



Clear health communication
deltamo.org

Health Literacy Monthly Audit Form

Month: _____

Date: _____

Auditor: _____

Organization: _____

ACTIVITY	COMPLETED YES or NO	DATE	NOTES
Monthly Meeting			
New Employee Training			
Other Training Completed			
Patient feedback forms (10)			
Self- Assessment Form (1 per employee)			
Communication Observation Form (1/employee)			
Materials Review			
Monthly Audit			