Health Literacy Patient Feedback Questions

These feedback questions were developed specifically to monitor implementation of tools in the [AHRQ Health Literacy Universal Precautions Toolkit.](https://www.ahrq.gov/health-literacy/improve/precautions/index.html) These questions have **not** been validated.

Translate the questions you select into languages commonly read by your patients using a [high-quality translation process](https://www.ahrq.gov/cahps/surveys-guidance/helpful-resources/resources/cahpsGuidelines_Translation.html) and qualified translators.

Use these questions to conduct small tests of change as part of health literacy improvement activities. For example, you could **select a few questions** related to changes you plan to make and survey patients before you start your improvement work. Or you could select a single yes-or-no question and have patients put a poker chip into boxes marked “Yes” and “No” as they checkout.

Collect feedback again 2, 6, and 12 months later to determine if there has been an improvement. If you are not getting the results you hoped for, make adjustments and test again. Learn more about the Plan-Do-Study-Act method of quality improvement in [[Tool 2: Assess Organizational Health Literacy and Create an Improvement Plan](https://www.ahrq.gov/health-literacy/improve/precautions/tool2.html)](https://www.ahrq.gov/health-literacy/improve/precautions/tool2.html).

Some questions are screening questions to check whether a particular situation applies to the patient. If the patient answers “No,” the next question (or series of questions) does not apply. You will see the option “No → **go to question #**” for these questions, indicating that the patient should skip one or more questions. If there are no more questions, you can change the response to “No → You are done. Thank you.”

There are no survey questions for the first three tools of the Toolkit, because patients would not be able to observe directly whether they had been implemented or not.

If your practice submits [CAHPS® Clinician & Group Survey](https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html) data to the Centers for Medicare & Medicaid, you may wish to avoid the following questions that are based on ones in the CAHPS survey.

#1. **Thinking about your most recent visit, did people in this practice explain things in a way that was easy to understand?**

#5. **Thinking about your most recent visit, did people in this practice listen carefully to you?**

#8. **Thinking about your most recent visit, did people in this practice spend enough time with you?**

#42. **Thinking about your most recent visit, did people in this practice treat you with courtesy and respect?**

#56. **Thinking about your most recent visit, did people in this practice treat you with courtesy and respect?**

# Questions for Communicate Clearly: Tool #4

Also see Questions for Use the Teach-Back Method: Tool #5 and Questions for Encourage Questions: Tool #14

1. **Thinking about your most recent visit, did people in this practice explain things in a way that was easy to understand?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did people in this practice use medical words that you did not understand?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did people in this practice talk too fast when talking with you?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did anyone in this practice use pictures, drawings, models, or videos to explain things to you?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did people in this practice listen carefully to you?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did people in this practice interrupt you when you were talking?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did people in this practice give you too much information at one time?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did people in this practice spend enough time with you?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Use the Teach-Back Method: Tool #5

1. **Thinking about your most recent visit, did anyone in this practice tell you what to do to take care of an illness or health condition?**

☐Yes

☐No → **go to question #3**

1. **Were these instructions easy to understand?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did anyone in this practice ask you to describe or show them how you were going to follow these instructions?**

☐Yes

☐No

# Questions for Follow Up with Patients: Tool #6

1. **Has anyone in this practice ever asked you how you would like to be contacted, such as by phone, text, or email?**

☐Yes

☐No

1. **During the past 6 months, did anyone in this practice order blood tests, an x-ray, or other tests or imaging for you?**

☐Yes

☐No → **go to question #5**

1. **Did someone from this practice follow up to give you those results?**

☐Yes

☐No

1. **Were the results easy to understand?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **During the past 6 months, did anyone from this practice follow up after a visit to see how things were going?**

☐Yes

☐No

# Questions for Be Easy to Reach: Tool #7

1. **In the last 2 months, did you try to contact this practice by telephone?**

☐Yes

☐No → **go to question #5**

1. **Did you have any trouble reaching the practice on the phone?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Did you speak to a person?**

☐Yes

☐No → **go to question #??**

1. **Was the person (or people) you spoke to friendly and helpful?**

☐Yes, definitely

☐Yes, somewhat
☐No

A patient portal is a website that you use with a password that has personal health information. You can use your patient portal to do things like check your health records, make appointments, ask for medicine refills, and send and get messages.

