## BRIEF Health Literacy Screening Tool (BRIEF)

## Please circle the answer that best represents your response.

1. How often do you have someone help you read hospital materials?

	1.	Always
	2.	Often
	3.	Sometimes
	4.	Occasionally
	5.	Never
2.		often do you have problems learning about your medical condition because culty understanding written information?
	1.	Always
	2.	Often
	3.	Sometimes
	4.	Occasionally
	5.	Never
3.		often do you have a problem understanding what is told to you about your all condition?
	1.	Always
	2.	Often
	3.	Sometimes
	4.	Occasionally
	5.	Never
4.	How o	confident are you filling out medical forms by yourself?
	1.	Not at all
	2.	A little bit
	3.	Somewhat
	4.	Quite a bit
	5.	Extremely