**Introduction**: Achieving diabetes control is essential to prevent diabetes-related complications. Limited health literacy is associated with poor diabetes outcomes. Nutbeam described three types of health literacy: functional, communicative, and critical. In Thailand diabetes is epidemic. The prevalence of adults in Thailand with diabetes was 9.6% and 21% of this population had diabetes-related complications. However, health literacy has not been explored as a relevant concept in Thailand and a Thai version of health literacy measurement for people with diabetes has not been published.

**Method(s)**: Ishikawa et al.'s 14-item Three Levels of Health literacy (3LHL) scale was translated to Thai and back-translated to achieve semantic equivalence. A convenience sample of Thai adults with T2DM living in the United States was recruited through Thai organizations, Thai temples, Thai restaurants, and through the snowball technique from prior participants and referrals. Participants completed the 3LHL via face-to-face interview. Descriptive statistics were used to describe demographic characteristics. Cronbach’s alpha coefficient was used analyze the reliability of the instrument.

**Results**: Thirty-one Thai people with T2DM enrolled in the study. They were 63 ±11 years old; 65% females; and well educated (68% had high school education level or higher). They had diabetes for a mean of 13 (±9) years; most received an oral hypoglycemic agent (68%); 71% did not know their recent glycosylated hemoglobin (A1C) level. Mean subscale scores of functional, communicative, and critical health literacy were 2.32, 3.27, and 3.00, respectively, on a scale of 1-4. The internal consistency of functional, communicative, and critical health literacy scales was excellent (α = .933, α = .899, and α = .871, respectively).

**Discussion & Conclusions**: The sample had moderate levels of health literacy with lowest scores in functional health literacy. The Thai 3LHL subscales are internally consistent. Further research is needed to acquire evidence of its validity.