1. **In the last 2 months, did you contact this practice through a patient portal or by secure email?**

☐Yes

☐No → **go to question #8**

1. **In the last 2 months, how often did you get a response by end of the next day?**

☐Never

☐Sometimes
☐Usually

☐Always

1. **Was the response easy to understand?**

☐Yes, definitely

☐Yes, somewhat
☐No

☐I didn’t get a response

1. **In the last 2 months, did you visit the patient portal to find information, such as health education materials or lab results?**

☐Yes

☐No → **You are done. Thank you.**

1. **In the last 2 months, was it easy to find the information you were looking for on the patient portal?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **In the last 2 months, was the information you found on the patient portal easy to understand?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Conduct Brown Bag Medicine Reviews: Tool #8

1. **Before your most recent visit, did anyone from this practice ask you to bring in all the prescription and over-the-counter medicines you were taking?**

☐Yes

☐No

1. **Thinking about your most recent visit, did you bring to this practice all the prescription and over-the-counter medicines you were taking?**

☐Yes, I brought all of them

☐No, I brought only some of them

☐No, I didn’t bring any → **go to question #4**

1. **Thinking about your most recent visit, did anyone in this practice look at your medicine bottles and talk with you about your medicines?**

☐Yes

☐No → **You are done. Thank you.**

1. **Thinking about your most recent visit, did anyone in this practice ask you to explain or show them how much medicine you take and when to take it?**

☐Yes

☐No

# Questions for Address Language Differences: Tool #9

1. **Has anyone in this practice ever asked you what language you wanted people in the practice to speak to you in?**

☐Yes

☐No

1. **What language do you want people in the practice to speak to you in?**

☐English→ **go to question #??**

☐Another language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Thinking about your most recent visit, did your provider speak to you in the language you wanted or use an interpreter that the practice provided?**

☐Yes

☐No

1. **Thinking about your most recent visit, did other people in the practice speak to you in the language you wanted or use an interpreter that the practice provided?**

☐Yes, definitely

☐Yes, somewhat

☐No

1. **Thinking about your most recent visit, did anyone tell you that the practice could provide you an interpreter for free?**

☐Yes

☐No

1. **Thinking about your most recent visit, did anyone say anything that was hard to understand because there was no interpreter?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did a family member or friend interpret for you?**

☐Yes

☐No

1. **Has anyone in this practice ever asked you what language you want your written materials in?**

☐Yes

☐No

1. **What language do you want your written materials in?**

☐English→ **go to question #??**

☐Another language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Thinking about your most recent visit, did anyone give you written materials?**

☐Yes
☐No→ **go to question #??**

1. **Were the written materials in the language you want them in?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Consider Culture: Tool #10

1. **Thinking about your most recent visit, did people in this practice treat you with courtesy and respect?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did anyone in this practice judge you unfairly or treat you with disrespect for any reason?**

☐Yes, definitely

☐Yes, somewhat
☐No→ **You are done. Thank you.**

1. **Thinking about your most recent visit, did anyone in this practice judge you unfairly or treat you with disrespect because of your race, ethnicity, birthplace, skin color, or language you speak?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did anyone in this practice judge you unfairly or treat you with disrespect because of your religion, beliefs, or health practices?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did anyone in this practice judge you unfairly or treat you with disrespect because of your gender identity or sexual identity or orientation?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did anyone in this practice judge you unfairly or treat you with disrespect because of how you hear, see, or look, including your height or weight?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Assess, Select, and Create Easy-to-Understand Materials: Tool #11

1. **Thinking about your most recent visit, did anyone in this practice give you written instructions or information about how to take care of your health?**

☐Yes

☐No → **go to question #3**

1. **Were the instructions or written information easy to understand?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did you have to sign any forms at this practice?**

☐Yes

☐No → **go to question #5**

1. **Were the forms you were asked to sign easy to understand?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did you fill out any forms at this practice?**

☐Yes

☐No → **You are done. Thank you.**

1. **Was unclear on how any part of the form should be filled out?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Use Health Education Material Effectively: Tool #12

1. **Thinking about your most recent visit, did anyone in this practice give you written information about how to take care of your health?**

☐Yes

☐No → **You are done. Thank you.**

1. **Thinking about your most recent visit, did anyone in this practice explain or walk you through the written information that you were given?**

☐Yes, definitely

☐Yes, somewhat

☐No

# Questions for Welcome Patients: Tool #13

Also consider Questions for Consider Culture: Tool #10.

1. **Thinking about your most recent visit, did people in this practice treat you with courtesy and respect?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Were people in this practice as helpful as you thought they should be?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did you have to sign any forms at this practice?**

☐Yes

☐No → **go to question #5**

1. **Thinking about your most recent visit, did someone explain the purpose of a form or offer to read it to you before you signed it?**

☐Yes

☐No

1. **Thinking about your most recent visit, did you fill out any forms at this practice?**

☐Yes

☐No → **go to question #7**

1. **Thinking about your most recent visit, were you offered help in filling out a form at this practice?**

☐Yes

☐No

1. **Thinking about your most recent visit, did anyone in this practice judge you unfairly or treat you with disrespect because of how much education or money you have?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did anyone in this practice judge you unfairly or treat you with disrespect because of the type of health insurance you have or your ability to pay for care?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Encourage Questions: Tool #14

