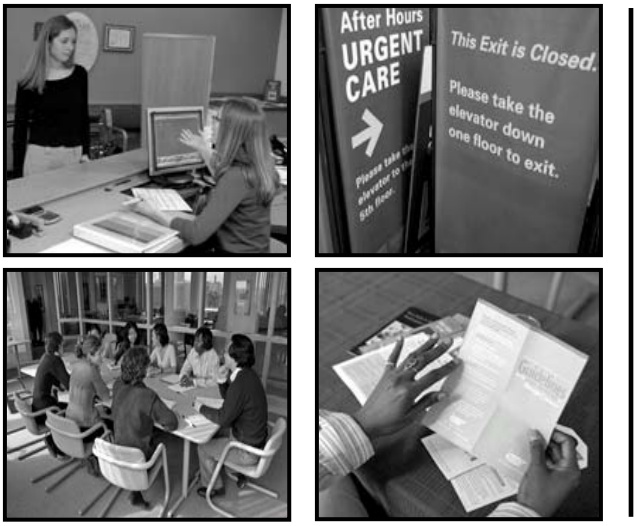


Appendix II: Needs Assessment Tools

The needs assessment activities in this section are designed to offer insight into literacy-related demands and barriers. These activities can set the foundation for the *Health Literacy Environment Review:*

Navigation Activities

- ☐ Telephone Assessment
- ☐ Walking Interview Activity

Print Communication Activities

- ☐ Materials Assessment Workshop
- ☐ Materials Assessment Tools

Oral Exchange Activity

- ☐ Oral Exchange Survey

Technology Activity

- ☐ Current Technology Assessment

Findings from these pre-review activities will help inform the *Health Literacy Environment Review.*

Navigation: Telephone Assessment

First contact with a hospital or health center is often over the telephone. A telephone call can determine a person's first impressions of a healthcare facility. This section of health literacy navigation focuses on this important first encounter.

For this telephone assessment activity, we suggest that you ask 2-3 people of different professional levels (i.e., a nurse, clerk, technician) to independently call the main telephone number of your healthcare facility. You may want to replicate this process for frequently called departments such as labs, radiology, or medical records. Each person should attempt to get directions to the facility from an agreed-upon starting point and request directions via public transportation. The starting point should be a neighborhood or landmark within the general area where the healthcare facility's patients either live or work.

Each caller should complete the *Telephone Assessment Form,* found on the following page. This form focuses on the following key elements:

- Option for live communication
- Speed
- Success (related to purpose of the call)

Once 2-3 people have each called the main number of your healthcare facility and filled out the *Telephone Assessment Form,* please complete **Part 1, Section A** of the *Health Literacy Environment Review*, located on **page 9**. As noted above, you may wish to replicate this activity for frequently called departments as well as the main number.

Telephone Assessment Form

Date: _____Your name: _____
Facility you are calling: _____
Telephone number of facility you are calling: _____
Location you want directions from: _____

Start of call

a. Time phone was answered: _____
b. Telephone answered by: ☐ Automated system ☐ Person

End of call

a. Time call ended: _____
b. Last interaction I had was with: ☐ Automated system ☐ Person

Automated System

1. Is there an option for another language?
   ☐ Yes--If yes, which: _____
   ☐ No

2. Number of menu options before you reach a person?
   ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
   1 2 3 4 5 6 7 No option

3. Number of menu options for directions to the hospital or health center?
   ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
   1 2 3 4 5 6 7 No option

4. Is there an option to repeat menus?
   ☐ Yes
   ☐ No

5. What is the speed of the menu options?
   ☐ Very fast
   ☐ Fast
   ☐ Slow
   ☐ Very slow

6. Was the call successful? (Were you able to get what you needed?)
   ☐ Yes
   ☐ No

Reaching a Person

1. Does the person speak a language in addition to English?
   ☐ Yes--If yes, which: _____
   ☐ No

2. What is the tone of the person's voice?
   ☐ Warm/ welcoming
   ☐ Neutral
   ☐ Cold/standoffish

3. What is the speed of the person's speech?
   ☐ Very fast
   ☐ Fast
   ☐ Slow
   ☐ Very slow

4. Was the call successful? (Were you able to get what you needed?)
   ☐ Yes
   ☐ No

Please continue onto next page→

Comments about the Phone System and Getting Help with Directions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Rating: These findings reflect the impression we want patients to have of our healthcare facility.

Agree	**1**	**2**	**3**	**4**	**5**	**6**	**Disagree**

Navigation: Walking Interview Activity

People entering a healthcare facility for the first time can often see details of the environment that people working within the facility may no longer notice. As a result, newcomers can offer insights to those for whom the workplace has become routine. This section of health literacy navigation focuses on an assessment of the literacy environment.

The *Walking Interview* is an activity that involves locating and finding one's way around a healthcare facility. The *Walking Interview* will help identify what is helpful for people and what gets in the way as they try to navigate a healthcare facility.

The *Walking Interview* activity offers opportunities for the staff of healthcare facilities to identify barriers as well as aids for navigation of facilities. This section includes the following information about the *Walking Interview:*

- Overview and Preparation
- Walking Interview Activity

Once you have completed the *Walking Interview* activity, please complete **Part 1**, **Sections B, C, D, E, and F** of the *Health Literacy Environment Assessment* located on **pages 9-12.**

Walking Interview: Overview & Preparation

Overview

The *Walking Interview* is an activity that involves locating and finding one's way around a healthcare facility. The *Walking Interview* will help identify what is helpful for people and what gets in the way as they try to navigate a facility. It is critically important that the W*alking Interview* not interfere with the day-to-day activities of workers or visitors, and therefore ought to be scheduled with this in mind.

The *Walking Interview* involves:

- A **note taker**: the person who takes notes and asks questions.
- An **informant**: the person who tries to find his/her way to public spaces within the facility such as the waiting areas, hallways, or pharmacy.

Note taker *(the person taking notes and asking questions)*

The best note taker is someone who works within the hospital or health center. If possible, the note taker should first participate in a preparation exercise on the use of the *Walking Interview* guide. This can be done without outside assistance. For example, the note taker should review the *Walking Interview* guide and walk through the area of the proposed tour in advance. Next, two or more note takers should practice conducting walking tours with each other to become familiar with the *Walking Interview* process. If this is not possible, note takers should lead a series of tours with colleagues and/or friends and relatives.

The **note taker** should…

- ☐ Carry a letter of explanation from the facility.
- ☐ Carry a clipboard and the *Walking Interview* guide.
- ☐ Review the rating schema with the informant.
- ☐ Let the informant take the lead on navigating the facility.
- ☐ Ask the informant to talk aloud about his/her feelings, observations, and decisions as you walk together to a specific destination (recommendations of locations are provided in the guide). If necessary, use 'why' prompts such as: *"Why did you stop here?"*, *"Why did you decide to turn left?"*
- ☐ Record or take notes of informant's comments.

