

The Listening Effort Questionnaire™ – Cochlear Implant

A patient reported outcome measure (PROM) that measures perceived listening effort in everyday life as it is experienced by adults with severe-profound hearing loss

What is the LEQ™-CI ?

The Listening Effort Questionnaire™ – Cochlear Implant (LEQ™-CI) is a hearing-related patient-reported outcome measure (PROM) that measures perceived listening effort in everyday life as it is experienced by adults with severe-profound hearing loss. It has been designed for use in the cochlear implant clinic. It may be administered pre-operatively as part of cochlear implant candidacy assessment or post-operatively at any time point after switch-on. It may also be used as a research tool.

The LEQ™-CI is a single scale made up of 21 questions covering four domains of perceived listening effort: attending, adapting and compensating, processing, and motivation. The items are scored on either a 3-point or 4-point ordinal scale. The minimum score is 21 and the maximum score is 75. A higher score on the LEQ™-CI indicates greater listening effort.

The LEQ™-CI conceptual framework was developed from a review of the published literature and extensive qualitative research involving cochlear implant candidates, recipients and their significant others as well as clinicians, hearing researchers, and patient-reported outcomes specialists (Hughes et al. 2017, Hughes et al. 2018, Pichora-Fuller et al. 2016).

To request information on translations, or if you have questions about the instruments, please e-mail: leq@contacts.bham.ac.uk



References

Hughes SE, Watkins A, Rapport F, Boisvert I, McMahon CM, Hutchings HA(2021 Nov-Dec), Rasch Analysis of the Listening Effort Questionnaire-Cochlear Implant., Ear Hear, 01;42(6), 1699-1711

Hughes SE, Hutchings HA, Rapport FL, McMahon CM, Boisvert I.(2018 Sep/Oct), Social Connectedness and Perceived Listening Effort in Adult Cochlear Implant Users: A Grounded Theory to Establish Content Validity for a New Patient-Reported Outcome Measure, Ear Hear, 39(5), 922-934

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