and Training Required:	The interviewer must be trained to conduct personal interviews with individuals from the general population. The interviewer must be trained and found to be competent (i.e., tested by an expert) at the completion of personal interviews. The interviewer should be trained to prompt respondents further if a "don't know" response is provided.
Equipment Needs:	The PhenX Working Group acknowledges these questions can be administered in a computerized or noncomputerized format (i.e., paper-and- pencil instrument). Computer software is necessary to develop computer- assisted instruments. The interviewer will require a laptop computer/handheld computer to administer a computer-assisted questionnaire.
General References:	 Chew, L.D., Griffin, J.M., Partin, M.R., Noorbaloochi, S., Grill, J.P., Snyder, A.,Vanryn, M. (2008). Validation of Screening Questions for Limited Health Literacy in a Large VA Outpatient Population. <i>Journal of General Internal Medicine, 23</i>(5), 561-566. Nutbeam, D., McGill, B., Premkumar, P. (2018). Improving health literacy in community populations: a review of progress. <i>Health Promotion International, 33</i>(5), 901-911.
Mode of Administration:	Interviewer-administered questionnaire

Derived Variables:	None		
Requirements:			
	Requirements Category	Required (Yes/No):	
	Major equipment	No	
	Specialized training	No	
	Specialized requirements for biospecimen collection	No	
	Average time of greater than 15 minutes in an unaffected individual	No	
Annotations for Specific Conditions:	No annotations at this time.		
Process and Review:	The Expert Review Panel has not reviewed this measure yet.		