Guidelines for Communicating Clearly using Plain English with our Patients and Service Users

A resource to improve the quality and consistency of our communications
Guidelines for Communicating Clearly in Plain English with our Patients and Service Users

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1. About these guidelines

We developed these guidelines to help you communicate clearly with patients and service users throughout the HSE. They will help you to create, write and check your plain English written and spoken communications.

Plain English is a way to write and present information so a reader can understand and act on it after a single reading.

Plain English means:
- writing accurately and clearly for the intended reader
- avoiding jargon, except for people who will understand it
- using clear layout and design so the information is easy on the eye

Health literacy is closely related to plain English.

Health literacy has two elements.
- Health services communicate clearly and take account of possible health literacy and numeracy needs.
- People understand health information correctly and can make an informed decision.

Good health literacy means that you, as a health information provider, communicate clearly. It also means that your patients and other service users have the knowledge, understanding, skills and confidence to take an active role in their health and wellbeing. It will help your colleagues to understand patient treatment and care instructions, which can lead to better outcomes.

Why is health literacy important?
The European Health Literacy Survey (2012) for Ireland showed that:
- 39% of respondents have ‘limited’ health literacy
- 39% have sufficient health literacy
- 22% have excellent health literacy
Research shows that limited health literacy and numeracy could mean people:
• don’t fully understand their condition and treatment
• are more at risk of going to hospital
• are less likely to go for screening
• might make a mistake when taking medicines
• might visit the emergency department more frequently
• could die younger

Our patients and service users ask us to be clear when we give them information about their health. They also want us to show care and compassion when we talk and write to them. When we explain things clearly with care and compassion, people trust us more and are more likely to take our advice.

Using this guide will improve the quality of your communications with patients and service users. It also helps you to evaluate your documents. At a simple level, this may mean using the checklists in this document or having another person review your writing.

**User testing**
Wherever possible, carry out some user testing with your patients and service users. You can do this using surveys, interviews or testing with representative readers. It is very important to do this for a document that has a wide audience, like a patient instruction leaflet. User testing can also be easily done for internal documents – for example, an email you are sending to all staff. Ask a couple of your colleagues to read it before sending it out to check that they can understand it and follow any instructions easily.

Communicating clearly focuses not just on the individual’s capabilities but also on your skill as a developer, writer or editor of health information and advice. You don’t have to be the best writer or best communicator to communicate clearly, but the tips and guidelines in this document will help you. You won’t need all of them, but we all need some. So, we ask that you read the guidelines carefully and keep them close to hand.
2. Your audience and your message

Before you write or speak to a patient or service user, listen to them, think of their needs and consider what they are looking for from you.

It can be hard with different demands on your time, but try and keep open to answering patients’ questions in the detail they need.

Consider the needs and circumstances of those with whom you are communicating:

- gender
- marital status, for example married, single or divorced
- family status, for example widowed or single parent
- age
- people with disabilities, for example hearing impaired, vision impaired or physically disabled
- sexual orientation (heterosexual, gay, lesbian, bisexual, transgender)
- religion
- race (national, cultural and ethnic origin)
- membership of the Traveller Community

You need to use language and examples that respect all of your patients. This means knowing about different cultures and knowing what health treatments and practices are acceptable for different groups of people.
3. Writing clearly to our patients and service users

Before you write think of your reader. This will make it easier for you and for patients and service users. If you are writing a letter, email, patient information leaflet or consent form, you need to consider:

• how familiar are your readers with the terms you are using?
• how are you going to structure your information logically?

Whatever and wherever you write, remember to:

• be personal and direct
• use everyday words and numbers
• be careful with jargon
• write using the ‘active’ tense
• avoid abstract nouns
• be concise

Let’s look at each of these points in turn.

Be personal and direct
Use ‘I’, ‘we’ and ‘you’ in documents, where possible. They help the reader to feel considered and involved.

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Write</th>
</tr>
</thead>
<tbody>
<tr>
<td>patient, service user</td>
<td>you</td>
</tr>
<tr>
<td>the HSE</td>
<td>we</td>
</tr>
</tbody>
</table>

Use everyday words and numbers
Avoid formal and complicated words wherever possible.

