

# **Comprehensive TimeLine FollowBack (TLFB): An Interview to Assess Sexual Behavior, Alcohol, and Drug Use**

Used in the Health Improvement Project

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## Time-Line Follow Back Interview: Sexual Behavior and Substance Use

### General Instructions:

- Now we're going to talk about health-related behaviors that you may have done over the past three months.
- What we're going to do is work together to come up with the number of times that you did each behavior in the past three months.
- At first this may seem hard, but by using a calendar [*show calendar, see Appendix 1*] and a few "tips" to help your memory, you'd be surprised how well you can remember things that have happened.
- Do you have a date book or a calendar that you use? If you have an appointment book or a daily diary, you can use it to help you recall past events.

### **If YES :**

- Do you have it with you today? You can use this to help remember specific days.

### **If NO:**

- It's OK if you don't have one with you.
- Let's start with yesterday (*date*) and go back 3 months--those dates are (*date*) through (*date*).  
*[Interviewer marks these dates on the calendar and shows Participant]*
- Standard holidays such as Halloween and Christmas are marked on the calendar to help you recall your activities around these times. You can also tell me about personal holidays and events such as birthdays, celebrations, hospitalizations, check receipt days, and so on.
- Do you have any special holidays or dates you want to mark on the calendar to help you better recall your activities during the past 3 months? *[Interviewer fills in calendar if appropriate]*

### Best Estimate:

- In helping you to fill out the calendar, we want you to be as accurate as possible, but we realize that it is hard for anyone to recall things perfectly. So, if you can't recall, for example, whether you did something on a Monday or a Thursday of a certain week, just give it your best guess.

## **Sexual Behavior TLFB Assessment**

- First, I'm going to ask you about your sexual behaviors. I know these are personal, but I want to remind you that this interview is confidential. None of this information will go into your record. It is just for our research to help people stay healthy. OK?

### Defining Sexual Terms:

- Before we get into questions about specific behaviors, let's go over some definitions. These definitions may be helpful to you in answering my questions.
- The word "sex" can mean different things to different people. So, I'll use three terms: vaginal, oral, and anal sex. *[See Appendix 2]*

*[Record #1- 4 on Answer Sheet; see Appendix 3]*

1. Vaginal sex is: when a man puts his penis inside a woman's vagina. Some people call this "making love." What term or words do you use for Vaginal sex?
2. Oral sex is: when a person puts his or her mouth on another person's private parts -- a man's penis or a woman's vagina. Some people call this "giving head." What term or words do you use for Oral sex?
3. Anal sex is: when a man puts his penis inside another person's rectum or buttocks. What term do you use for Anal sex?
  - Anal sex is different than rear-entry vaginal sex. In rear-entry vaginal sex, the partner is behind, but the penis is in the vagina.
4. Are there any other kinds of sex that you know about?

*[to clarify that they understand and to elicit potential confusion re: penetrative/risky sex].*

Coding Sexual Partners:

- How many sexual partners have you had in the past 3 months? [*Record on Answer Sheet*]

**If NONE:** [*Record on Answer Sheet*]

- Were there any people who you could have had sex with, but you chose not to, or chose to do another activity?
- **If YES:** I don't need to know the person's name, but could you tell me the person's initials?
- Why didn't you have sex?

**If  $\geq 1$  sexual partners:** *Continue.*

- Now, we're going to make a list of the people you've had sex with in the past three months.
- Let's start with the person you had sex with most recently. I don't need to know the person's name, but could you tell me the person's initials?

[*Record items a-d on Answer Sheet*]

- Is this person:

(a) A man or a woman?

(b) A new partner that you've had sex with for the first time in the past 3 months?

*If (b) = Y, code New Partner*

(c) Someone you've been having sex with for longer than a month?

(d) Someone who you have sex with 5 or more times?

*If (c) = Y and (d) = N, code Casual Partner*

*If (c) and (d) = Y, code Regular Partner*

- Who else have you had sex with in the past three months? [*continue to fill in grid*]
- Now I'd like to mention the initials of each partner you've named.

[*Record items e - h on Answer Sheet*]

(e) Please tell me if you think that person may have been having sex with someone else besides you.

(f) Please tell me if you think that person uses injection drugs.

(g) Please tell me if you think that person has HIV or AIDS.

(*For women only; male partners*)

(h) Please tell me if you think that person has had sex with another man (in his lifetime)?

