TOFHLiD

Test of Functional Health Literacy in Dentistry

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Adaptation of the Short Test of Functional Health Literacy in Adults to test comprehension for preventive dental care instructions provided to parents for their children.

**Test of Reading Comprehension**

HAND PATIENT THE READING COMPREHENSION PASSAGES TO READ.

“Here are some instructions that you might receive when you take your child to the doctor, dentist or dental hygienist or when you sign up for insurance. These instructions are in sentences with some of the words missing. For every missing word a blank line is drawn. Below it 4 words are written that could go in the blank space. I want you to read the sentence and decide which of the 4 words fits best in the sentence. When you decide on the best word, circle the number in front of that word. Then go on to the next sentence. Continue on the next page until I tell you to stop.”

PASSAGE A: INSTRUCTIONS FOLLOWING VARNISH APPLICATION

PASSAGE B: CONSENT FORM FOR DENTAL TREATMENT

PASSAGE C: MEDICAID RIGHTS AND RESPONSIBILITIES
PASSAGE A

We are now _________ a varnish to __________ fluoride to children’s teeth

1. using 1. give
2. going 2. apply
3. producing 3. smoothen
4. asking 4. surface

_____ our clinic. The varnish is as _________ and safe as ____ fluoride gel used

1. in 1. effective 1. the
2. for 2. empty 2. if
3. so 3. high 3. are
4. to 4. minute 4. will

for _________ years.

1. this
2. many
3. any
4. all

Application is quicker and ________, and the fluoride varnish _____ not have

1. faster 1. can
2. sooner 2. does
3. easier 3. did
4. higher 3. shall

the unpleasant gel __________ unpopular with some children.

1. fiber
2. taste
3. surface
4. tint
______ your child leaves our ______, the teeth will be ________ with the varnish and

1. Soon
2. From
3. Then
4. When

1. clinic
2. risk
3. application
4. charges

1. coated
2. smelling
3. washed
4. taped

______ not look bright and shiny ______ usual after being cleaned and

1. can
2. some
3. will
4. should

1. on
2. as
3. for
4. the

______ with fluoride gel.

1. treated
2. requested
3. weighed
4. therapy

They will look nice tomorrow ________ the varnish has had ________ to have its

1. so
2. when
3. now
4. from

1. fine
2. time
3. adequately
4. enough

maximum effect and has worn ________.

1. on
2. off
3. thorough
4. always
To ______ the varnish on the __________ for as long as __________ and
1. retain 1. whole 1. effective
2. explain 2. teeth 2. mounting
3. ascertain 3. saliva 3. possible
4. restrain 4. part 4. before

to achieve the __________ result, your child should ______ a soft, non-abrasive
1. best 1. factor
2. worst 2. eat
3. straight 3. liquid
4. informal 4. solid
diet for the rest of the ________.

1. teeth
2. day
3. state
4. sign

Teeth should not be __________ and brushed ______ tomorrow morning,

1. framed 1. until
2. flossed 2. thereby
3. thrown 3. eating
4. moan 4. calling

at which __________ a regular schedule of ________ oral hygiene should be ________.

1. duration 1. caring 1. consumed
2. time 2. careful 2. resumed
3. soon 3. attention 3. amassed
4. already 4. fair 4. subsumed
PASSAGE B

The usual and most ________ risks or complications occurring

1. fluctuate
2. frequent
3. featured
4. formal

_______ the planned treatment and _________ also have been explained to me.

1. by 1. procedures
2. way 2. enclosures
3. from 3. former
4. result 4. breather

These risks include, _______ are not limited to, ______ possibility of pain and _________

1. cut 1. the 1. misfortune
2. but 2. and 2. misinform
3. however 3. from 3. distort
4. there 4. by 4. discomfort

during and following treatment, ____________, infection, bleeding, injury to _________

1. swelling 1. near
2. drowning 2. far
3. meaning 3. adjunct
4. forming 4. adjacent

teeth and surrounding tissue, ____________ of a transient or ____________

1. entrapment 1. temporary
2. development 2. incipient
3. embankment 3. permanent
4. depressant 4. fractional
Temporomandibular joint (TMJ) disorder, ___________ or permanent numbness,

1. temporary
2. invigorating
3. formulator
4. preparatory

and ___________ reactions.

1. allergic
2. comfortable
3. anemic
4. glycolic

I understand that _________ the course of the ____________ dental treatment, something

1. during 1. respondent’s
2. while 2. patient’s
3. former 3. relative’s
4. willing 4. therapist’s

unexpected ______ arise, and that I ________ be consulted prior to __________ of treatment

1. say 1. will 1. initiation
2. may 2. am 2. exemption
3. fray 3. still 3. function
4. gray 4. till 4. fraction

procedures not ___________. I am aware that the __________ of dentistry is not an exact science.

1. heard 1. exercise
2. given 2. novice
3. taken 3. solace
4. planned 4. practice
PASSAGE C

I agree to give correct information to ___ if I can receive Medicaid

1. hair
2. salt
3. see
4. ache

I ___ to provide the county information to ___ any

1. agree 1. hide
2. probe 2. risk
3. send 3. discharge
4. gain 4. prove

Statements given in this ___ and hereby give permission to

1. emphysema
2. application
3. gallbladder
4. relationship

the ___ to get such proof. I ___ that for

1. inflammation 1. investigate
2. religion 2. entertain
3. iron 3. understand
4. county 4. establish

Medicaid I must report any ___ in my circumstances

1. changes
2. hormones
3. antacids
4. charges

within ___ (10) days of becoming ___ of the change.