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Write</th>
</tr>
</thead>
<tbody>
<tr>
<td>accompany</td>
<td>join</td>
</tr>
<tr>
<td>ascertain</td>
<td>find out</td>
</tr>
<tr>
<td>commence</td>
<td>start</td>
</tr>
<tr>
<td>endeavour</td>
<td>try</td>
</tr>
<tr>
<td>consequently</td>
<td>so</td>
</tr>
</tbody>
</table>
When trying to lower the health numeracy demands on your readers, you might also try some or all of the following.

- Be aware that many of us find numeracy skills challenging, for example reading a label on a prescription.
- Describe numbers consistently (for example, don’t use percent on one line and fractions on the next).
- Explain the meaning of numbers (for example, use terms like ‘low risk’ and ‘high risk’).

Finally, please note that words such as ‘majority’, ‘common’ and ‘frequent’ are not always easier to interpret than numbers.

**Be careful with jargon**

Avoid jargon. While you may know what a word means, your readers may not. If you use unfamiliar words, explain them as you go along. If this clutters up your text, put the explanations in a glossary. Use the same terms consistently. Please see pages 11-13 for a list of medical words and their plainer alternatives. Remember as well to avoid foreign words, abbreviations and acronyms.

**Write actively**

Try to use the active voice most of the time in your writing (and when speaking).

<table>
<thead>
<tr>
<th>Active</th>
<th>Passive</th>
</tr>
</thead>
<tbody>
<tr>
<td>The nurse can vaccinate your child.</td>
<td>Your child can be vaccinated by the nurse.</td>
</tr>
<tr>
<td>The consultant drafted the care plan.</td>
<td>The care plan was drafted by the consultant.</td>
</tr>
<tr>
<td>The committee will inspect patient records.</td>
<td>An inspection of the patient records will be conducted by the committee.</td>
</tr>
</tbody>
</table>

Use the active voice about 80% of the time to make sentences more direct.
Avoid abstract nouns
Here are some examples of abstract nouns and the verb you should use instead.

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Write</th>
</tr>
</thead>
<tbody>
<tr>
<td>appearance</td>
<td>appear</td>
</tr>
<tr>
<td>consideration</td>
<td>consider</td>
</tr>
<tr>
<td>development</td>
<td>develop</td>
</tr>
</tbody>
</table>

To convert nouns into verbs, you will often need to rephrase things.

Be concise
Keep sentences to 15 to 20 words on average. This will improve punctuation as well. Mix shorter and longer sentences for variation. Avoid wordy phrases.

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Write</th>
</tr>
</thead>
<tbody>
<tr>
<td>in reference to</td>
<td>about</td>
</tr>
<tr>
<td>in the event that</td>
<td>if</td>
</tr>
<tr>
<td>under the provisions of</td>
<td>under, according to</td>
</tr>
</tbody>
</table>
**Structure and design**

When deciding on the structure and design of your materials, remember to:

- use headings
- use bold to highlight
- keep your paragraphs short
- left align paragraphs
- use bulleted list
- use charts and images (where useful)
- use the HSE brand guidelines along with those of your hospital group or community healthcare organisation (CHO)
- use health literacy checklist on page 23

**Use headings**

You can use headings that are statements or questions. Avoid using one-word headings such as ‘Introduction’ but instead write ‘About this document’.

**Use bold to highlight**

Use bold instead of italics and underlining as italics or underlining make text harder to read. Bold is also useful to highlight text unlike using all capitals. Using all capitals makes text harder to read and can look harsh.

**Keep your paragraphs short**

A paragraph should never be longer than its width. If it is, you’ll produce a block of text that is off-putting and unattractive to read.

**Left align paragraphs**

Left-aligned paragraphs make text easier to read than justified text. Justified text can create gaps between words, which slows down reading particularly for people with dyslexia.

**Use bulleted lists**

A list should always be grammatically correct.

- Make sure each item follows logically from the introduction to the list.
- Keep lists to a maximum of eight points (where possible) or use subheadings.
- Start and end a list on the same page.
For bullets with no lead-in sentence
Start with a capital and end with a full stop.

Example:
There are three main points about swine flu in 2017.
• There were 12,000 reported cases of swine flu in 2017.
• Of these, 5,000 people were hospitalised.
• None of the people who got swine flu had been immunised.

