Tests Document Readability

Readability Calculator

This free online software tool calculates readability : Coleman Liau index, Flesch Kincaid Grade Level, ARI (Automated Readability Index), SMOG. The measure of readability used here is the indication of number of years of education that a person needs to be able to understand the text easily on the first reading. Comprehension tests and skills training.
This tool is made primarily for English texts but might work also for some other languages. In general, these tests penalize writers for polysyllabic words and long, complex sentences. Your writing will score better when you: use simpler diction, write short sentences.
It also displays complicated sentences (with many words and syllables) with suggestions for what you might do to improve its readability.

Number of characters (without spaces):	7,814.00
Number of words:	1,648.00
Number of sentences:	94.00
Average number of characters per word:	4.74
Average number of syllables per word:	1.65
Average number of words per sentence:	17.53

Indication of the number of years of formal education that a person requires in order to easily understand the text on the first reading	
Gunning Fog index:	11.87

Approximate representation of the U.S. grade level needed to comprehend the text:	
Coleman Liau index:	10.42
Flesch Kincaid Grade level:	10.68
ARI (Automated Readability Index):	9.67
SMOG:	12.02

Flesch Reading Ease:	49.72

List of sentences that we suggest you consider rewriting to improve readability:

- University Hospital Southampton NHS NHS Fundation Trust Participant Information Sheet: adults with capacity or who regain capacity Pragmatic randomised controlled trial evaluating a routine molecular Point-of-Care `test-and-treat` strategy for influenza in adults hospitalised with acute respiratory illness: FluPOC Chief Investigator: Dr Tristan Clark Research Study You are being invited to take part in the research study named above.
- If you have a swab that reveals that you have a virus, we may approach you again to ask if you would give us permission to take further nasal swabs, sputum (if you are coughing up sputum) and another blood test (about half a tablespoon full) for additional ethically approved research.
- The symptoms and clinical signs that you display are consistent with an `acute respiratory illness` and so we would like to test you for a wide variety of respiratory viruses (including influenza), which might have caused your illness, using a rapid point-of-care test.
- If you lose the ability to consent and the research team wish to take any more samples from you, then we would have to get written permission from someone close to you, and you would have to agree that we could use them once you recovered.
- We may approach you again to ask if you would give us permission to take further nasal swabs, sputum (if you are coughing up sputum) and another blood test (about half a tablespoon full) for additional ethically approved research.
- If these tests are positive for respiratory viruses it may alter which treatments are offered (such as antibiotics or antiviral medication for influenza), or the place in which that the patient is cared for (such as a side room).
- The samples collected during the study are stored without any of personal details on them and are only used in further ethically approved research under the direction of the chief investigator of this study.
- Infection by respiratory viruses, including influenza (`flu`), can lead to serious illnesses, such as pneumonia, asthma exacerbation or COPD exacerbation that require people to be admitted to hospital.
- Only a very limited amount of personal identifiable information is requested from you, and when we come to look at and publish any results then information is presented anonymously ` i.
- Dr Tristan Clark, Chief investigator Associate Professor and Consultant in Infectious Diseases, University of Southampton and University Hospital Southampton NHS Foundation Trust Tel: 02381218410.
- Once you have been discharged a researcher will look at your hospital case notes to determine if having the test performed, or not has affected your management during your hospital stay.
- Should you have any specific concerns you are welcome to discuss these with a research doctor, or the chief investigator, or Patient Support Services, about how you might take your concerns further.
- For both Groups A and B you have the right to decline all or any of these further research samples, should you wish, and this will not affect you being part of this study or the care you receive.
- The makers of the machines used to test for respiratory viruses are not sponsoring this study and the researchers are not funded or rewarded by the manufacturers.
- We are therefore asking for volunteers over the age of 18 who present to hospital with an acute respiratory illness to be part of this study Do I have to take part?
- We would then collect data from your hospital case notes to see if testing you with this method made any difference to your care and how quickly you recovered.
- Once the study finishes the data collected will be analysed by a statistician to see what difference the test made to clinical care of patients with influenza.
- The clinical team looking after you may wish to test you for respiratory viruses and if they do, this will be using standard laboratory testing.
- This includes how quickly you were discharged, whether you were nursed in a side room and decisions relating to antibiotic or antiviral medication.
- We would like any useful results to form the basis of other studies looking at this and also change how medical professionals treat patients for the better.
- Rapid `point-of-care` tests for respiratory viruses have been developed and can provide accurate results in 1 hour rather than several days.
- After you have finishing reading this, you will have the opportunity to discuss the study in more detail with a member of the research team.
- If you are in Group A your samples will be analysed for many different viruses using the rapid test which takes about 1 hour.
- Current methods of detection of these viruses can take several days for the results to become available to the doctors looking after patients.
- The NHS research and university authorities may examine the data we have collected from you to ensure it is accurate.
- If you join this study then you may either have the rapid test or standard NHS care, and this is decided randomly by a computer.
- Before you decide if you want to take part, it is important for you to understand why the research is being done and what it will involve.
- The risks of having a simple swab taken from your nose and throat in this study are minimal but it can be mildly uncomfortable for some people.
- The doctors and nurses treating you are told the results of the point-of-care test looking for respiratory viruses for those in Group A.