[*Code as YES, NO, or NOT SURE*]

Specific Sexual Activities:

- You're doing great. Thanks!
- Now I'd like to get back to the calendar and talk with you about the kinds of sex you had with each of these people during the past three months. *[show calendar]*
- Let's start with the last time you had sex, and then work our way backward:

*[Use the Coding Key to record items 1 - 7 on calendar; see Appendix 4]*

1. When was the last day you had sex with *(initials)*? *[Begin coding calendar with partner's initials]*
2. About what time of day did you and *(initials)* have sex: morning, afternoon, or night?
3. What type of sex did you have on that day with *(initials)*?  
What other kinds of sex did you have on that day?
4. *[For each type of sexual behavior]*  
How many times did you have *(type of sex)* on that day?  
*[Definition: When sex begins until orgasm is "1 time."]*
5. Did you or your partner use a condom when you had *(type of sex)* on that day?

**If YES:**

(a) What type of condom did you use?

Male or female?

Latex, natural, polyurethane, don't know?

(b) Was a condom used each time?

(c) Was there any time when your [his] penis was inside, but you weren't [he wasn't] wearing a condom?

6. Did you talk to your partner about using a condom before having *(type of sex)* that day?

**If YES:** Did you start the discussion, or did your partner?

7. Did you talk with your partner about HIV or AIDS before having *(type of sex)* that day?

**If YES:** Did you start the discussion, or did your partner?

*[Ask 1 -7 with same partner on all sex days; before moving on to next partner, ask #8]*

*[Record #8 - 11 on Answer Sheet]*

**8.** With this partner:

(a) Were there other times during the last 3 months that you could have had sex, but decided not to have sex, or chose to do another activity?

**If YES:** Why didn't you have sex?

(b) Were there any times that you refused to have sex with this partner, or chose to do another activity?

**If YES:** Why did you refuse to have sex?

*[Repeat 1-8 with each partner; before moving on to alcohol section, ask #9 - 11]*

**9.** Were there any other people who you could have had sex with, but you chose not to, or chose to do another activity ?

**If YES:** Please tell me the person's initials.

Why did you choose not to have sex?

*[Repeat #9 until no more people identified]*

**10.** How many times during the past 3 months were you forced to have sex when you did not want to?

**11.** How many times during the past 3 months did you have sex to get money, drugs, or a place to stay?

## Substance Use TLFB Assessment

### General Instructions:

- OK, thanks for being so thorough with that.
- Sometimes, it's not easy to talk about things that are so personal.
- **Now, we are going to switch topics.** We are still interested in the last 3 months, so we will use the same calendar we used to talk about sexual behavior. But now, we are interested in your use of alcohol.
- What we would like you to do is recall your drinking for the past three months.
- Again, this is not as difficult a task as it may seem, especially when we use the same calendar. I'll work it through with you.

### Alcohol Use Assessment:

- Have you had any alcohol to drink in the past 3 months?

**If NO :**

- Just to be sure, can you think of any times you drank some beer or wine, or hard liquor between *(start date)* and today?

**If NO:** *[Skip to drug assessment]*

**If YES :** *[continue]*

- We have already marked the standard holidays, as well as your own personal holidays or special events which we can use to help you recall your drinking.
- Also, people who have fairly regular drinking patterns can use such patterns to help us fill out the calendar. For example, you may have a weekend/weekday change in your drinking, or your drinking may be different depending on the season.
- What the calendar will do then is give you a picture of the dates and patterns of your drinking.

- On days when you did not drink any alcohol, not even a sip of a drink, I will write "0".
- For days when you had something to drink, I'll write "A" for alcohol and then the # of drinks you consumed.
- I will write down what are called standard drinks. [*show Standard Drink Conversion Card; Appendix 5]*

12 oz. beer (usually 1 can or bottle)

1 standard drink (SD) = 4 oz. glass of wine

1 oz. shot of hard liquor

- Do you think you understand how to tell me about your drinking?

Best Estimate:

- In helping you to fill out the calendar, we want you to be as accurate as possible, but we realize that it is hard for anyone to recall things with 100% accuracy. So, if you can't recall, for example, whether you did something on a Monday or a Thursday of a certain week, just give it your best guess.
- If you are not sure whether you drank 15, 16, or 17 drinks, choose the middle of the range, so for 15 to 17 drinks, you would say "16" drinks.
- The important point here is that 15 to 17 drinks is very different than if you said you drank only 1 or 2 drinks or 30 to 35 drinks. Does that make sense?
- Remember: The important thing we want to do is to make sure something is written in for each day on the calendar. We are asking you to give your best guess.