For bullets with a lead-in sentence
Use lower case at the start of the bullet point. Introduce the list with a colon (:), but do not punctuate bullet point list items.

Example:
People like bullets because they:
• are easy to read
• grab attention
• signpost what a page is about

Use charts and images (where useful)
Images and charts help illustrate text, but only if they are relevant to the message and clearly add to it. Again, we ask you to remember that many people find numbers difficult.

You should avoid images just for the sake of having them. If they are not really relevant, they can confuse your reader. See also tips on using images on page 14.

Use brand guidelines
Use the HSE brand guidelines, www.hse.ie/branding These contain important instructions such as using Arial when writing text and Helvetica for documents you are getting professionally designed. They also guide us on how to put the HSE logo on letterheads, documents and all public information materials and where hospital group and CHO logos should appear.

Use health literacy checklist
Use the health literacy checklist on page 23 to check if your document is appropriate for your audience.
4. Speaking clearly to our patients and service users

- Introduce yourself by saying: “Hello my name is…”
- Speak clearly: “How can I help you?”
- Make eye contact
- Put yourselves in your patients’ and service users’ shoes: “Is there anything else you need to know?”
- Use plain language to explain complex terms: “Let me explain…”

Teach-back technique
The teach-back technique is a very simple way for you to assess and confirm that people understand what you have told them. Simply ask them one or two questions to find out if they can repeat back the key information you have told them.

Example: Physiotherapist:
- What are the three exercises you are going to do every day?
- How many times will you do them each day?

If the person is not able to respond correctly, they have not understood your advice. Go over the instructions again in a nice way to make it clearer. See www.teachbacktraining.org for more information.

Ask Me 3
Ask Me 3 encourages people to ask their health professional the following questions at the end of every health appointment or consultation; when preparing for a medical test or procedure; or when picking up medicine.

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Ask Me 3 was developed by the National Patient Safety Foundation in the USA.

See www.npsf.org/page/askme3 for more information.
5. List of medical words and how to explain them

It is important to use clear and concise medical words. If you have to use medical terminology, then explain what it means.

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Sudden and severe</td>
</tr>
<tr>
<td>Administer</td>
<td>Give</td>
</tr>
<tr>
<td>Antenatal</td>
<td>Before birth</td>
</tr>
<tr>
<td>Audiology</td>
<td>Hearing</td>
</tr>
<tr>
<td>Benign</td>
<td>Harmless</td>
</tr>
<tr>
<td>Biopsy</td>
<td>Studying tissue to check for disease</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Studying and treating the heart</td>
</tr>
<tr>
<td>Catheter</td>
<td>Tube</td>
</tr>
<tr>
<td>Central nervous system</td>
<td>Brain and spinal cord</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Treating cancer with drugs</td>
</tr>
<tr>
<td>Chronic</td>
<td>Long-lasting, slow to change</td>
</tr>
<tr>
<td>Coagulate</td>
<td>Clot</td>
</tr>
<tr>
<td>Congenital</td>
<td>From birth</td>
</tr>
<tr>
<td>Contagious</td>
<td>Spreading easily</td>
</tr>
<tr>
<td>Contraindication</td>
<td>Reason not to take</td>
</tr>
<tr>
<td>Contusion</td>
<td>Bruise</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Identifying a health condition</td>
</tr>
<tr>
<td>Instead of</td>
<td>Consider</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Dosage</td>
<td>How to take</td>
</tr>
<tr>
<td>Elective</td>
<td>Optional (not urgent)</td>
</tr>
<tr>
<td>Epidermis</td>
<td>Skin</td>
</tr>
<tr>
<td>Excise</td>
<td>Cut out</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Stomach illness</td>
</tr>
<tr>
<td>Haemophilia</td>
<td>Severe bleeding</td>
</tr>
<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Immunise</td>
<td>Protect</td>
</tr>
<tr>
<td>Incision</td>
<td>Cut</td>
</tr>
<tr>
<td>Inhalation</td>
<td>Breathing in</td>
</tr>
<tr>
<td>Intravenous</td>
<td>Through a vein</td>
</tr>
<tr>
<td>Lateral</td>
<td>At (on) the side</td>
</tr>
<tr>
<td>Malignant</td>
<td>Harmful, cancerous</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Breast X-ray</td>
</tr>
<tr>
<td>Medication</td>
<td>Tablets, injection (specify)</td>
</tr>
<tr>
<td>Monitor</td>
<td>Keep track of</td>
</tr>
<tr>
<td>Myopia</td>
<td>Short-sight</td>
</tr>
<tr>
<td>Negative (test results)</td>
<td>You do not have, you are not</td>
</tr>
<tr>
<td>Normal range</td>
<td>As it should be</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>Eye</td>
</tr>
<tr>
<td>Physician</td>
<td>Doctor</td>
</tr>
<tr>
<td>Positive (test results)</td>
<td>You have, you are</td>
</tr>
<tr>
<td>Instead of</td>
<td>Consider</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Prognosis</td>
<td>Likely outcome, chance of recovery</td>
</tr>
<tr>
<td>Renal</td>
<td>Kidney</td>
</tr>
<tr>
<td>Respiration</td>
<td>Breathing</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Muscles and joints</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Signs of a sickness</td>
</tr>
<tr>
<td>Therapy</td>
<td>Treatment</td>
</tr>
<tr>
<td>Trachea</td>
<td>Wind pipe</td>
</tr>
<tr>
<td>Ventricle</td>
<td>Lower chamber of the heart</td>
</tr>
</tbody>
</table>
6. Tips on using images