Informant *(the person finding his/her way to public locations within the hospital)*

The best informant is a person not familiar with the facility. Examples of potential informants include:

- Registration person at healthcare facility
- Volunteer from information desk at healthcare facility
- Someone from finance or billing department of healthcare facility
- Adult educators
- English for Speakers of Other Languages (ESOL) educators
- Adult learners/new readers
- Community librarians

The **informant** should…

- ☐ Try to find his/her way to the locations identified.
- ☐ Speak out loud about what tools (signs, maps, people, etc.) he/she is using to make decisions about where to go next.
  - *"I am now taking a right-hand turn because the sign says 'Medical Records' and points to the right."*
  - *"I'm not sure where to turn here, so I will ask the man standing over there."*
- ☐ Pause during the walk and share his/her comments with the note taker.

Set-Up

In advance of conducting the *Walking Interview,* the note taker should:

- ☐ Pick a location and time to meet his/her informant. Examples of good locations for a note taker and informant to meet are provided in the *Walking Interview* guide.

Walking Interview: Phone Script or Letter from the Note Taker to the Informant

Focus: ***Invitation, Brief Overview, and Appointment***

My name is ___(*your name*)___. I am working with the ___*(sponsoring organization)*_. We are trying to understand how people find their way around our ___(*hospital or health center*)___. We want to know what is helpful and what gets in the way.

I would like to find out what you think of __(*name of facility where the tour will occur*)___. This interview is unusual. I think you will enjoy it. We call it a "Walking Interview."

I would like to go with you to / meet you at _(*name of facility where the tour will occur*)__. Once we are there, I would like to walk around with you and hear about how you see things, especially what makes it easy or hard for you to find a specific place. I will be using a tape recorder to keep a record of your comments and reactions. I will also be writing down some notes as we go through the tour. We will not go to a doctor's office or any other part of the healthcare facility where patients are seen. We will spend our time at the entrance, in the lobby, in the cafeteria (if there is one), and walking from the lobby to a place such as an arthritis center or the pharmacy.

This "Walking Interview" will take about one hour.

- ☐ We will pay you _____*(amount)*___ for your time and travel costs.
- ☐ What time of day is best for you?_____
- ☐ What day of the week works for you?_____
- ☐ Can we set a meeting time for _____*(date)*_____ at __*(time)*_____*?*
- ☐ Can we meet at ____*(specific location in or near the facility)*_____?

Walking Interview: Discussion and Response Tips

1. Statement: **I get lost all the time. I won't be a good person for this.**
   Response: *Actually, you would be perfect. You would be able to tell us what needs to be changed so that people do not get lost.*

2. Statement: **I've never been to that health center or hospital.**
   Response: *Wonderful. We want people who have never been there.*

3. Statement: **I don't have any problems finding my way around that place.**
   Response: *Great, we would like to learn about what makes it easy for you. That will help us figure out what changes will make it easier for other people. We also want to learn how you find your way around so we can teach other people the same skills.*

Walking Interview Guide

Background Information

1) Date**:** _____

2) Note taker *(please check all that apply):*

- ☐ Healthcare facility staff
- ☐ Adult educator
- ☐ Other _____

3) Informant *(please check all that apply):*

- ☐ Healthcare facility staff
- ☐ Adult educator
- ☐ Adult learner/new reader
- ☐ Member of community
- ☐ Other _____

4) Facility for Tour

a) Name: _____

b) Location: _____

c) Prepared in advance:

- ☐ Permission letter from the facility
- ☐ Tour meeting time: _____
- ☐ Tour meeting place: _____

NOTE: If possible, try to arrange to meet near but not at the healthcare facility such as at a bus or subway stop or exit from the parking garage. This way you can walk to the healthcare facility with your informant. If you cannot "travel" to the hospital with your informant, meet just inside the main entrance to the healthcare facility and then step back outside together.

Before You Begin the Tour

You, the note taker, should take a moment before you begin the tour to explain that you will be asking the informant to explore certain public areas of the healthcare facility, and that you would like him/her to talk aloud about what tools (such as people, signs, maps) he/she is using to make decisions about where to go next.

Tell your informant that at certain points during the tour you will ask him/her specific questions but that there are no "right or wrong" answers to these questions.

Let your informant know that you will ask him/her to rate his/her experiences several times throughout the tour. Explain that you will ask him/her to select a number that best reflects how your informant feels. Use the chart below to discuss the rating tool.

Informant Rating Guidelines					
1	**2**	**3**	**4**	**5**	**6**
Very hard to navigate • Don't know where to begin • Feel like giving up • Unable to find destination		**Somewhat hard to navigate** • Feel confused and may need to ask for help • May need to retrace some steps		**Easy to navigate** • No problems • Find destination with ease	

Part A: Main Entry

This part of the *Walking Interview* focuses on finding the main entrance to the healthcare facility. Once you have reached the main entrance, take time to ask your informant the key question below. You may want to use some of the suggested prompts to encourage conversation.

- Next, ask your informant if he/she has any additional observations or concerns.
- Finally, ask your informant to rate his/her overall experience in finding the main entrance to this facility.

Key Question 1: *Tell me about your experience finding the main entrance.*

Additional Prompts:

- *How did you find the main entrance? What were your cues?*
- *What do you think about the available signs?*
- *Think about others you know who have not been to this facility. What will make it easy or hard for them to find their way here?*

Rating: Overall, how hard or easy was it for you to find the main entrance to the facility?

Very Hard 1 2 3 4 5 6 Very Easy

Part B: Lobby→Security

Now prepare to enter the main lobby of the healthcare facility. At the entrance, you may immediately see a security guard. If you **do not see** or **are not stopped** by a security guard, please turn to the next page of the *Walking Interview.*

In many institutions, a security guard will stop and question you before you are allowed to enter the facility. Security has become a visible part of everyday life.

Please be aware of the entry process and be prepared to discuss the process with your informant. Tell your informant that people are often screened when they enter a building. Once you get past security, walk to a comfortable place to talk, ideally a place with chairs. Ask your informant the key question below.

Key Question 1: *How do you feel about the security process here?*

Additional Prompts:

- *How did the security guard treat you? What made you feel this way?*
- *Think about other people you know. Do you think they would feel comfortable entering the building if a security guard at the front door stopped them?*

Rating: Overall, how hard or easy was your experience with the security guard(s)? (If applicable)

Very Hard 1 2 3 4 5 6 Very Easy

Part B: Lobby→Overall Environment

Explain that this next part of the *Walking Interview* focuses on the lobby. Tell your informant that you will stay where you are, and that he/she should briefly explore the different areas of the main lobby. Your informant should then return to you and have a conversation with you about feelings and observations. Ask your informant to focus on several aspects of the lobby, such as the overall feel of the lobby, the use of print, the visuals, the sense of welcome, and the availability of help. Once your informant has finished exploring the lobby, ask him/her to answer the key question below.

Key Question 2: *How would you describe the use of the printed word in the lobby?*

Additional Prompts:

- *How is the printed word used?*
- *Are the words you see part of everyday talk?*
- *Are there any signs or words that make you feel intimidated or less comfortable?*

Rating: Overall, how much use of the printed word is there in the lobby?

A Lot of Print 1 2 3 4 5 6 Very Little Print

Part B: Lobby→Overall Environment *(continued)*

Sometimes visuals such as photographs, artwork, and local postings offer a sense of connection to the community. Visuals may also capture the diversity and culture of the neighborhood. A reflection of familiar places and faces may make people feel more at ease, comfortable, or welcomed. Ask your informant to answer the question below.