Specific Drinking Activities:

- Let's begin! As I said before, what we want you to do is use the calendar to record your drinking over the past 3 months.

1. When did you last drink during this time? (Drinker replies with date)

2. What was the greatest amount you consumed on any given day in the past 3 months?

*[Record amount on Answer Sheet]*

Do you recall when this occurred? *[code A (# of drinks)- MAX on those dates]*

**If A-MAX occurs on day of sex:**

- What time of day did you drink: morning, afternoon, or night?

**If same time frame as sex:**

- Was that right before having sex with *(initials)*? *[if Y circle the alcohol code]*
- Did you have this maximum amount on any [other] days you had sex?
- On any other anchor days?
- Before or after sex/anchor days?

3. What was the least amount of drinking in the past 3 months? *[Record amount on Answer Sheet]*

When did it occur?

4. As mentioned earlier, some people will have patterns to their drinking that can help them recall their use. Do you have any patterns to your drinking?

**If drinking and sex occur on same day:**

- What time of day did you drink: morning, afternoon, or night?

**If same time frame as sex:**

- Was that right before having sex with *(initials)*? *[if Y circle the alcohol code]*

5. During this period of time, did you have any times of abstinence of 7 days or more when you did not drink any alcohol at all, not even a drop?

**If YES:**

- What was the longest period of total abstinence during this time?
- What was the next longest period of total abstinence?

6. Next, we will work our way backwards from today, and fill in the remaining days for each month.

**If drinking and sex occur on same day:**

- What time of day did you drink: morning, afternoon, or night?

**If same time frame as sex:**

- Was that right before having sex with *(initials)*? *[if Y circle the alcohol code]*

*[Repeat probes]*

- Just to be sure we've covered all the days:
  - Did you drink on any [other] days you had sex?
  - On any other anchor days?
  - Before or after sex/anchor days?

## **Drug Use Assessment:**

### **General Instructions:**

- That was good! The last behavior we want to record is drug use.
- We won't record medications if taken as prescribed by your doctor, but we will write down any other drugs used, or medications if used in amounts more than your doctor recommends.
- Let's go through this list of other drugs. *[show drug list; see Appendix 6]*
- For each one, tell me if you have used this drug in the last 3 months, between (*start date*) and today.

### **Drug List/Codes:** *[Record on Answer Sheet: Circle number of drug(s) endorsed]*

1= marijuana, hash (aka herb, joint, J, pot, reefer, weed, sinsemilla, Colombian, Acapulco Gold, Panama Red)

2 = cocaine (coke, crack, dust, freebase, snow, lady, rock)

3 = amphetamines (speed, bennies, black beauties, crank, crystal, dexies, ice, meth, white crosses)

4 = OTC stimulants (diet pills, cold pills)

5 = sedatives, tranquilizers, sleeping pills (barbs, goofballs, reds, yellow jackets)

6 = opiates, pain killers (codeine, heroin, horse, china white, H, smack, junk)

7 = hallucinogens (LSD, acid, blotters, sunshine, window pane, mescaline, buttons, peyote)

8 = inhalants (amyl/butyl nitrate, poppers, snappers, rush, glue, paint, gasoline, aerosols, whippits)

9 = PCP (angel dust, elephant tranquilizers)

10 = other

\* = injection drug use *[ Place asterisk next to drug code # on list and calendar if injected drugs]*

- Have you used any other drugs not shown on the list? *[Record on Answer Sheet]*

*[Include medications only if used outside of prescribed dosages]*

### **Specific Drug Use Activities:**

- Which drug did you use most frequently in the last 3 months? We'll start with that one.

1. When was the last time you used (*drug*)?

**If drug use and sex occur on same day:**

- What time of day did you use (*drug*): morning, afternoon, or night?

**If same time frame as sex:**

- Was that right before having sex with (*initials*)? [*if Y circle the drug code*]

2. When was the time before that?

**If drug use and sex occur on same day:**

- What time of day did you use (*drug*): morning, afternoon, or night?

**If same time frame as sex:**

- Was that right before having sex with (*initials*)? [*if Y circle the drug code*]

3. Some people will have patterns to their drug use that can help them recall their use. Do you have any patterns to your drug use?

**If drug use and sex occur on same day:**

- What time of day did you use (*drug*): morning, afternoon, or night?