Images
Use images if they are useful and relevant. Don’t use purely decorative images. This tip also applies to graphs, charts and infographics as well as photographs and illustrations.

Voice and tone
Images say as much about us as words. Ensure the images are real, relatable and sympathetic to the reader.

Images of people
Choose images that are inclusive.
- Use images that don’t reinforce negative or stereotypical attitudes especially for ethnicity, age or gender.

Captions
People tend to spend time reading captions, particularly if the image is good and relevant. Write captions in full sentences. They can be 2 or 3 sentences long.

Get written consent
You need written consent from people before you publish their images on HSE written and digital material. The HSE Communications Division has standard forms that you can use to get their signed consent. See www.hse.ie/imageconsentform

Don’t embed text
Don’t embed text in an image. Screen readers can’t read it.

Avoid background images
Avoid using background images behind text. Many organisations use illustrations as a background image. This makes text harder to read, especially if the background image is very colourful. Background images, even if faint, make text difficult to read.

Copyright
There is no such thing as a ‘copyright free’ image. You can use:
- images that the HSE owns the rights to use
- free images with suitable licences (example: Creative Commons but remember to attribute them correctly)
7. Plain English checklist for speaking

<table>
<thead>
<tr>
<th>You and your environment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is your body language appropriate for the message you are conveying?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Have you kept background noise to a minimum?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Have you made sure that you do not have your back to a light source, which makes it difficult for the other person to see your face?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your listener</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Do you know how well they understand English, words and numbers?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Do you know how well they understand your topic?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. If you are using visuals, are they relevant and familiar to your audience?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivering a clear message</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Have you introduced yourself by saying “Hello, my name is...”?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Have you stated the purpose of your conversation at the start?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Are you speaking clearly and in a way that suits your audience?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Have you kept your message simple with no more than four messages?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Have you used everyday language and explained necessary jargon?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Have you encouraged questions?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. For automated phone messages, have you used a small number of clear options?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Checking understanding</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Did you check that the listener can tell you what they need to do?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Have you asked the listener if there is anything else they need to know?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Have you thought of using teach-back technique (see page 10)?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Plain English checklist for documents

**Written text**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the document use ‘you’ and ‘we’, where possible?</td>
<td>□</td>
</tr>
<tr>
<td>2.</td>
<td>Does it use the active voice most of the time?</td>
<td>□</td>
</tr>
<tr>
<td>3.</td>
<td>Does it keep technical terms and abbreviations to a minimum?</td>
<td>□</td>
</tr>
<tr>
<td>4.</td>
<td>Does it define any necessary terms and abbreviations clearly?</td>
<td>□</td>
</tr>
<tr>
<td>5.</td>
<td>Does it keep ‘medical jargon’ to a minimum?</td>
<td>□</td>
</tr>
<tr>
<td>6.</td>
<td>Does it avoid Latin and French phrases and Latin abbreviations?</td>
<td>□</td>
</tr>
<tr>
<td>7.</td>
<td>Does it use the same term for the same concept throughout?</td>
<td>□</td>
</tr>
<tr>
<td>8.</td>
<td>Does it have an average of 15 to 20 words in each sentence?</td>
<td>□</td>
</tr>
<tr>
<td>9.</td>
<td>Does it use correct punctuation?</td>
<td>□</td>
</tr>
</tbody>
</table>

