

# Literacy and Health Literacy Evaluation Form

## Basic Information

Name

Age

Date

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## Literacy Evaluation

Highest Education Level

Preferred Language

Can the person read instructions/materials?

Can the person write (e.g. fill out a form)?

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## Health Literacy Assessment

Understands health information provided?

Can follow medical instructions (e.g. taking medication)?

Can identify where to seek health information/resources?

Notes / Observations

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Evaluator Name

Signature