**If same time frame as sex:**

- Was that right before having sex with (*initials*)? [*if Y circle the drug code*]

4. During this period of time, did you have any times of abstinence of 7 days or more when you did not use any (*drug*) at all?

**If YES:**

- What was the longest period of total abstinence during this time?
- What was the next longest period of total abstinence?

5. Next, we will work our way backwards from today, and fill in the remaining days for each month.

*[Repeat for all drugs used]*

*[Continue to probe]*

- Just to be sure we've covered everything:
  - Did you use drugs on any of the days you had sex?
  - On any other anchor days?

### TLFB Calendar Coding Sheet (Sexual Behavior)

(To be completed by interviewer **after** the interview using data from calendar)

(Enter "0" if behavior does not apply to this participant)

Behavior	Most Recent Month	Middle Month	Earliest Month	Total Partners in 3 months
1. How many <b>partners</b> did the participant have <b>vaginal</b> sex with?				
2. [if >0] How many times did participant have <b>vaginal</b> sex?				
3. [if >0] How many times with a latex condom?				
4. [if >0] How many times with a natural condom?				
5. [if >0] How many times with a polyurethane condom?				
6. [if >0] How many times with a condom (unknown type)?				
7. How many <b>men</b> did the participant have <b>oral</b> sex with?				
8. [if >0] How many times did participant <b>give oral</b> sex?				
9. [if >0] How many times with a barrier?				
10. [if >0] How many times did participant <b>receive oral</b> sex?				
11. [if >0] How many times with a barrier?				
12. How many <b>women</b> did participant have <b>oral</b> sex with?				
13. [if >0] How many times did participant <b>give oral</b> sex?				
14. [if >0] How many times with a barrier?				
15. [if >0] How many times did the participant <b>receive oral</b> sex?				
16. [if >0] How many times with a barrier?				
<b>17 - 30 FOR MEN ONLY:</b>				
17. How many <b>men</b> did the participant have <b>anal</b> sex with?				
18. [if >0] How many times as the <b>insertive</b> partner?				
19. [if >0] How many times with a latex condom?				
20. [if >0] How many times with a natural condom?				
21. [if >0] How many times with a condom (unknown type)?				
22. [if >0] How many times as the <b>receptive</b> partner?				
23. [if >0] How many times with a latex condom?				
24. [if >0] How many times with a natural condom?				
25. [if >0] How many times with a condom (unknown type)?				
26. How many <b>women</b> did the participant have <b>anal</b> sex with?				
27. [if >0] How many times did participant have <b>anal</b> sex?				
28. [if >0] How many times with a latex condom?				

Behavior	Most Recent Month	Middle Month	Earliest Month	Total Partners in 3 months
29. [if >0] How many times with a natural condom?				
30. [if >0] How many times with a condom (unknown type)?				
<b>31-36 FOR WOMEN ONLY:</b>				
31. How many <b>men</b> did the participant have <b>anal</b> sex with?				
32. [if >0] How many times did participant have <b>anal</b> sex?				
33. [if >0] How many times with a latex condom?				
34. [if >0] How many times with a natural condom?				
35. [if >0] How many times with a condom (unknown type)?				
36. How many times did participant have sex with a bisexual male?				
37. How many times did participant have sex with a partner who is not monogamous?				
38. How many times did participant have sex with a partner who they were not sure is monogamous?				
39. How many times did participant have sex with a partner who injected drugs?				
40. How many times did participant have sex with a partner who they were not sure injected drugs?				
41. How many times did participant have sex with a partner who is HIV-positive?				
42. How many times did participant have sex with a partner who they were not sure is HIV-positive?				
43. How many times did participant talk with a partner about HIV/AIDS before having sex?				
44. How many times did participant talk with a partner about using a condom before having sex?				
45. How many times did participant have sex directly following alcohol consumption?				
46. How many times did participant have sex after using substances other than alcohol?				
47. How many times did participant talk to partner about condoms, and use condoms after drinking alcohol or using other substances?				
48. How many times did participant talk to partner about condoms, but did not use condoms after drinking alcohol or using other substances?				
49. How many times did participant drink or use other substances and not talk with partner about condoms?				

