





## Rapid Estimate of Adult Literacy in Medicine

Patient name \_\_\_\_\_ Date of birth \_\_\_\_\_ Reading level \_\_\_\_\_

Date \_\_\_\_\_ Clinic \_\_\_\_\_ Examiner \_\_\_\_\_ Grade completed \_\_\_\_\_

### List 1

Fat   
 Flu   
 Pill   
 Dose   
 Eye   
 Stress   
 Smear   
 Nerves   
 Germs   
 Meals   
 Disease   
 Cancer   
 Caffeine   
 Attack   
 Kidney   
 Hormones   
 Herpes   
 Seizure   
 Bowel   
 Asthma   
 Rectal   
 Incest

List 1 score \_\_\_\_\_

### List 2

Fatigue   
 Pelvic   
 Jaundice   
 Infection   
 Exercise   
 Behavior   
 Prescription   
 Notify   
 Gallbladder   
 Calories   
 Depression   
 Miscarriage   
 Pregnancy   
 Arthritis   
 Nutrition   
 Menopause   
 Appendix   
 Abnormal   
 Syphilis   
 Hemorrhoids   
 Nausea   
 Directed

List 2 score \_\_\_\_\_

### List 3

Allergic   
 Menstrual   
 Testicle   
 Colitis   
 Emergency   
 Medication   
 Occupation   
 Sexuality   
 Alcoholism   
 Irritation   
 Constipation   
 Gonorrhea   
 Inflammatory   
 Diabetes   
 Hepatitis   
 Antibiotics   
 Diagnosis   
 Potassium   
 Anemia   
 Obesity   
 Osteoporosis   
 Impetigo

List 3 score \_\_\_\_\_

**Raw score** \_\_\_\_\_

#### Directions:

1. Give the patient a laminated copy of the REALM form and score answers on an unlaminated copy that is attached to a clipboard. Hold the clipboard at an angle so that the patient is not distracted by your scoring. Say: "I want to hear you read as many words as you can from this list. Begin with the first word in List 1 and read aloud. When you come to a word you cannot read, do the best you can or say, 'blank' and go onto the next word."
2. If the patient takes more than five seconds on a word, say "blank" and point to the next word, if necessary, to move the patient along. If the patient begins to miss every word, have him or her pronounce only known words.
3. Count as an error any word not attempted or mispronounced. Score by marking a plus (+) after each correct word, a check (✓) after each mispronounced word, and a minus (-) after words not attempted. Count as correct any self-corrected words.
4. Count the number of correct words for each list, and record the numbers on the "Score" line. Total the numbers, and match the score with its grade equivalent in the table below.

### Scores and Grade Equivalents for the REALM Questionnaire

#### Grade equivalent

Raw score	Grade range
0 to 18	Third grade and below; will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes
19 to 44	Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels
45 to 60	Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials
61 to 66	High school; will be able to read most patient education materials

**Figure 1.** Rapid estimate of adult literacy in medicine (REALM).

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**TABLE 3**  
**Six Steps to Enhance Understanding**  
**Among Patients with Low Health Literacy**

Slow down, and take time to assess the patients' health literacy skills.

Use "living room" language instead of medical terminology.

Show or draw pictures to enhance understanding and subsequent recall.

Limit information given at each interaction, and repeat instructions.

Use a "teach back" or "show me" approach to confirm understanding. This approach involves having physicians take responsibility for adequate teaching by asking patients to demonstrate what they have been told (e.g., repeat how to take their medication) to ensure that education has been adequate.

Be respectful, caring, and sensitive, thereby empowering patients to participate in their own health care.

*Adapted with permission from Williams MV, Davis T, Parker RM, Weiss BD. The role of health literacy in patient-physician communication. Fam Med 2002;34:387.*

patient education material by writing it at a sixth-grade level or lower increases comprehension,<sup>4</sup> and patients with adequate literacy prefer to read health information that is written at a lower grade level.<sup>19</sup> The focus of the patient education handout should

be on the patient's experience of the condition, rather than the pathophysiology. Presenting too much information on the underlying pathophysiology and using long and complicated words can decrease a patient's understanding of the material.<sup>18</sup> Table 2 lists elements found in good patient education materials.<sup>20</sup>

When giving information verbally, talking too quickly reduces the chance that patients will understand what is being said. It is important for physicians to take time to ask their patients to repeat the instructions or otherwise demonstrate their understanding (Table 3).<sup>21</sup> Physicians seldom check to see if patients understand what happened during these visits.<sup>22</sup> A list of Web sites physicians can use to obtain

free patient education materials and more information about health literacy is provided in Table 4. Patients who have the most difficulty comprehending health material are the least likely to have access to the Internet or know how to use it.

**TABLE 4**  
**Related Web Sites**

**Information on health literacy**

American Medical Association Foundation  
 Health Literacy Initiative  
<http://www.amafoundation.org>

Center for Health Care Strategies  
<http://www.chcs.org>

Institute of Medicine of the National Academies  
<http://www.iom.edu/project.asp?id=3827>

National Institute for Literacy  
<http://www.nifl.gov>

Pfizer Clear Health Communication Initiative  
<http://www.pfizerhealthliteracy.com>

**Patient Web sites\***

American Academy of Family Physicians  
<http://www.aafp.org>

American Dietetic Association  
<http://www.eatright.org>

American Heart Association  
<http://www.americanheart.org>

National Cancer Institute  
<http://www.nci.nih.gov>

National Heart, Lung, and Blood Institute  
<http://www.nhlbi.nih.gov>

National Institutes of Health  
<http://www.nih.gov>

North Country Care-Net  
<http://www.nchin.org/care-net>

\*—These Web sites vary in quality and usefulness for low-literacy patients.

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