

Timeline Follow Back (TLFB) Substance Use Calendar

1. Assessment Period

Date of last visit _____(dd/mmm/yyyy) Yesterday's date _____(dd/mmm/yyyy)

These dates define the "Assessment Period" and will also be used on the ADH-1 and AHD-2.

2. Which substances were used during the Assessment Period?

Used	Substance	Short Form
<input type="checkbox"/>	Alcohol - ethanol	EtOH
<input type="checkbox"/>	Alcohol - isopropyl (hand sanitizer, rubbing alcohol)	Iso
<input type="checkbox"/>	Amphetamines/Crystal Meth	Am
<input type="checkbox"/>	Benzodiazepines	BZO
<input type="checkbox"/>	Buprenorphine/Naloxone	BUP
<input type="checkbox"/>	Cannabinoids/Marijuana	THC

Used	Substance	Short Form
<input type="checkbox"/>	Cocaine	COC
<input type="checkbox"/>	Crack	Cra
<input type="checkbox"/>	Down, unspecified	DoU
<input type="checkbox"/>	Fentanyl	FYL
<input type="checkbox"/>	Hallucinogens	Ha
<input type="checkbox"/>	Heroin	Hr
<input type="checkbox"/>	Hydromorphone	HDM

Used	Substance	Short Form
<input type="checkbox"/>	Inhalants	In
<input type="checkbox"/>	Morphine/Kadian	MOR
<input type="checkbox"/>	Methadone	MET
<input type="checkbox"/>	Nicotine	Nic
<input type="checkbox"/>	Oxycodone	OXY
<input type="checkbox"/>	Sedatives	Se
<input type="checkbox"/>	Other:	

3. For all substances used during the Assessment Period, fill in Table 2. Table 1 is optional and may be used to quickly enter substances used consistently – Table 1 will be used to populate Table 2.

Definitions: Frequency

A = < 1/month C = 1/week E = Everyday
 B = 1-3x/month D = ≥2/week

Route of Administration

1 = oral 3 = smoking 5 = IV injection
 2 = nasal 4 = non-IV injection 99 = other

Standard Drinks (EtOH)

12 ounces of beer, 5 ounces of wine, or 1 ounce of hard liquor/spirits. Report as a whole number.

Table 1: Substances used consistently for the entire Assessment Period				<input type="checkbox"/> Not applicable
Substance	Frequency	Route of Administration	Start date <i>(first date used within the Assessment Period)</i>	Additional info <i>(if consistent alcohol use (ethanol), add # of SD here)</i>

Notes:

Form completed by

Signature

Date (dd/mmm/yyyy)