Key Question 3: *How would you describe the use of pictures or other visuals in the lobby?*

Additional Prompts:

- *Do the visuals in the lobby make you feel welcomed and/or comfortable?*
- *Do the visuals reflect the neighborhood, cultural groups, or language groups of the people you see in this healthcare facility?*
- *Are there any visuals that make you feel especially welcomed? If so, what in particular?*

Rating: Overall, how welcoming are the pictures and other visuals in the lobby?

Not At All Welcoming 1 2 3 4 5 6 Very Welcoming

Part B: Lobby→Finding Help with Directions

Now ask your informant to think about needing help finding another part of the healthcare facility. Ask him/her to look around for sources of help such as people, maps, and signs.

Key Question 4: *Who is available to help you?*

Additional Prompts:

- *How do you identify people who can help you?*
- *Are you comfortable asking for help from the people you identify? Why? Why not?*

Rating: Overall, how helpful are the available staff and volunteers in the lobby? (If applicable)

Not At All Helpful 1 2 3 4 5 6 Very Helpful

Part B: Lobby→Finding Help with Directions *(continued)*

Key Question 5: *What maps or signs are available to help you?*

Additional Prompts:

- *Are the maps and signs clear/easy to read? Why? Why not?*
- *Would you use them? Why? Why not?*

Rating: Overall, how helpful are the maps and signs in the main lobby? (If applicable)

Not At All Helpful 1 2 3 4 5 6 Very Helpful

Part C: Navigation Activity
Moving from the Main Lobby to Location X

Next, determine a location in the facility (i.e., 'Location X') that does not include patient rooms or other private areas. Your informant should choose from the following:

- **Medical records:** where a person would go to obtain medical records.
- **Testing area such as an X-Ray or MRI office**: where a person would go to have a specific test or scan.
- **Specialty clinic**: such as the asthma center or the arthritis center.
- **Pharmacy**: where a person would go to fill a prescription (R_x).

Explain to your informant that he/she is to find his/her way from the main lobby to Location X and that you will ask him/her to talk aloud about making his/her way.

- Ask your informant to think aloud as much as possible.
- Observe and ask questions about your informant's actions:
    - *You did/did not take a map. Why?*
    - *You did/did not ask for directions at the help desk. Why?*
    - *What helped you make the decision to go in this direction first?*

Begin the walk to Location X. Your informant should take the lead on deciding which direction to go, and only then should you ask why the particular decision was made. Do not say anything if your informant gets lost, goes in the wrong direction, or takes a long time to find Location X. **However,** if this becomes stressful, work with your informant to find the way. Use the space below to record your informant's comments.

Tour Notes:

Part C: Navigation Activity →Final Reflections

Once you have reached Location X, find a comfortable place to talk. If there is no place for you to sit, walk back to the lobby or cafeteria (whichever is closer). Find your way there together. Then, ask your informant to answer the questions below about his/her overall experience of moving from the main lobby to Location X.

Key Questions:

How did you feel as you moved toward Location X?

What was helpful?

What was confusing?

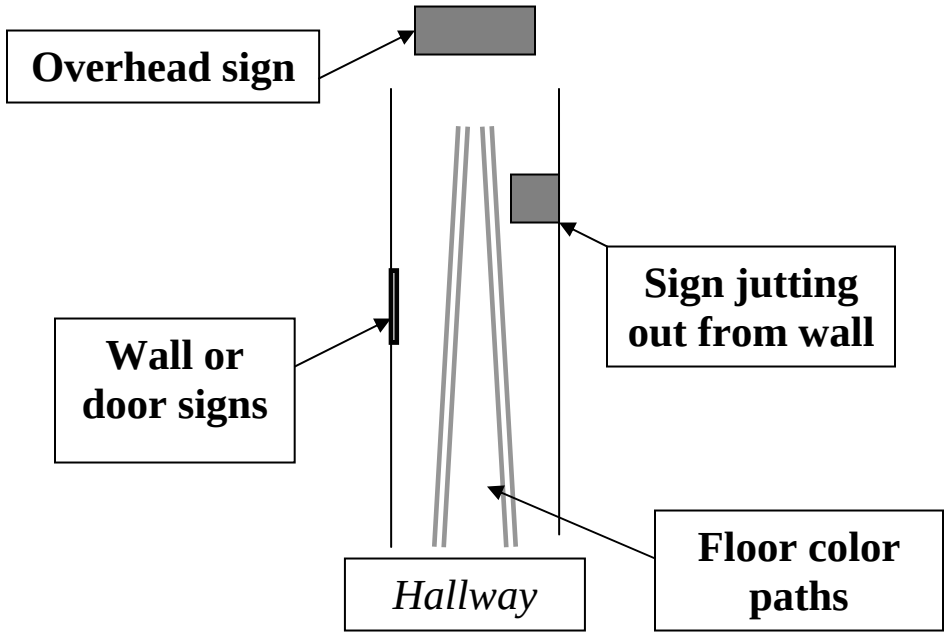
How did you know when you reached your destination (Location X)?

Do you have any suggestions for those in charge?

Part C: Navigation Activity →Final Reflections *(continued)*

Use of Signs

The diagram below shows a hallway and the types of signs most commonly encountered. Below, check the types of signs you found as you navigated the health facility and circle which kind was most common:



Please check all of the kinds of signs that you saw on your tour:

- ☐ Overhead signs
- ☐ Wall signs
- ☐ Sign jutting out from wall
- ☐ Floor color paths

Comments on signs:

Print Communication: Materials Assessment Workshop & Tools

Clear and simple materials are the foundation for easy entry into and navigation of healthcare facilities. Patients are often inundated with print materials. These materials include:

- Community relations materials (such as mailings and promotional materials)
- Patient orientation materials (such as welcome materials and patients' rights & responsibilities)
- Forms patients fill out (such as medical history forms)
- Patient education materials (such as disease and medicine descriptions)
- Legal materials (such as informed consent forms)
- Discharge preparation information (such as when to call your doctor)
- Follow-up notifications (such as test results and billing information)

This section includes the following information:

- Materials Assessment Workshop
  Purpose: Teach participants how to assess the reading grade level, layout, and design of printed materials in order to improve their readability.
  Facilitator: Person at your facility who oversees materials development.
  Participants: Anyone at your facility who develops or assesses materials.
- Tools for Conducting Readability Assessments for Print Materials

Once you have completed the *Readability Assessment Form for Print Materials*, please complete all of **Part 2** of the *Health Literacy Environment Review,* located on **pages 13-16.**

Materials Assessment Workshop Sample Agenda

Workshop Length: 3 hours (180 minutes) including a 10-minute break.

Learning Objectives: *Participants will be able to…*

1. Assess the reading grade level of print materials (using the SMOG)
2. Assess the layout and design of print materials (using the SAM & PMOSE/IKIRSCH)
3. Identify design issues to improve the readability (reading level, layout, design, use of visuals) of print materials

Materials Needed for Workshop:

Provided by facilitator

- ☐ Easel with flip chart or overhead projector
- ☐ Markers
- ☐ Sample 'plain language' materials
- ☐ (plain•word)™
- ☐ Directions for the SMOG
- ☐ Directions for the SAM
- ☐ Directions for the PMOSE/IKIRSCH

Brought by participants

- ☐ Samples of materials from their facilities (letter, brochure, instructions)

Steps

***1. Introduction (~20 minutes)*:** Have each of the workshop participants introduce themselves to the group and identify their experience with and responsibility for materials development.

