

Appendix 3: Health Literacy Assessment Survey of Pharmacy Staff

How Health Literacy Friendly Are We?

A pharmacy may have barriers that make it hard for people with limited literacy skills to use its services successfully. These barriers can be grouped in three areas: **Print Materials, Clear Verbal Communication, and Sensitivity to Literacy.**

A. Print Materials

This section assesses the accessibility of the print materials used in the pharmacy, such as prescription labels, prescription inserts, brochures, and posters to patients with limited literacy.

Many of these statements are about writing in plain language, that is, writing in a way that everyone can understand. When materials are written in plain language they:

- use simple, everyday words,*
- organize the information so that it is easy to identify the most important points, and*
- are designed in a graphic layout that has a lot of clear space on the page, so the reader is not overwhelmed with words.*

Please check the ONE response that most accurately describes your pharmacy today, using the following rating scale:

1. This is something our pharmacy is not doing.
 2. Our pharmacy is doing this but could make some improvements.
 3. Our pharmacy is doing this well.
- N/A Not applicable

Note: The response option “N/A” should ONLY be used to indicate that the statement does not apply to you, and not to indicate disagreement with the statement.

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	1	2	3	N/A
1. Our pharmacy uses printed materials to advise patients about our services in different parts of the hospital or clinic, such as in the medical and surgical clinics, walk-in or urgent care centers, and inpatient wards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The following print materials are written in simple and clear language, avoiding the use of technical jargon and medical terms:				
a. Prescription bottle labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prescription warning labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The following print materials are designed with lots of white space to provide relief from the print:				
a. Prescription bottle labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prescription warning labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We use graphics and illustrations in the following print materials:				
a. Prescription bottle labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prescription warning labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If appropriate, these print materials are available in languages other than English:				
a. Prescription bottle labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prescription warning labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	1	2	3	N/A
c. Prescription information inserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patient education brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Informational posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We use a print size of 12-point or higher in these print materials:				
a. Prescription bottle labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prescription warning labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, these print materials are easy for adults with limited literacy skills to understand:				
a. Prescription bottle labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prescription warning labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prescription information inserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patient education brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Informational posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. We regularly review our printed materials to check how easy they are to read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. We modify materials that are too difficult to understand and make them easier for patients to read and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	1	2	3	N/A
10. We consult with hospital/clinic staff outside of the pharmacy (e.g., Patient Education Committee) for feedback on the written materials we prepare for our patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 a. The clinic/hospital/pharmacy chain that we are affiliated with has guidelines for limiting the level of reading difficulty of our printed materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Our pharmacy follows these guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Our pharmacy has guidelines for limiting the level of reading difficulty of our printed materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Our pharmacy follows our own guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Our staff has received training in how to identify, prepare, and simplify materials so that they are written in plain language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. Clear Verbal Communication</p> <p><i>This section assesses the communication between pharmacy staff and patients, particularly those patients with limited literacy.</i></p> <p>Please check the ONE response that most accurately describes your pharmacy today, using the following rating scale:</p> <p>1. This is something our pharmacy is not doing.</p> <p>2. Our pharmacy is doing this but could make some improvements</p> <p>3. Our pharmacy is doing this well</p> <p>N/A Not applicable</p>				

