

**Instructions for Providers to Read to Candidates
Reduced S-TOFHLA (July 2012)**

READ TO APPLICANT:

Now, we would like to check your ability to read and understand the things doctors often give patients, like medical instructions. Many people have a hard time understanding medical instructions, and this can affect individuals' health.

Do you wear glasses? (IF YES...) Please put them on.

I am going to show you some medical instructions that you might see around a hospital. There are words missing in these instructions, like in this example (HAND EXAMPLE). I want you to fill in the missing words. Just below the blank line, we've listed 4 possible words to complete the sentence. Choose the word that makes the most sense. Circle the letter in front of the word you choose. So, in this example, "Your blood test was blank", the word "normal" is the only word that can complete the sentence so it makes sense. So, you would circle the letter "a" in front of the word "normal". Is that clear?

There are four pages, and the page numbers are shown at the bottom of each page.

TURN TO FIRST PAGE AND SHOW PAGE NUMBER. Be careful not to skip any. You will have 7 minutes to this. Just complete as much as you can in that time.

Ready? You can start.

STOP AT THE END OF 7 MINUTES

S-TOFHLA TEST

EXAMPLE

Your blood test was _____.

- a. normal
- b. take
- c. hurt
- d. germs

S-TOFHLA TEST

This version must be used to meet the literacy requirement for IDHS Division of Developmental Disabilities

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 |

THE DAY BEFORE THE X-RAY

For supper have only a _____ snack of fruit, _____ and jelly, with coffee or tea.

- | | |
|-----------|-----------|
| a. little | a. toes |
| b. broth | b. throat |
| c. attack | c. toast |
| d. nausea | d. thigh |

S-TOFHLA TEST

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 |

THE DAY OF THE X-RAY

Do not eat _____.

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

Do not _____, even _____.

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

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

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

S-TOFHLA TEST

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 | a. hide |
| b. probe | b. risk |
| c. send | c. discharge |
| d. gain | d. prove |

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 | a. investigate |
| b. religion | b. entertain |
| c. iron | c. understand |
| d. county | d. establish |

Medicaid I must report any _____ in my circumstances

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

within _____ (10) days of becoming _____ of the change.

- | | |
|----------|----------|
| a. three | a. award |
| b. one | b. aware |
| c. five | c. away |
| d. ten | d. await |

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

- | | |
|---------|---------------|
| a. thus | a. marital |
| b. this | b. occupation |
| c. that | c. adult |
| d. than | d. decision |

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

- | | |
|-----------|------------|
| a. bright | a. request |
| b. left | b. refuse |
| c. wrong | c. fail |
| d. right | d. mend |

hearing by writing or _____ the county where I applied.

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

If you _____ AFDC for any family _____, you will have to

- | | |
|----------|-------------|
| a. wash | a. member |
| b. want | b. history |
| c. cover | c. weight |
| d. tape | d. seatbelt |

_____ a different application form. _____, we will use

- | | |
|-----------|------------|
| a. relax | a. Since |
| b. break | b. Whether |
| c. inhale | c. However |
| d. sign | d. Because |

the _____ on this form to determine your _____.

- | | |
|-----------|------------------|
| a. lung | a. hypoglycemia |
| b. date | b. eligibility |
| c. meal | c. osteoporosis |
| d. pelvic | d. schizophrenia |

This version must be used to meet the literacy requirement for IDHS Division of Developmental Disabilities

Date_____/_____/_____

Name_____

STOFHLA - Score

STOFHLA 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

The completed test and scoring sheet must be in the employee's file.