2. Icebreaker (~15 minutes): Ask participants to form pairs. Pass out 2 (plain•word)™ cards to each pair. Read the directions aloud and then encourage the pairs to play for about 10 minutes. Ask participants to comment on the game.

3. Plain Language (~30 minutes): Introduce the topic of plain language to the group. Review the definition and make references to the icebreaker game, (plain•word)™. Discuss the use of plain language terms. Use an overhead or slide to illustrate technical terms found in hospital/health center materials and ask participants to offer substitute terms.

4. Readability (~40 minutes): Introduce the topic of readability. Discuss the types of readability formulas. Highlight that results cannot be compared across formulas, and note the importance of using one formula across the facility. Present the SMOG readability formula in detail. Ask the group to assemble in groups of three to assess the materials they brought to the workshop. Circulate among groups to answer questions. Ask each group to report back to the large group.

BREAK (~10 minutes)

5. Beyond Readability (~45 minutes): Discuss the importance of layout and design elements to ease readability. Present the SAM. Have participants divide into groups of three and perform the SAM on one of the materials they brought to the workshop. Next, review the elements of the PMOSE/IKIRSCH and ask participants to assess any tables, charts, or graphs within these materials.

6. Summary (~20 minutes): Review implications for developing new materials. For example, highlight the need to avoid jargon, to use short sentences and everyday words, and to highlight key facts.

Materials Assessment Workshop

Step One: Introduction
While many of the participants may know one another, they may not be familiar with each others' work. Ask people to introduce themselves and to describe their responsibilities for developing, choosing, or assessing materials used in the facility.

In addition, you may wish to provide a 'portrait' of U.S. adults, and briefly present findings from the 1992 National Adult Literacy Survey (NALS) and the 2003 National Assessment of Adult Literacy (NAAL). This information is available in **Section V: Background and Resources.**

Step Two: Icebreaker
This game sets a great tone for the workshop. Have participants work in pairs. Each person holds a "plainword" card, reads a hard word, such as *utilize,* and asks the others to suggest a common word substitute such as *use*. This game is the exact opposite of games developed to 'improve vocabulary' for those taking national tests for college or graduate school. (plain•word)™ was developed by the Canadian Public Health Association's (CPHA) National Literacy and Health Program. (plain•word)™ is easy to play. For each hard word card you have to guess a plain word. This game is designed to help you simplify the language you use by teaching the principles of plain language.

This exercise will give the participants a hands-on understanding of the challenges encountered when writing and speaking in "plain language." A more detailed description of (plain•word)™ is included at the end of this section.

Step Three: Plain Language
Health professionals must use the terms of their profession, and at the same time maintain an ability to translate technical terms into everyday words. The use of plain language helps us communicate with people who have not been trained in the same discipline and do not have the same background information.

Plain Words and Straightforward Sentences: The term "plain language" is jargon and many people are not familiar with it. You may want to begin your discussion of plain language by defining this term. *Plain language* is defined as a clear, simple, conversational style, and one that presents information in a logical order.

Next you might want to circle back to the icebreaker game, (plain•word)™. You can offer an illustration of technical health terms and substitutes by drawing from the examples in *Teaching Patients with Low Literacy Skills*[5], by Doak, Doak, and Root. Participants can then see terms side by side, such as *utilize* and *use*. You may also want to use one or two examples of comparisons between complex and simple sentences. Once the participants have a reference point, it may be easier to discuss the definition of plain language and tips for writing in plain language.

Organization: Plain language also focuses on careful attention to the organization and presentation of information. For example, the use of headings and summary sections helps highlight important information. Short sentences are preferred over long and complex sentences because readers can 'get lost.' Thus, plain language writers are encouraged to avoid clauses. In addition, plain language writers are encouraged to focus on one fact or idea in a sentence, and to use paragraphs to illustrate or develop one idea or main point.

Revision: People can have a difficult time when they try to make text clear and simple. This type of exercise 'goes against the grain', because many have learned from their experience in K-12 schooling that "good" writing incorporates a broad vocabulary and varied sentence formats. Plain language revisions take skill and time. Practice is very important. Therefore, the workshop activity should include an opportunity for participants to revise a piece of material.

Examples: Below are two examples from *Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies*, by Jeanne McGee. One is the original and the second is a more appropriate plain language version.

> ***GRADE 12:***
> It makes good sense that premature births and newborn illnesses are decreased by early pregnancy care. The doctor is actively involved in testing the pregnant woman for pregnancy-induced diabetes and a host of other problems that would not be detected by the patient alone. We know that these problems cause premature births and illness in newborns. It certainly makes sense that early detection and treatment of these problems by the doctor results in healthier babies.

[5] Doak, L., Doak, C., & Root, J. (1996). *Teaching patients with low literacy skills* (2nd ed.). Philadelphia, PA: J.B. Lippincott Company. This is no longer in print but it is available on our Web site free of charge at www.hsph.harvard.edu/healthliteracy.

GRADE 4:

If you are pregnant or think you might be, go to the doctor as soon as you can. If you start your care early, things will go better for you and your baby. Your own doctor or a childbirth doctor from our list will give you a first exam. Tests every month or so will let you know if all is going well. If there is a problem, you'll know it right away. Then we can do what is needed. Early care is the best way to have a healthy child. Your baby counts on you.

Step Four: Readability

Readability is the first step in materials assessment, but should not be the only one. Readability level is associated with a grade level based on the development of texts for a particular grade. Text writers should consider vocabulary as well as the structure and format of sentences and passages. Simple, short sentences are associated with lower grades. Complex sentences are associated with higher grades. Because the pronunciation of multi-syllabic words is difficult in the English language, short words are considered to be easier to read than are longer words.

Note that there are several types of readability formulas in use. Some of the more commonly used readability formulas are the FRY, SMOG, and Flesch-Kincaid (computer version)

For a detailed discussion of readings as well as these readability tools, please see **pages 127-142.**

Following this discussion, present the SMOG readability formula in detail. We promote the SMOG because it predicts comprehension. Unlike some other formulas, the SMOG does not rely on a chart or graph and so it is more portable for fieldwork.

SMOG Assessment Activity: Provide each participant with the same materials. Then guide the group through the process of choosing 30 sentences: 10 at the start, 10 at the middle, and 10 at the end of each material. Encourage participants to use a highlighter to note periods. Next, work on the first ten sentences together, and use a highlighter to identify every word that has three or more syllables. Ask each participant to complete the assessment and offer a grade level. Ask participants to report on findings. Expect some variation, and use this opportunity to answer questions about the process and make corrections.

Ask participants to divide into groups of three and work together on one material brought to the workshop. Visit each group to answer questions. What seems like a simple, straightforward formula can spark many questions. For example:

Q: *What if a polysyllabic word is repeated several times? Do you count it each time or only the first time it is mentioned?*
A: According to the SMOG rules, you should count the word every single time it is mentioned.