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Note: The response option “N/A” should ONLY be used to indicate that the statement does not apply to you, and not to indicate disagreement with the statement.				
	1	2	3	N/A
13. We distribute educational materials that patients can use to help them understand and remember the information we give them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. We have identified the jargon that is specific to our pharmacy or services we provide and have developed an easy way to explain these words to our patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When we work with patients, we continually check that they have understood the information we give them by asking them to repeat back key points (i.e., “teach-back”).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. We have been trained to recognize non-verbal cues that may indicate a person is not understanding what is being said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. We offer and provide interpreters to patients for whom English is a second language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Our pharmacy’s leadership promotes commitment to health literacy and clear patient communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. We have a space that provides some privacy if patients need to discuss confidential information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	1	2	3	N/A
20. If a patient asks to speak with the pharmacist, we offer counseling on the following topics:				
a. The name of the medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The purpose of the medicine (blood pressure, cholesterol, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The dosage form, dosage, route of administration, and duration of drug therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Special directions and precautions for preparation, administration, and use by the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Common severe side or adverse effects, interactions and contraindications that can happen, including how to avoid them and what the patient should do if they happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Techniques for self-monitoring drug therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Proper storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Prescription refill information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Action to be taken in the event of a missed dose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I have received training on the following clear verbal communication techniques:				
a. How to effectively organize the information given to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to communicate using simple language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to check for understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	1	2	3	N/A
22. I am confident that I can effectively educate patients about medicines and diseases when:				
a. Time is limited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The patient has many medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The patient has many new prescriptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There are many changes in dosage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The patient has limited literacy skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The patient is in a rush.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The patient asks a lot of questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The patient is angry at the pharmacy staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The patient is new to the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The patient does not understand how to pay for their medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The patient can't afford their medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The patient appears noncompliant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The patient does not speak English proficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. Sensitivity to Literacy

This section asks questions about standard practices that your pharmacy uses in delivering its services to patients with limited literacy skills.

Please check the ONE response that most accurately describes your pharmacy today, using the following rating scale:

1. This is something our pharmacy is not doing.
 2. Our pharmacy is doing this but could make some improvements.
 3. Our pharmacy is doing this well.
- N/A Not applicable

Note: The response option “N/A” should ONLY be used to indicate that the statement does not apply to you, and not to indicate disagreement with the statement.

	1	2	3	N/A
23. Staff or volunteers are available to help patients fill out our forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. We have identified what a patient must know (e.g., about health or medicine) and the literacy skills a patient must have to make use of our services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. We regularly ask our patients for verbal or written feedback about the quality and effectiveness of our services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Our pharmacy’s policies specifically support activities and resources that help make our pharmacy accessible to people with limited literacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	1	2	3	N/A				
27. We are confident that we promote our pharmacy in ways that allow adults with limited literacy skills to learn about our programs and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
28. All staff members who have direct contact with patients are aware of certain behaviors that may indicate literacy problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
29. Our staff, including leadership, has received awareness and sensitivity training about literacy and literacy issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
30. Our staff knows about the adult literacy resources in our community. If asked, they could tell a client where to get help to improve his or her literacy skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>D: Personal Information</p> <p><i>In this section you will provide some descriptive information about yourself. (**All personal information will be kept confidential)</i></p>								
<p>31. What is your primary work location?</p> <p style="padding-left: 40px;">Name of Pharmacy: _____</p>								
<p>32. Are you a:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Pharmacist, PharmD</td> <td style="width: 50%;"><input type="checkbox"/> Pharmacist, RPh</td> </tr> <tr> <td><input type="checkbox"/> Pharmacy technician</td> <td><input type="checkbox"/> Other (please specify)_____</td> </tr> </table>					<input type="checkbox"/> Pharmacist, PharmD	<input type="checkbox"/> Pharmacist, RPh	<input type="checkbox"/> Pharmacy technician	<input type="checkbox"/> Other (please specify)_____
<input type="checkbox"/> Pharmacist, PharmD	<input type="checkbox"/> Pharmacist, RPh							
<input type="checkbox"/> Pharmacy technician	<input type="checkbox"/> Other (please specify)_____							

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33. What is the highest level of school you completed?

- | | |
|---|---|
| <input type="checkbox"/> Elementary school | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some graduate or professional school |
| <input type="checkbox"/> GED or high school graduate | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Some college or technical school | |

34. Which one best describes your race?

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Caucasian or White |
| <input type="checkbox"/> American Indian or Alaska Native | Other _____ |

35. Are you of Spanish or Hispanic origin? Yes No

36. Are you: Male Female

37. How old are you? _____

Thank You!