**Structure**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Does it use informative headings or questions to break up text?</td>
<td>□</td>
</tr>
<tr>
<td>11.</td>
<td>Does it include a natural flow from one point to the next?</td>
<td>□</td>
</tr>
<tr>
<td>12.</td>
<td>Are paragraphs relatively short?</td>
<td>□</td>
</tr>
<tr>
<td>13.</td>
<td>Does it use bullet point lists for detailed or complicated information?</td>
<td>□</td>
</tr>
</tbody>
</table>
### Page design

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Is the font size at least 12 point or ideally 14 point?</td>
<td>☐</td>
</tr>
<tr>
<td>15.</td>
<td>Is the font type clear? HSE brand guidelines recommend Arial for documents and Helvetica for design.</td>
<td>☐</td>
</tr>
<tr>
<td>16.</td>
<td>Is text aligned to the left?</td>
<td>☐</td>
</tr>
<tr>
<td>17.</td>
<td>Is text 1.5 spaced?</td>
<td>☐</td>
</tr>
<tr>
<td>18.</td>
<td>Does it avoid underlining, groups of italics and unnecessary capital letters?</td>
<td>☐</td>
</tr>
<tr>
<td>19.</td>
<td>Are images, charts or blocks of colour, if any, clear and relevant?</td>
<td>☐</td>
</tr>
<tr>
<td>20.</td>
<td>Does the text contrast effectively with the background?</td>
<td>☐</td>
</tr>
<tr>
<td>21.</td>
<td>Does your document follow the HSE brand guidelines and those of hospital groups and CHOs?</td>
<td>☐</td>
</tr>
</tbody>
</table>
Plain English checklist for forms

Language, punctuation and grammar

1. Does the form use ‘you’ and ‘we’, where possible? □ □
2. Are most questions in the active voice? □ □
3. Are questions written clearly and unambiguously? □ □
4. Does the form define any specialised terms or abbreviations clearly? □ □
5. Does the form avoid Latin and French phrases and Latin abbreviations? □ □
6. Are questions punctuated correctly? □ □
7. Do similar questions use similar words and punctuation? □ □
8. Do questions use the simplest verb tense possible? □ □
9. Do questions avoid abstract nouns? □ □

Structure

10. Does the form include clear instructions ideally at the start? □ □
11. Are ‘official use only’ sections, if any, near the end of the form? □ □
12. Does the form ask questions in a logical order? □ □
13. Does it avoid unnecessary or repeated questions? □ □
14. Does it group similar questions together under useful headings? □ □
15. Does it keep numbering as simple as possible? □ □

Page design

16. Does it avoid underlining, groups of italics and unnecessary capital letters? □ □
17. Does the form use a typeface (font) that is easy to read? □ □
18. Is it clear where to give answers? □ □
19. Is there enough space for answers? □ □
20. Does the form use tick-the-box questions where possible? □ □
Plain English checklist for numbers

Assumptions

1. Are you clear about the meaning of the numbers you are presenting? □ □
2. Are you clear about what your audience needs to understand? □ □
3. Have you considered the barriers to their understanding? □ □

Conventions and consistency

4. Have you been consistent in the way you have written units of measure, time, decimals, percentages, fractions, language and so on? □ □
5. Have you used plain words to describe specialist terms and phrases? □ □
6. Is numeric probability described in simple terms? □ □
7. Where a sentence starts with a number, have you written it in words? □ □
8. When using percent, have you used the percentage symbol (%)? □ □
9. Have you written percent with digits? For example, 20% □ □

Format and layout in tables, graphs and charts

10. Have you used a simple format for presenting your numbers? □ □
11. Are columns and rows ordered by size? □ □
12. Are the numbers compared by columns and not rows? □ □
13. Have you aligned numbers and column headings to the right? □ □
14. Do your tables, charts and graphs use information headings? □ □
15. If using axes, is the scale clear? □ □
**Integrity of numbers**