Q: *What if a date or number is mentioned like 1999 or 12?*
A: In the first instance, 1999 would be counted as one polysyllabic word since it reads as a five syllable word, "nineteen-ninety-nine". In the second instance, 12 would not be counted as a polysyllabic word since it reads as a one-syllable word, "twelve".

Q: *What if an acronym is mentioned, such as "TANF"?*
A: An acronym is counted as each individual word that it represents. In this example, TANF represents "Temporary Assistance for Needy Families" and it has 3 polysyllabic words (temporary, assistance, and families). You would add 3 to your polysyllabic word count.

Ask the participants to report back to the full group. Highlight the importance of short sentences and everyday words.

Step Five: Beyond Readability

The reading grade level (RGL) of print material is just one component of assessing materials. RGL does not offer insight into organization, design, or layout. This portion of the workshop focuses on additional tools that go beyond attention to word and sentence length. Step Five introduces participants to the Suitability Assessment of Materials (SAM) and the PMOSE/IKIRSCH.

The SAM covers organization, writing style, appearance, and appeal. The workshop time is limited, and so participants will only have time to focus on an introduction to the SAM. However, a complete overview of the SAM is provided at the end of this section and can be replicated as a handout. Once you provide an overview, ask groups of three to review the sample material and focus on one of the SAM components.

The PMOSE/IKIRSCH is a tool used for assessing documents rather than prose. Prose materials are comprised of full sentences in paragraph form. Documents consist of lists, charts, and graphs. The full PMOSE/IKIRSCH tool is provided at the end of this section on **pages 139-140** and can be replicated as a handout. Review the key components of PMOSE/IKIRSCH. Note that the focus of this tool is on the format of lists or charts, and that the score is based on measures of complexity. Please note that the PMOSE/IKIRSCH does not include an assessment of vocabulary. Ask the groups of three to find a list, chart, or graph in the sample materials and to apply the PMOSE/IKIRSCH.

Please let the participants know that these tools will provide insight into factors that ease reading or make reading more difficult. Although the SAM has some very subjective parts, the questions themselves are thought-provoking and help people look at print materials in a new way.

Step Six: Summary

During the last 20 minutes of the workshop, answer any remaining questions. Review the handouts, references, Web links, and other resources. Encourage participants to teach others in their unit or area of specialty, and to work with others to assess materials. Suggest that participants use the *Readability Assessment Form* for print materials, provided on **page 128**, to evaluate all print materials distributed at their healthcare facility.

Readability Assessment Overview

People who develop and assess health materials must pay attention to the following:

1. Materials written in **prose format** (text in full sentences in paragraphs)
2. Materials written in **document format** (information that is presented in lists, charts, tables, and graphics)

Both types of materials can have varying levels of difficulty and complexity.

Prose format: A number of readability formulas assess the difficulty of print materials in prose format. The scores are based on vocabulary and length of sentences. Everyday words are more easily recognized than professional jargon and scientific terms. Short sentences with a clear focus are more easily followed than are long sentences containing several ideas and/or clauses. The SMOG is useful for assessing the reading grade level of prose. However, this formula does not assess jargon, organization of text, or design features. The SAM (Suitability Assessment of Materials) considers an array of issues such as organization of text and design.

Document format: One tool, the PMOSE/IKIRSCH, has been developed to assess the structure of materials. This tool enables a reviewer to calculate the complexity of documents by examining the structure of the text, <u>but not vocabulary.</u>

Consider assessing some or all of the following print materials:

<u>Prose (Use the SMOG and SAM):</u>

- Community relations (such as mailings and promotional materials)
- Patient orientation (such as welcome pamphlets, information booklets, and patients' rights & responsibilities listings)
- Follow up notifications (such as test results and billing information)
- Patient education materials (such as disease and medicine descriptions)
- Legal materials (such as informed consent forms)

<u>Documents (Use the PMOSE/IKIRSCH):</u>

- Forms patients fill out (such as medical history forms)

Note: For mixed prose/documents such as discharge preparation information or medication instructions, use the SMOG, SAM, and PMOSE/IKIRSCH, as appropriate.

Readability Assessment Form

Note: *Please duplicate this form as needed.*

Date: _____Name: _____

1. Name of material you are assessing:

_____

(such as diabetes medication brochure, HIV testing information sheet, etc.)

2. Type of material you are assessing:

- ☐ Community relations (such as mailings and promotional materials)
- ☐ Patient orientation (such as welcome brochures, information booklets, and patients' rights & responsibilities listings)
- ☐ Follow-up notifications (such as test results and billing information)
- ☐ Patient education materials (such as disease and medicine descriptions)
- ☐ Legal materials (such as informed consent forms)
- ☐ Forms patients fill out (such as medical history forms)
- ☐ Discharge preparation information

3. Readability assessment tool(s) you used:

- ☐ SMOG
- ☐ SAM
- ☐ PMOSE/IKIRSCH

4. Score(s) from readability tools:

- ☐ SMOG_____
- ☐ SAM_____
- ☐ PMOSE/IKIRSCH_____

Tool	Desired Score
SMOG	Reading grade level at or below 8th grade
SAM	Design and vocabulary meeting standard of adequate or superior.
PMOSE/IKIRSCH	Level 1 or 2

Tools for Skills Development for Assessing Materials

♦ ♦ ♦

(plain•word)™

♦

SMOG: A readability assessment tool

♦

SAM: A suitability of materials assessment tool

♦

PMOSE/IKIRSCH: A document literacy assessment tool

(plain•word)™

Medium(s): Available by:

- Web site: http://www.cpha.ca/english/hrc/hrcpubs/literacy.htm
- Print
- CD-ROM

Intended Audience

If communication is an important part of your work, (plain•word)™ can teach you the principles of plain language that help you get your message across the first time.

Background

(plain•word)™ was developed by the Canadian Public Health Association's (CPHA) National Literacy and Health Program (http://www.nlhp.cpha.ca/). The National Literacy and Health Program (NLHP) promotes awareness among health professionals of the links between literacy and health. The NLHP provides resources to help health professionals serve clients with low literacy skills more effectively. The program focuses on health information in plain language, and on clear verbal communication between health professionals and the clients they serve. CPHA is committed to maintaining and improving personal and community health according to the public health principles of prevention, promotion, protection, and effective public policy. The National Literacy and Health Program has been in existence for ten years and works with twenty-seven national health association partners to raise awareness about literacy and health.

Description: (plain•word)™ is easy to play. All you have to do is guess a (plain•word)™ for each hard word on a Word Card.

For example: If the hard word is *manufacture*, the (plain•word)™ is *make*. If the hard word is *utilize*, the (plain•word)™ is *use*.

Sometimes the (plain•word)™ may be more than one word. *For example:* If the hard word is *banned*, the (plain•word)™ is *not allowed*.

If you guess an incorrect (plain•word)™, you must choose an Editor's Note Card. These cards teach principles of plain language and are designed to give or take away points in the actual game.

SMOG

Pros

- The SMOG is useful for doing quick assessments of materials. It does not rely on charts or graphs. It is very useful for doing "fieldwork" assessments.
- Predicts 100% comprehension.

