



All responses will be kept CONFIDENTIAL and ANONYMOUS

HEALTH LITERACY PATIENT SURVEY

Insert Practice Name

Today's Date: _____ Your Age: _____ Gender: Female
 Male

Dear Patient:

Please think about your visits to this doctor's office when you answer the questions below. Your answers will help us to improve the care we give you and other patients.

1. In the last 6 months, how often did you have an easy time reading information about your health?
 Never
 Sometimes
 Always
2. In the last 6 months, how often were you sure about filling out forms by yourself?
 Never
 Sometimes
 Always
3. In the last 6 months, how often were things explained so you could understand?
 Never
 Sometimes
 Always
4. In the last 6 months, how often did the staff listen carefully when you had a question?
 Never
 Sometimes
 Always
5. In the last 6 months, how often were you given easy to understand information?
 Never
 Sometimes
 Always
6. In the last 6 months, how often were instructions about how to take your medicines easy to understand?
 Never
 Sometimes
 Always

Thank you for taking the time to complete this survey!