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About the Health Literacy Questionnaire (HLQ)

The Health Literacy Questionnaire (HLQ) identifies the specific health literacy strengths and limitations of people and communities. It examines nine areas of health literacy.

The Health Literacy Questionnaire (HLQ) is a critical advancement in health literacy measurement. It is a multi-dimensional tool that has been designed to provide practitioners, organisations and governments with data that describes the health literacy strengths and limitations of individuals and populations.

These data allow development and selection of fit-for-purpose response strategies that optimise opportunities to improve equity in health outcomes and access.

Key resource:

Link: [http://www.biomedcentral.com/1471-2458/13/658](http://www.biomedcentral.com/1471-2458/13/658)
Psychometric properties of the HLQ
Modern and rigorous psychometric tests have shown the HLQ is a robust measure of nine identified health literacy dimensions. It has excellent psychometric properties, construct validity, reliability, and is shown to provide unbiased mean estimates of group differences.\(^1,2\)

Structure and administration of the HLQ
The HLQ consists of 44 questions and can be either self-administered or orally administered. It is available in paper and online formats [at Ophelia.net.au]. Completion time varies depending on the skills and approach of the respondent. It usually takes between 7 and 30 minutes to complete. When orally administered by telephone or in person the HLQ takes between 20 and 45 minutes to complete.

Scoring the HLQ
The HLQ provides nine scale scores. Each score provides insight into the strengths and limitations of the respondent, but the scores are most powerful when viewed together to show the health literacy profile of the respondent.

Average scale scores for groups of respondents (along with standard deviations) provide useful insights into the health literacy strengths and limitations of populations. And Excel spreadsheet and SPSS syntax is available to assist with the calculation of scale scores. The simplest way to present the results of the HLQ is to report the means [and standard deviations] for each scale in a bar graph.

Effect sizes can be used to describe the difference in mean scale scores before and after an intervention, or of different groups. Effect sizes provide an indication of how large the difference is. Cohen’s d effect size is the difference between two means divided by the average of their standard deviations. A small effect size is between >0.2 and <0.5; and medium effect size is between >0.5 and <0.8; and an effect size >0.8 is large. Effect sizes are usually presented in tables.

Cluster analysis or latent profile analysis is recommended to identify groups of individuals that have similar health literacy profiles. This approach to examining HLQ data reveals sub-groups of people who have particular strengths that can be built upon, or sub-groups with limitations, which services might need to provide support to improve. Statistical software and some statistics training is required to undertake this sort of analysis and interpret the results.

Languages available
The HLQ is available in several languages. Visit the Ophelia.net.au website for an up-to-date list of available translations. A strict protocol is followed for each translation to help ensure each version of the HLQ is linguistically, culturally and psychometrically robust. The translation protocol used to translate the HLQ is available from Ophelia.net.au.

Accessing the HLQ
Visit the Ophelia.net.au website to register and obtain a license to use the HLQ.
The nine scales of the Health Literacy Questionnaire (HLQ)

1. Feel understood and supported by healthcare providers
2. Have sufficient information to manage my health
3. Actively managing health
4. Have social support for health
5. Appraise health information
6. Ability to actively engage with healthcare providers
7. Ability to navigate the healthcare system
8. Ability to find good health information
9. Ability to understand health information well enough to know what to do