Con

- The SMOG does not discriminate well at levels of literacy below a 6th grade reading level.

How To—IF YOUR DOCUMENT HAS 30 SENTENCES OR MORE.

1. **Highlight or circle** period (.), exclamation point (!), question mark (?) at the end of 10 consecutive sentences found at the start of the material, 10 consecutive sentences in the middle, and 10 consecutive sentences at the end of the material. In total, you should now have 3 groups of 10 sentences each marked in your material (for a total of 30 sentences). *If the health material has just 30 sentences in total, then you can count this one grouping of 30 consecutive sentences.*

   TIPS:
   - A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!) or a question mark (?).
   - Since difficulty may differ by content area, you may choose to select 3 groups of 10 sentences that cover different content topics.

2. Words with three or more syllables are called "polysyllabic words". In your sample of 30 sentences, **identify which words are polysyllabic**. Highlight or circle all polysyllabic words using a color different from the one you chose for your punctuation.

   TIPS:
   - Hyphenated words are considered as one word.
   - Numbers that are written out should be considered a full word, as are numbers offered in numeric form. For example, seventy-five has 4 syllables (se-ven-ty-five).
   - Proper nouns, if polysyllabic, should be counted too.
   - Abbreviations should be read as though they were unabbreviated to determine if they are polysyllabic.

3. **Count each of the words** that you highlighted (this is your total number of polysyllabic words for your 30 sentences).

4. Next, **estimate the square root** of the total number of polysyllabic words. Find the nearest perfect square and take its square root. For example, if your total number of polysyllabic words is 38, the nearest perfect square is 36. The square root of 36 is 6 (√36=6).

5. Finally, **add 3** to the square root. Consider the example in #4. The nearest perfect square was 36. The square root is 6. Add 3 to get 9 (3+6=9). This final number is the SMOG reading grade level (RGL). A 9th grade RGL is generally considered to be above the average reading skills of U.S. high school graduates.

How to—IF YOUR DOCUMENT HAS LESS THAN 30 SENTENCES.

1. Highlight or circle the periods (or other punctuation) at the end of each sentence.

2. Count the number of the sentences in your document.

3. Identify which words are polysyllabic.

4. Count each of the polysyllabic words that you highlighted.

5. Find the average number of polysyllabic words per sentence by dividing the total number of polysyllabic words by the number of sentences in your document.

Example:	Total number of polysyllabic words in your text	= 67.0
	Total number of sentences in your text	= 25.0
	Average number of polysyllabic words per sentence (67.0÷25.0)	*= 2.68*

6. Determine how many sentences short of 30 you have.

Example:	Total number of sentences in your text	= 25
	Number of sentences short of 30 (30-25)	*= 5*

7. Multiply the average number of polysyllabic words per sentence from Step 5 by the number of sentences short of 30 from Step 6.

Example:	Average number of polysyllabic words per sentence	= 2.68
	Number of sentences short of 30 (30-25)	= 5.00
	Multiplication (2.68x5.00)	*= 13.4*

8. Add your figure from Step 7 to your total number of polysyllabic words.

Example:	Step 7 figure	= 13.4
	Total number of polysyllabic words in your text	= 67.0
	Addition (13.4+67.0)	*= 80.4*

9. Next, estimate the square root of the total number of polysyllabic words counted. This is done by finding the nearest perfect square, and taking its square root.

Example:	Total number of polysyllabic words from Step 8	= 80.4
	The nearest perfect square	= 81.0
	The square root of 81 (√81)	*= 9*

10. Finally, add 3 to the square root.

Example:	The square root from Step 9	= 9
	Add 3	= 3
	Addition (9+3)	*= 12*

This number gives the SMOG grade, or the reading grade level assigned to text. In our example the **SMOG Reading Grade Level for the text would be 12.** This number helps you understand the "demand" of the text.

References

McLaughlin, G.H. (1969). SMOG grading: A new readability formula. *Journal of Reading*, *12*, 639-646.

Rudd, R.E. Assessing materials. Harvard School of Public Health: Health Literacy Web site. 2002. Available at http://www.hsph.harvard.edu/healthliteracy/how_to/assess_mat.html.

U.S. Department of Health and Human Services. (1999) *Writing and designing print materials for beneficiaries: A guide for state Medicaid agencies* (HCFA Publication No. 10145). Baltimore, MD: Author: Jeanne McGee.

SAM

Pros

- Assesses many important aspects of materials such as organization, layout, and design, as well as readability.
- Although the SAM was developed for use with print materials, it has also been used to assess video- and audio-taped instructions to patients.

Cons

- The SAM is a subjective instrument and it is not always possible to achieve a consistent score among reviewers. However, the review process enables a team to fully examine and discuss the demands of health materials.
- You need to have the SAM score sheet as well as the SAM instrument guide with you when you are assessing your materials. Therefore, the SAM is more suited for office-based work than for fieldwork.

How To

1. Read through the SAM scoring criteria. The **SAM scoring sheet** is provided on the **following page**. For more detailed information about the scoring criteria, please refer to Doak, L., Doak, C., & Root, J. (1996). *Teaching patients with low literacy skills* (2nd ed.). Philadelphia, PA: J.B. Lippincott Company. This is available on our Web site at www.hsph.harvard.edu/healthliteracy.
2. Read the material (or view the video) you wish to evaluate, and write a brief statement as to its purpose(s) and key points.
3. For short materials, evaluate the entire piece. For long materials, select samples to evaluate.
4. Evaluate and score each of the 22 SAM scoring factors.
5. Calculate total suitability score.
6. Decide on the impact of the deficiencies and what action to take.

Note: You may also choose to create your own assessment checklist using some of the key components that are listed in the SAM. We have created a checklist that we use. It is presented below:

— Is the font size larger than 12 points? Yes No
— Are the margins at least 1 inch on all sides? Yes No

By creating a list that has yes/no answers, some of the subjectivity is eliminated and the checklist can be used by many reviewers.

SAM Scoring Sheet

From: Doak, Doak, and Root (1996). *Teaching patients with low literacy skills* (2nd ed).

2 points for superior rating
1 point for adequate rating
0 points for not suitable rating
N/A if the factor does not apply to this material

FACTOR TO BE RATED	SCORE	COMMENTS
1. CONTENT		
(a) Purpose is evident	_____	_____
(b) Content about behaviors	_____	_____
(c) Scope is limited	_____	_____
(d) Summary or review included	_____	_____
2. LITERACY DEMAND		
(a) Reading grade level	_____	
(b) Writing style, active voice	_____	
(c) Vocabulary uses common words	_____	
(d) Context is given first	_____	
(e) Learning aids via "road signs"	_____	
3. GRAPHICS		
(a) Cover graphic shows purpose	_____	
(b) Type of graphics	_____	
(c) Relevance of illustrations	_____	
(d) List, tables, etc. explained	_____	
(e) Captions used for graphics	_____	
4. LAYOUT AND TYPOGRAPHY		
(a) Layout factors	_____	
(b) Typography	_____	
(c) Subheads ("chunking") used	_____	
5. LEARNING STIMULATION, MOTIVATION		
(a) Interaction used	_____	
(b) Behaviors are modeled and specific	_____	
(c) Motivation—self-efficacy	_____	
6. CULTURAL APPROPRIATENESS		
(a) Match in logic, language, experience	_____	
(b) Cultural image and examples	_____	

Total SAM score: _____Total possible score: _____ Percent score: _____%

Interpretation of SAM percentage ratings:

70-100 percent	**superior material**
40-69 percent	**adequate material**
0-39 percent	**not suitable material**

References

Doak, L., Doak, C., & Root, J. (1996). *Teaching patients with low literacy skills* (2nd ed.). Philadelphia, PA: J.B. Lippincott Company. This is no longer in print but it is available on our Web site free of charge at www.hsph.harvard.edu/healthliteracy.