16. Has your presentation of numbers kept their meaning?  □  □

17. Have you used clear examples to spell out what the numbers mean?  □  □

18. Have you put a clear link to your sources?  □  □

19. Have you been upfront about the age of your sources?  □  □
### Plain English checklist for web content

<table>
<thead>
<tr>
<th>Written text</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does it use ‘you’ and ‘we’, where possible?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Does it use the active voice most of the time?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Does it keep technical terms and abbreviations to a minimum?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Does it define any necessary terms and abbreviations clearly?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Does it keep ‘medical jargon’ to a minimum?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Does it avoid Latin and French phrases and Latin abbreviations?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Does it use the same term for the same concept throughout?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Does it have an average of 11 to 15 words in each sentence?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. If you have rewritten a document for online use, is it shorter (about half the length) of the printed document?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Does it use correct punctuation?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Does it use verbs to get people to take the action needed?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Have you developed text for any videos you are using?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Structure

13. Does it use informative headings or questions for easy skimming? □ □

14. Does it include a natural flow from one point to the next? □ □

15. Are your paragraphs on each page short and snappy with one idea in each paragraph? □ □

16. Does it use bullet point lists for detailed or complicated information? □ □

17. Have you given the conclusion, or main message or research findings in the top half of your web material or page? □ □

18. Are your links descriptive and specific? □ □

19. Have you written summaries of longer documents and provided a link to the full document? □ □

Page design

20. Is the font size at least 12 point or ideally 14 point? □ □

21. Have you used a sans serif font like Arial? □ □

22. Is text aligned to the left? □ □

23. Is text 1.5 spaced? □ □

24. Does it avoid underlining, groups of italics and unnecessary capital letters? □ □

25. Are images, charts or blocks of colour clear and relevant to the text? □ □

26. Does it minimise the number of clicks needed for the reader to find the information they want? □ □

27. Does the text contrast effectively with the background? (Your text should be in a colour that is easy to read and contrasts strongly with the background, for example black or white.) □ □

28. Does each image have a caption? □ □

The HSE’s Content Style Guide will give you more information on creating content for online use, see www.hse.ie/content-guide
8. Health literacy checklist for documents

The following checklist can help you develop and check the clarity of your patient information resource. You can answer one of three answers: Yes, No or Not Applicable. Try to answer Yes or No to as many questions as possible. You should get a minimum score of 80%. If your patient information leaflet scores lower, you need to edit it further using the plain English guidelines in this booklet.

Answer questions 1 to 20 for every patient information leaflet.

Answer Questions 21 to 26 if your information resource contains health information that talks about patients having to change their behaviour, and or information about risk.

We show you how to calculate your score after the checklist.

Does your written material address the following?

Main message and actions

1. Does the resource have one main message? □  □  □
2. Is the main or most important message at the start, top or at the front of the resource? □  □  □
3. Is the main message highlighted by prompts? (Prompts include font, colour, shapes, lines, arrows or headings.) □  □  □
4. Is there at least one image used in the resource that supports or conveys the main message? □  □  □
5. Does the material include instructions or actions for the reader to perform? □  □  □
Language

6. Does the main message include the purpose or instructions and use an active voice? ☐ ☐ ☐

Example:

‘We will ask you to provide a urine sample.’ (active)

‘You will be asked to provide a urine sample.’ (passive)

7. Does the resource use the words patients use? (Plain English) ☐ ☐ ☐

Information design

8. Is there a sequence or logical format to the resource? ☐ ☐ ☐

9. Is the resource divided into sections or chunks with headings? ☐ ☐ ☐

10. Are there bullet points or numbered lists in the resource? ☐ ☐ ☐

11. Is there an awareness and respect for cultural diversity? ☐ ☐ ☐

For instance, do any images used show a range of people?

Format

12. Have you used a sans serif font like Arial? ☐ ☐ ☐

13. Are key words, phrases and the main message of the material repeated? ☐ ☐ ☐

14. Have you presented numbers as digits? (Example: using ‘4’ instead of ‘four’ spelt out) ☐ ☐ ☐

15. Have you made sure that patients do not have to calculate numbers? ☐ ☐ ☐
16. Have you explained the meanings of numbers?
   For example: ‘We recommend that as part of a healthy dinner you eat 3 to 4 ounces of meat – it will look about the same size as a deck of cards.’

