Outcome Measure	**Latrobe Communication Questionnaire (LCQ)**
Sensitivity to Change	No information available
Population	Adult
How to obtain	Available from the authors
Domain	Language and Communication
Type of Measure	Self-report
Time to administer	**15 minutes (informant) 30 minutes (interview)**
Description	The LCQ is a self-rating scale administered in the context of an interview, designed to measure perceived communicative ability after brain injury. The LCQ comprises 30 items that cover six statistically derived components: Conversational tone, Effectiveness, Flow, Engagement, Partner sensitivity and Conversational attention/focus. Two forms are available: Form S (self-completion) and Form O ("close other" or informant). Clinicians use Form O. Administration time with informants approximately 15 minutes, with people with TBI 30 minutes (interview). Responses to each item are made on a 4-point scale in terms of frequency: 1 (never or rarely), 2 (sometimes), 3 (often), 4 (usually or always). Six items, designed to determine whether the LCQ is completed with a response bias, require reverse scoring. The total score ranges from 30 to 120, with higher scores indicating greater perceived frequency of communication difficulties. Age range: Adolescents 13-17 years; Adult 18-64 years
Properties	Reliability: *Internal consistency*: - Normative sample: Self α = .85, Informant α = .86 - TBI sample: Self α = .91, Informant α = .92 *Inter-rater reliability* (ICC): no information available *Test-retest reliability* (ICC): - 8 weeks: Normative sample r = .76, informant r = .48 - 2 weeks: TBI sample: Self r = .81, informant r = .87 See Tate (2010) for more details. Validity: *Concurrent* LCQ is associated with EF deficits (Douglas, 2010) and deficits in social perception (Watts & Douglas, 2006)

	Normative data: The original paper (Douglas et al, 2007) reports data on 147 participants and 109 close others. The sample included 88 females (aged 16-39 years and 59 males (aged 16-36 years).
Advantages	• Normative TBI data available (Douglas, Bracy & Snow, 2007), i.e. data for 147 young adults and 109 close others. • Good construct validity, high internal consistency and good stability in the TBI sample (Tate, 2010). • Cost is free • Involves both the person with TBI, as well as the communication partner • Valid, as it includes information from the communication partner, who is able to consider communication in a natural context • Looks at a range of communication skills, both verbal and non-verbal • Can be repeated • Applicable to clients with social communication difficulties • Can be used with clients who have significant to mild cognitive communication difficulties • Easy for clinicians to administer and score • Uses language appropriate to clients, rather than jargon • Free resource – Downloadable from internet • Can be provided as an interview with the person with brain injury if required
Disadvantages	• It is lengthy for a questionnaire • It is not designed to be able to leave with most clients/communication partners. Quite often a clinician is required to guide the discussion • The form can be confusing for some clients and communication partners. E.g. scoring changes throughout the form (in some questions 4=no difficulty and in others 4=lots of difficulty) • There is lots of language on the form • Clients need support to complete

References

Douglas, J.M., Bracy, C.A., & Snow, P.C. (2007). Measuring perceived communicative ability after trauma injury: Reliability and validity of the La Trobe Communication Questionnaire. *Journal of Head Trauma Rehabilitation, 22*, 31-38.

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Watts, A. J., & Douglas, J. M. (2006). Interpreting facial expression and communication competence following severe traumatic brain injury. *Aphasiology, 20*(8), 707-722. doi:https://doi.org/10.1080/02687030500489953