Rudd, R.E. Assessing materials. Harvard School of Public Health: Health Literacy Studies Web site. 2002. Available at http://www.hsph.harvard.edu/healthliteracy/how_to/assess_mat.html.

PMOSE/IKIRSCH

Pros

- The PMOSE/IKIRSCH is the first and only tool to assess the difficulty of documents.

Cons

- The PMOSE/IKIRSCH does not take into consideration readability level. Vocabulary is not addressed, nor is complexity of phrases.
- The tool can be somewhat cumbersome to implement.

Background

Adults encounter documents (forms, tables, graphs, charts, and lists) on a regular basis. Until recently, no tool existed to measure the readability of documents. Researchers Mosenthal and Kirsch developed a measure for assessing document complexity called the PMOSE/ IKIRSCH document readability formula (*Journal of Adolescent & Adult Literacy, 41*(8), 1998). The formula examines:

- The structure
- The number of labels
- The number of items

These factors are used to calculate the complexity of a chart or table. Scores range from Level 1 to Level 5 *Proficiency*. The *Proficiency Level* can be translated into a grade-level equivalent:

Level 1 Proficiency: range including Grade 4; equivalent to 8 years of schooling

Level 2 Proficiency: range including Grade 8; equivalent to high school degree

Level 3 Proficiency: range including Grade 12; equivalent to some education after high school

Level 4 Proficiency: range including 15 years of schooling to college degree equivalent

Level 5 Proficiency: range including 16 years of schooling to more advanced post college degree

Mosenthal and Kirsch consider the organization of information. They claim comprehension of information presented in simple lists, for example, depends on how the lists are arranged. Some of the more complicated list structures are *combined*, *intersected*, and *nested*.

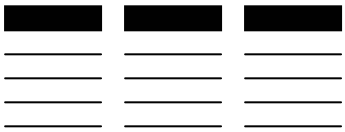
PMOSE/IKIRSCH Instructions

From Mosenthal & Kirsch (1998). A new measure for assessing document complexity: The PMOSE/IKIRSCH document readability formula. *Journal of Adolescent and Adult Literacy*, *41*, 638-657

Document structure

Score 1 if *simple-list* structure.

Score 2 if *combined-list* structure
(also includes pie charts and time lines).



Score 3 if *intersected-list* structure
(also includes bar charts, line graphs,
and maps).

Score 4 if *nested-list* structure
(also includes bar charts and line graphs
with nested labels).

Document structure score: _____

Document density

Labels

Score 1 if 15 or fewer labels.
Score 2 if 16 to 25 labels.
Score 3 if 26 to 35 labels.
Score 4 if 36 to 46 labels.
Score 5 if more than 46 labels.

Number of labels score: _____

Instructions continue onto next page→

Items
Score 1 if 75 or fewer items.
Score 2 if 76 to 125 items.
Score 3 if 126 to 175 items.
Score 4 if 176 to 225 items.
Score 5 if more than 225 items. **Number of items score: _____**

Add 1 if document makes reference to information in a related document or as a dependency. **Dependency score: _____**

Total score: _____

Document complexity level
(Circle total score below to determine a document's complexity level)

Very low complexity	Low complexity	Moderate complexity	High complexity	Very high complexity
3 4 5 **Level 1 proficiency** **Range including Grade 4 equivalent to less than 8 years of schooling.**	**6 7 8** **Level 2 proficiency** **Range including Grade 8 equivalent to high school diploma.**	**9 10 11** **Level 3 proficiency** **Range including Grade 12 equivalent to some education after high school.**	**12 13 14** **Level 4 proficiency** **Range including 15 years of schooling to college degree equivalent.**	**15 16 17** **Level 5 proficiency** **Range including 16 years of schooling to more advanced post-college degree.**

PMOSE/IKIRSCH Examples

Example 1: NALS Table 1.4

AVERAGE YEARS OF SCHOOLING, BY AGE

Age	Average Years of Schooling*
16-18 years**	10.8
19-24 years**	12.5
25-39 years	12.9
40-54 years	13.1
55-64 years	11.8
65 years and older	10.7

*in this country.
**Many adults in these age groups are still in school.
Source: U.S. Department of Education, National Center for Education Statistics, National Adult Literacy Survey, 1992.

Applying the PMOSE/IKIRSCH Document Readability Formula

1. Table presented above is a **Combined List** and receives a score of **2.**
2. There are **2 labels**, which corresponds to a score of **1**.
3. There are 12 items, plus 2 items in footnotes, for a total of **14 items** and a score of **1**.
4. The table contains **footnotes**, so the dependency score is **1**.
5. **If we add the previous scores, the total document complexity level for this Table is 5, or Level 1 Proficiency.**

Example 2: NALS Table 2.1

AMONG ADULTS WHO READ THE NEWSPAPER AT LEAST ONCE A WEEK, AVERAGE LITERACY PROFICIENCIES, BY NEWSPAPER READING PRACTICES

	Average Prose Proficiency		Average Document Proficiency		Average Quantitative Proficiency	
	Yes	No	Yes	No	Yes	No
News, editorials, financial	282	248	276	248	281	250
Home, fashion, reviews	284	267	277	264	282	271
Classified ads, listings	280	282	274	274	280	282
Comics, advice, horoscope	282	277	276	271	280	279
Sports	282	280	276	273	284	276

Source: U.S. Department of Education, National Center for Education Statistics, National Adult Literacy Survey, 1992.

Applying the PMOSE/IKIRSCH Document Readability Formula:

1. This Table has a **Nested List Structure**, so it receives a score of **4**.
2. There are **9 labels**, which corresponds to a score of **1**.
3. There are **35 items**, which corresponds to a score of **1**.
4. The table **does not** contain footnotes, so the dependency score is **0.**
5. **If we add the previous scores, the total document complexity level for this Table is 6, or Level 2 Proficiency.**

References

Kirsch, I., Jungeblut, A., Jenkins, L., & Kolstad, A. (1993). *Adult literacy in America: The first look at the results of the National Adult Literacy Survey (NALS).* Washington, DC: U.S. Department of Education.

Mosenthal, P. B., & Kirsch, I.S. (1998). A new measure for assessing document complexity: The PMOSE/IKIRSCH document readability formula. *Journal of Adolescent and Adult Literacy*, *41*, 638-657.