1. **Thinking about your most recent visit, did people in this practice show interest in your questions?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did people in this practice encourage you to ask questions?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did you have a chance to ask all your questions?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **Thinking about your most recent visit, did people in this practice answer all the questions you asked?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Make Action Plans: Tool #15

1. **Thinking about your most recent visit, did someone from this practice talk with you about specific goals for your health?**

☐Yes

☐No→ **You are done. Thank you.**

1. **Thinking about your most recent visit, did someone from this practice help you set up a plan to meet your health goals?**

☐Yes

☐No→ **You are done. Thank you.**

1. **Thinking about your most recent visit, was the selection of a specific action to take for your health your choice?**

☐Yes, definitely

☐Yes, somewhat
☐No, it was not my choice

☐No, I did not select a specific action to take

# Questions for Help Patients Take Medicine Correctly: Tool #16

1. **Do you take any medicine that was recommended by someone in this practice?**

☐Yes

☐No → **You are done. Thank you.**

1. **Thinking about your most recent visit, did anyone in this practice ask if anything that makes it difficult or prevents you from taking you medicine?**

☐Yes

☐No

1. **Thinking about your most recent visit, did anyone in this practice ask if you would like help remembering to take your medicines?**

☐Yes

☐No

1. **Thinking about your most recent visit, did anyone in this practice give you a list of all your medicines?**

☐Yes

☐No → **You are done. Thank you.**

1. **Was it easy to tell when and how to take your medicines from the list?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Get Patient Feedback: Tool #17

All questions in this document can be used to obtain patient feedback.

# Questions for Attend to Social Needs: Tool #18

1. **Thinking about your most recent visit, did anyone in this practice ask you if there is anything in your daily life that makes it hard to take care of your health?**

☐Yes

☐No

1. **Have you ever been asked by this practice if challenges like getting housing, jobs, transportation, or enough food?**

☐Yes

☐No

# Questions for Help Patients Pay Less for Medicine: Tool #19

1. **Do you take any medicine that was recommended by someone in this practice?**

☐Yes

☐No → **You are done. Thank you.**

1. **Thinking about your most recent visit, did anyone in this practice ask if you ever have difficulty getting your medicines?**

☐Yes

☐No

1. **Thinking about your most recent visit, did anyone in this practice show you how to get help with paying for your medicines?**

☐Yes

☐No

# Questions for Connect Patients with Literacy and Math Resources: Tool #20

1. **Thinking about your most recent visit, did anyone in this practice ask if you were interested in improving your reading or math skills?**

☐Yes

☐No → **You are done. Thank you.**

1. **Did you say you wanted to improve your reading or math skills?**

☐Yes

☐No → **You are done. Thank you.**

1. **Did anyone in this practice ask you if you would like information about community programs to improve your reading or math skills?**

☐Yes

☐No

# Questions for Make Referrals Easy: Tool #21

1. **Thinking about your most recent visit, did someone in this practice tell you to go to another healthcare provider, lab, or other facility?**

☐Yes

☐No → **go to question #3**

1. **Thinking about your most recent visit, were you asked if you would like help making an appointment with the other healthcare provider, lab, or other facility?**

☐Yes

☐No

**Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.**

1. **In the last 6 months, did you see a specialist for a particular health problem?**

☐Yes

☐No → **You are done. Thank you.**

1. **In the last 6 months, did your provider seem informed and up to date about the care you got from specialists?**

☐Yes, definitely

☐Yes, somewhat
☐No

1. **In the last 6 months, did the specialists you saw seem to know the important information about your medical history?**

☐Yes, definitely

☐Yes, somewhat
☐No

# Questions for Include Family and Friends: Tool #22

1. **Has anyone in this practice ever let you know that you are welcome to bring family or friends to your appointment?**

☐Yes

☐No

1. **Thinking about your most recent visit, did people in this practice make your family or friends who came with you feel comfortable?**

☐Yes, definitely

☐Yes, somewhat

☐No

☐I did not bring anyone with me to my appointments→ **You are done. Thank you.**

1. **Thinking about your most recent visit, did you have a private conversation with your provider without your family or friend?**

☐Yes

☐No

# Questions for Talk About Costs: Tool #23

1. **Thinking about your most recent visit, did you discuss any options for treatment or medicine you might take?**

☐Yes

☐No → **go to question #4**

1. **Thinking about your most recent visit, did you want information about costs?**

☐Yes

☐No → **go to question #4**

1. **Thinking about your most recent visit, did you feel like you could ask about the cost of the treatments or medicines?**

☐Yes

☐No → **go to question #5**

1. **Thinking about your most recent visit, did you receive helpful information about costs?**

☐Yes, definitely

☐Yes, somewhat

☐No

1. **Thinking about your most recent visit, did anyone in this practice ask if you would like to learn about how to get help paying for your healthcare?**

☐Yes

☐No