

NIDA Clinical Trials Network

Timeline Followback (TFB) Method Assessment

Instructions

Complete questions on the form each day for 7 days or as directed by clinical personnel.

TFB Week Start Date: (mm/dd/yyyy) _ _ / _ _ / _ _ _ _

Day

Sunday

Wednesday

Saturday

Monday

Thursday

Tuesday

Friday

Date: (mm/dd/yyyy) _ _ / _ _ / _ _ _ _

1. **Have any illicit substances or alcohol been used on this day?**

No

Yes

2. **Alcohol - number of standard drinks (xx):** _ _

3. **Cannabinoids/ Marijuana**

No

Yes

4. **Cocaine**

No

Yes

5. **Crack**

No

Yes

6. **Amphetamine-type stimulants**

No

Yes

7. **Opioid analgesics, including methadone**

No

Yes

8. **Heroin**

No

Yes

NIDA Clinical Trials Network

Timeline Followback (TFB) Method Assessment

9. **Hallucinogens, including MDMA/ecstasy**

No

Yes

10. **Sedatives and hypnotics, excluding Benzodiazepine**

No

Yes

11. **Benzodiazepines**

No

Yes

12. **Inhalants**

No

Yes

Other Drugs

13. **Other drug, specify** (enter name - 1): ____

No

Yes

14. **Other drug, specify** (enter name - 2): ____

No

Yes

Comments: