#### **THERAPIST HANDOUT 3.3**

# Timeline Followback Instructions and Sample Calendar for Drug Use

| P | rimary Drug for Which You Sought Treatment   |
|---|--|
| • | The following questions relate to the use of the primary drug for which you sought treatment. When |
|   | you see the word drug, it means the primary drug for which you sought treatment.                   |
| • | To get an idea of what your drug use was like in the past days, we would like you to fill out the  |
|   | attached calendar.   |

• The idea is that for each day on the calendar we want you to indicate whether you used or did not

## TO START

- 1. Write in TODAY'S DATE and YESTERDAY'S DATE at the top of the calendar.
- 2. Put an X on TODAY'S DATE, but do NOT enter a number for "today" or any day after today.
- 3. Starting with YESTERDAY, go through the calendar

use the primary drug for which you sought treatment.

- a. On days when you did not use drugs, write a "0" in the box
- b. On days when you **did use drugs**, write a "✓" in the box

## **SAMPLE CALENDAR**

Write in Today's and Yesterday's Date

**ID: 9-999 Today's Date** *October* 2, 2010

Start Date: (Day 1) 09/03/10 End Date: (Yesterday) October 1, 2010

| SUN          | MON       | TUES     | WED      | THURS   | FRI      | SAT      |
|--------------|-----------|----------|----------|---------|----------|----------|
|              |           |          | 1-Sept   | 2-Sept  | 3-Sept   | 4-Sept   |
|              |           |          |          |         | 0        | 0        |
| 5-Sept       | 6-Sept    | 7-Sept   | 8-Sept   | 9-Sept  | 10-Sept  | 11-Sept  |
| 0            | Labor Day | ✓        | ✓        | 0       | 0        | <b>√</b> |
| 12-Sept      | 13-Sept   | 14-Sept  | 15-Sept  | 16-Sept | 17-Sept  | 18-Sept  |
| $\checkmark$ | ✓         | 0        | <b>✓</b> | ✓       | 0        | <b>√</b> |
| 19-Sept      | 20-Sept   | 21-Sept  | 22-Sept  | 23-Sept | 24-Sept  | 25-Sept  |
| <b>√</b>     | 0         | 0        | 0        | 0       | <b>√</b> | <b>√</b> |
| 26-Sept      | 27-Sept   | 28-Sept  | 29-Sept  | 30-Sept | 1-Oct    | 2-Oct    |
| 0            | 0         | <b>✓</b> | 0        | 0       | 0        | X        |

For all days, fill in either a " $\checkmark$ " if you used any drugs on a given day or a "0" if you did not use any drugs

(cont.)

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#### Timeline Followback Instructions and Sample Calendar for Drug Use (page 2 of 2)

## WHAT TO FILL IN

- When you did use the primary drug for which you sought treatment
  - ◆ On days when you **did not use drugs**, write a **"0**" in the box
  - ♦ On days when you did use drugs, you write a "√" in the box
- THE IMPORTANT THING IS TO WRITE SOMETHING IN ON EACH DAY, EVEN IF IT IS A "O."
- **Holidays** are marked on the calendar to help you recall your drug use. You can also think about your drug use in relation to personal holidays and events such as birthdays, vacations, and parties.

## YOUR BEST ESTIMATE

- Filling out the calendar is not hard!
- If you are not sure whether you used drugs on a given day, or whether you used on a Thursday or a Friday, give it your best estimate.
- We recognize people will not have perfect recall, just try to be as accurate as possible.