1. three 1. award
2. one 2. aware
3. five 3. away
4. ten 4. await
I understand _____________ if I do not like the _______________ made on my
1. thus        1. marital
2. this        2. occupation
3. that        3. adult
4. than        4. decision

case, I have the __________ to a fair hearing. I can __________ a
1. bright      1. request
2. left        2. refuse
3. wrong       3. fail
4. right       4. mend

hearing by writing or ________________ the county where I applied.
1. counting
2. reading
3. calling
4. smelling

If you ___________ AFDC for any family ________________, you will have to
1. wash     1. member
2. want     2. history
3. cover     3. weight
4. tape     4. seatbelt

_________ a different application form. ____________, we will use
1. relax     1. Since
2. break     2. Whether
3. inhale    3. However
4. sign     4. Because

the __________ on this form to determine your ________________.
1. lung      1. hypoglycemia
2. date      2. eligibility
3. meal      3. osteoporosis
4. pelvic    4. schizophrenia
Test of Numeracy

HAND PATIENT THE PROMPT FOR EACH SET OF QUESTIONS. THEN READ EACH QUESTION AND RECORD RESPONSES. STOP AT THE END OF 10 MINUTES.

PREFACE QUESTION FOR THE FIRST PROMPT WITH: “These are directions that you might see on a toothpaste tube. Please read each direction to yourself. I will ask you some questions about what they mean.”

PREFACE QUESTION FOR THE SUCCEEDING PROMPT WITH: “Here are some more directions that you or someone else might get at the dentist or doctor’s office. Think that the directions are for your child. Have a look at this one.”

PREFACE SUCCEEDING QUESTIONS WITH: “Have a look at this one” OR “Here is another direction you might be given for your child.”

**Prompt 1: Toothpaste Tube**

1. According to this, what is the minimum number of times you should brush your teeth in a day?

   ______________________________

2. Should you brush your teeth after breakfast?

   ______________________________

3. If your child is 1 ½ years old, can you brush his/ her teeth with this toothpaste?

   ______________________________

4. How much toothpaste should children less than 6 years of age use?

   ______________________________
5. Which of these pictures best matches the amount of toothpaste that should be used for a child under 6 years of age? (Circle the number on that picture).
Prompt 2: Clinic appointment card

6. When is your child’s next appointment?

______________________________________________________________________

7. How much notice do you need to give to cancel your child’s appointment?

______________________________________________________________________

8. What will happen if you break or cancel three appointments with less than 24-hour notice?

______________________________________________________________________

Prompt 3: Fluoride Tablet Prescription Label

9. How many tablets should you give your child each day?

______________________________________________________________________

10. How many times can you get this prescription refilled?

______________________________________________________________________

Prompt 4: Fluoride Drops Prescription Label

11. How many drops should you give your child everyday?

______________________________________________________________________

12. Can you use these drops on June 15th, 2004?

______________________________________________________________________
Fluoride Toothpaste

**Drug Facts**

**Active Ingredient**
Sodium fluoride (0.24%)  

**Purpose**
Anticavity toothpaste

**Use**
Use of toothpaste which contains fluoride aids in prevention of dental decay

**Warnings**
Keep out of reach of children under 6 years of age. If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away.
Directions

- **Adults and children 2 years and older**: brush teeth thoroughly, preferably after each meal or at least twice a day, or as directed by a dentist or doctor.
- **Children under 6 years of age**: use only a pea-sized amount of toothpaste
- Instruct children under 6 years in good rinsing habits (to reduce swallowing)
- Supervise children as necessary until capable of using without supervision
- **Children under 2 years of age**: ask a dentist or doctor
PEDIATRIC DENTISTRY CLINIC APPOINTMENT
Telephone: (919) 966 9981

Your child has an appointment with Dr. John Asher on

Friday, June 3rd, 2003 at 9:15 AM

Day       Date       Time

Two broken or cancelled appointments (with less than 24 hour notice given) may result in dismissal from the program.

For evening, weekend and holiday emergencies call 919 966 4131 and ask the operator to page the Dentist on call.
Prompt 3

FOR YOUR CHILD

CHEW AND SWALLOW ONE TABLET EACH DAY

FLUORIDE 1MG TABLET CHEW

(TEVA) # 30 TA

Discard by: 05/27/2004  RPh: BADGETT, JOHN

NDC#: 00093-9131-10

Refills: 3

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom
<table>
<thead>
<tr>
<th>Rx#</th>
<th>Dr. LEE, JESSICA Y</th>
<th>FOR YOUR CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>4041824</td>
<td>05/28/2003</td>
<td>TAKE TWO DROPS DAILY</td>
</tr>
</tbody>
</table>

SODIUM FLUORIDE DROPS TEV

(TEVA) # 50 ML  Refills: 3

Discard by: 05/27/2004

RPh: BADGETT, JOHN

NDC#: 0093-9654-57