Oral Exchange: Patient Satisfaction Survey

Communication between patients and staff at hospitals and health centers is a critical component of healthcare. Patients at healthcare facilities interact with staff at all levels including receptionists, service staff, and healthcare providers. Patients may seek help with directions, forms, information, and follow up action. Encounters between patients and staff may include:

- Phone inquiries
- Help desk questions
- Intake procedures
- Medical examination discussions
- Consent procedures
- Discharge preparation information

An in-house patient satisfaction study of oral exchange can offer insightful findings for discussions and analyses. Findings can be used to help shape the design of training and educational opportunities for staff members.

This section offers an example of a patient satisfaction survey interview. This type of survey should be administered as an interview so that people who may not read well can participate. The interview should take place after patients have completed their visit to the facility, or after a visit to a practitioner. The interview should take between 5 and 10 minutes. Once you have collected a sample of interviews, review the results and complete **Part 3** of the *Health Literacy Environment Review,* located on **pages 17-18.**

Patient Satisfaction Survey Interview Form

Greeting

1. *Were you greeted when you entered this area?* ☐ Yes ☐ No
2. *Did you feel welcomed?* ☐ Yes ☐ No

Forms

3. *Were you asked to fill out a form? (If no, skip to question #6).*
   ☐ Yes ☐ No
4. *If you were asked to fill out a form, did a staff member or volunteer offer to help you with it?* ☐ Yes ☐ No
5. *How helpful was the staff member or volunteer in assisting you?*

Tell me the number that most closely captures your experience with our staff.

1 2 3 4 5 6 7 8 9 10 N/A

Not at all helpful Somewhat helpful Very helpful

Please describe your experience:

Talk

6. *If staff used medical or technical terms, did they explain them?* ☐ Yes ☐ No
7. *How helpful were the definitions and explanations of terms staff gave you?*

Tell me the number that most closely captures your experience with our staff.

1 2 3 4 5 6 7 8 9 10 N/A

Not at all helpful Somewhat helpful Very helpful

Please describe your experience:

Please continue onto next page→

Questions

8. *Did you ask questions during your visit today?* ☐ Yes ☐ No
9. *Were your questions well-received?* ☐ Yes ☐ No
10. *How comfortable did you feel asking questions?*

Tell me the number that most closely captures your experience with our staff.

1 2 3 4 5 6 7 8 9 10 N/A

Not at all comfortable Somewhat comfortable Very comfortable

Please describe your experience:

11. *Were you given the name of a person or place to call if you have any follow up questions?* ☐ Yes ☐ No

Overall Experience

12. *Were you treated with respect and dignity?* ☐ Yes ☐ No

Please describe your experience and tell us ideas for improving our clinic:

Technology: Current Technology Assessment

Many healthcare facilities are using televisions, telephones, computers, and kiosks to offer patients an orientation to the facility and services, explain procedures, augment data collection, retrieve information, and provide educational opportunities. This section of the guide provides you with a tool to assess **where** and **how** technology is **currently** being used in your facility.

For this technology assessment activity, we suggest that you spend some time walking around spaces in your facility that patients have access to, such as:

- Lobbies and other waiting areas
- Testing sites
- Hallways
- Resource rooms, libraries, learning centers
- Family and visitor lounges
- Pharmacies

Make note of the **locations** and **uses** of the following technologies available to patients:

- Televisions
- Telephones
- Computers
- Kiosks

Once you have filled out the *Current Technology Assessment Form,* please complete **Part 4** of the *Health Literacy Environment Review*, located on **pages 19-20.**

Current Technology Assessment Form

Please answer the following questions about current technology available in your hospital or health center …

Televisions

Consider when and where patients can have access to televisions in your facility.

1. *Does your facility have televisions in spaces available to patients and visitors?*

   ☐ Yes ☐ No (If No, skip to question #6)

2. *In which public spaces are televisions located for patients to use in your facility?*

_____ _____

_____ _____

_____ _____

_____ _____

3. *How are patients currently using televisions? Please check all that apply:*
   - ☐ News
   - ☐ Entertainment
   - ☐ Healthcare facility information
   - ☐ General patient education
   - ☐ Specific information preparing a patient for a test or procedure
   - ☐ Other_____

4. *Are the televisions connected to DVD players or VCRs?*

   ☐ Yes ☐ No (If No, skip to question #6)

5. *How are patients currently using DVD players and VCRs?*
   - ☐ Entertainment
   - ☐ Healthcare facility information
   - ☐ General patient education
   - ☐ Specific information preparing a patient for a test or procedure
   - ☐ Other_____

Please continue onto next page→

House Phones

Consider when and where patients can have access to house telephones in your facility.

6. *Does your facility have house telephones available for patients to use?*
   ☐ Yes ☐ No (If No, skip to question #9)

7. *In which public spaces are house telephones located in your facility for patients to use?*

_____ _____
_____ _____
_____ _____
_____ _____

8. *How are patients currently using house telephones*? Please check all that apply*:*

   ☐ Help desk (for example, to get directions)
   ☐ Translation services
   ☐ Data entry (for example, to get help filling out forms)
   ☐ Other_____

Computers

Consider when and where patients can have access to a computer (with or independent of their providers).

9. *Does your facility have computers in spaces available to patients and visitors?*

   ☐ Yes ☐ No (If No, skip to question #15)

10. *Where are these computers located?*

_____ _____
_____ _____
_____ _____
_____ _____

Please continue onto next page→

11. How are patients currently using computers? Please check all that apply:

- ☐ Health history information
- ☐ Screening
- ☐ Medical records
- ☐ General patient education
- ☐ Specific information preparing a patient for a test or procedure
- ☐ Internet
- ☐ Other_____

12. Do all computers have Internet capabilities? ☐ Yes ☐ No

13. Are any computers connected to the Internet? ☐ Yes ☐ No

14. Do any of the computers have headphones available? ☐ Yes ☐ No

Kiosks

Consider when and where patients can have access to kiosks (free-standing computer consoles).

15. Does your facility have kiosks in spaces available to patients and visitors?

☐ Yes ☐ No (If No, skip to question #19)

16. Where are these kiosks located?

_____ _____

_____ _____

17. What are kiosks currently used for? Please check all that apply:

- ☐ Health history information
- ☐ Screening
- ☐ Medical records
- ☐ General patient education
- ☐ Specific information preparing a patient for a test or procedure
- ☐ Internet
- ☐ Other_____

18. Do any of the kiosks have headphones available? ☐ Yes ☐ No

Please continue onto next page→

Reminder Systems

Consider what is in place in a variety of departments or testing areas.

19. How are patients reminded about their upcoming appointments?

Please check all that apply:

- ☐ Phone calls from an automated system
- ☐ Phone calls from a person
- ☐ E-mails
- ☐ Postcards or letters
- ☐ Other_____
- ☐ We do not provide reminders.

20. How are patients reminded about preparing for upcoming tests and procedures?

Please check all that apply:

- ☐ Phone calls from an automated system
- ☐ Phone calls from a person
- ☐ E-mails
- ☐ Postcards or letters
- ☐ Other_____
- ☐ We do not provide reminders.

21. How are patients reminded about engaging in follow-up care?

Please check all that apply:

- ☐ Phone calls from an automated system
- ☐ Phone calls from a person
- ☐ E-mails
- ☐ Postcards or letters
- ☐ Other_____
- ☐ We do not provide reminders.