State of the evidence

17. Is the information accurate?

18. Is the information up-to-date?

19. Is the information based on evidence?

20. Is what is both known and unknown stated?
   That is: What we know today may not be complete or fully accurate and may not be sufficient to answer all of the public’s questions.

Behavioural recommendations

21. Does the resource include one or more recommendations to change the patient’s behaviour?

22. Have you explained the reason why it is important for the patient to change their behaviour?

23. Does the resource include specific and easy to understand directions about how the patient can change their behaviour to improve their health?
Risk

24. Are both the risks and benefits of behaviour recommendations explained?  
   ☐ ☐ ☐

25. Is the nature of risk clearly explained?  
   ☐ ☐ ☐

26. Is numeric probability described in simple terms?  
   ☐ ☐ ☐
   For example: ‘Heart disease causes 1 in 5 deaths (20%)’ instead of just 20%.

Total

Total questions answered Yes + No

To calculate the health literacy score

Questions answered ‘Yes’ x 100%  
_______________________________ = % health literacy score

Total questions answered

Acceptable score: 80% or higher

Example:

Total questions answered (yes + no) = 20

Of these answered yes = 15

15 (yes) x 100 = 1500

1500 ÷ 20 (total answered) = 75

Healthy literacy score = 75%  (You need to do a little editing to reach 80%.)

(Adapted from the Saolta, Galway University Hospital Policy on the Development of Written Patient Information.)
9. Useful resources

HSE Communicating clearly desktop card and posters
These guidelines and posters help you and your colleagues, patients and service users to communicate clearly www.hse.ie/communicatingclearly You can order free copies on the professionals' section of www.healthpromotion.ie

Well Now!
Well Now! is a ‘literacy-friendly’ course on health and wellbeing for adults developed by NALA. The guide is for adult literacy and community education services who wish to provide these courses.
www.nala.ie/wellnow

It’s safer to ask
This is a HSE patient safety information leaflet. To ensure that you or your family member receive the best care possible, you should always:
• ask questions
• talk with your healthcare team
• listen and note down the information they give
www.hse.ie/eng/services/yourhealthservice/hcharter/SafertoAsk.pdf

Simply Put
NALA's plain English website. This site also has free plain English resources such as A to Z Guides to legal terms (useful for consent forms) and updates on developments on plain English.
www.simplyput.ie

Irish Patients' Association
The Irish Patients' Association’s mission is to keep the patient at the centre of the healthcare system. It does this by advocating for the needs of patients to be paramount while working in partnership with health providers.
www.irishpatients.ie

Health Literacy
This health literacy website from expert, Helen Osborne, includes tips and articles about how to communicate more clearly with patients and colleagues.
www.healthliteracy.com
European Health Literacy Centre
This site is for health professionals, policymakers, educators, researchers and other stakeholders who are interested in health literacy.
www.healthliteracycentre.eu

National Patient Safety Foundation (in the USA)
This organisation developed the Ask Me 3 programme. Its website has free materials and resources that you may find useful.
www.npsf.org/page/askme3

Teachback
See www.teachbacktraining.org for more information about this technique.

HIQA Guidance for providers of health and social care services: Communicating in plain English
NALA, in association with HIQA, published guidance documents for health and social care providers on communicating in plain English when working with adults and with children.
www.hiqa.ie
You might also like to view a video about health literacy and health-literacy friendly practice. HIQA's YouTube channel: http://bit.ly/21Ur4xQ
Have you seen our other Communicating Clearly Publications?

Available to order on www.healthpromotion.ie free of charge.

A5 desktop card – a card that you can display on your desk with some tips on how to use plain English with your patients and service users.

Communicating Clearly with Patients and Service Users

Patients and service users ask us to be clear when we give them information about their health. They also want us to show care and compassion when we talk and write to them.

When we explain things clearly and with care and compassion, people have more confidence and trust in us, take our advice, and follow medical guidance. They are happy to ask us questions about our advice so that they can take better care of their health.

A3 posters

We like to introduce ourselves. Feel free to ask me my name.

Medical words or terms can be difficult. If you don’t understand them, feel free to ask me to explain.

Need further information? I can give you details of where to get it or who else you can contact.