### TLFB Calendar Coding Sheet (Substance Use Behavior)

(Enter "NA" if behavior does not apply to this participant)

Behavior	Most recent month	Middle month	Earliest month
1. Maximum number of standard drinks			
2. Drinking days			
3. Heavy drinking days ( $\geq 5$ standard drinks)			
4. Total number of standard drinks			
5. Marijuana use days			
6. Cocaine use days			
7. Amphetamine use days			
8. OTC stimulant use days			
9. Sedative, tranquilizer, sleeping pill use days			
10. Opiate use days			
11. Hallucinogen use days			
12. Inhalant use days			
13. PCP use days			
14. Other use days			
15. Multiple drug use days ( $>1$ drug, including alcohol, on a single day)			
16. Total number of days on which drugs <b>or</b> alcohol were used			
17. Injection drug use days			

## **APPENDIX 1. Calendar**

## **APPENDIX 2. Defining Sexual Terms**

### APPENDIX 3. Answer Sheets

**Sexual Behavior:**

Defining Sexual Terms:

(Manual: page 3)

Type of Sex	Term or words used for type of sex
Vaginal sex	
Oral sex	
Anal sex	

4. Are there any other kinds of sex that you know about?

Other: \_\_\_\_\_

Coding Sexual Partners:

(Manual: page 4)

- How many sexual partners have you had in the past 3 months? \_\_\_\_\_

**If NONE:** Were there any people who you could have had sex with, but you chose not to, or chose to do another activity?

[Check No or Yes]      No \_\_\_\_\_      Yes \_\_\_\_\_

If YES: Initials	Why didn't you have sex?

(Manual: page 4)

Initials	(a) Gender		(b) Is this person a new partner that you've had sex with for the first time in the past 3 months?		(c) Is this person someone you've been having sex with for longer than a month?		(d) Is this person someone who you have sex with 5 or more times?		Type of Partner		
	M	F	No	Yes	No	Yes	No	Yes	New	Casual	Regular
a.											
b.											
c.											
d.											
e.											
f.											
g.											
h.											
i.											
j.											
k.											
l.											
m.											
<b>TOTALS</b>											

(Manual: page 4)

Initials	Partner is not monogamous?			Partner Injected Drugs?			Partner HIV-positive?			WOMEN ONLY Bisexual Male Partner?		
	No	Yes	Not sure	No	Yes	Not sure	No	Yes	Not sure	No	Yes	Not sure
a.												
b.												
c.												
d.												
e.												
f.												
g.												
h.												
i.												
j.												
k.												
l.												
m.												
<b>TOTALS</b>												





**Alcohol Use:**

(Manual: page 9)

2. What was the greatest amount you consumed on any given day in the past 3 months? \_\_\_\_\_
3. What was the least amount you consumed on any given day in the past 3 months? \_\_\_\_\_

**Drug Use:**

(Manual: page 11)

**Drug List/Codes:** *[Circle number of drug(s) endorsed]*

- 1 = marijuana, hash
- 2 = cocaine
- 3 = amphetamines
- 4 = OTC stimulants
- 5 = sedatives, tranquilizers, sleeping pills
- 6 = opiates, pain killers
- 7 = hallucinogens
- 8 = inhalants
- 9 = PCP
- 10 = other: \_\_\_\_\_
- \* = injection drug use *[Place asterisk next to drug code # on list and calendar if injected drugs]*

- Have you used any other drugs not shown on the list? \_\_\_\_\_  
*[Include medications only if used outside of prescribed dosages]*

## APPENDIX 4. Coding Key for Sexual Behavior

For each type of sex code, all other characteristics should be recorded.

### *Type of sex*

V = vaginal

OR = oral receiving

OG = oral giving

AR = anal receptive

AI = anal insertive

### *Time of sex*

M = morning

A = afternoon

N = night

### *Frequency*

1x, 2x, 3x, etc.

### *Condom use*

Circle "type of sex" code if male condom used during all penetration

Square "type of sex" code if female condom used during all penetration

### *Type of Condom*

L = latex

Na = natural

P = polyurethane

DK = don't know

### *Negotiation prior to sex :*

NC1 = participant initiated discussion of condoms

NC2 = partner initiated discussion of condoms

NC - = no discussion of condoms

NH1 = participant brought up discussion of HIV/AIDS

NH2 = partner brought up discussion of HIV/AIDS

NH - = no discussion of HIV/AIDS

example: JD V1x NC- NH-

MJ AR1x NC1 NH-

## **APPENDIX 5. Standard Drink Conversion Card**

## APPENDIX 6. Drug List

1. Marijuana, hash (aka herb, joint, J, pot, reefer, weed, sinsemilla, Colombian, Acapulco Gold, Panama Red)
2. Cocaine (coke, crack, dust, freebase, snow, lady, rock)
3. Amphetamines (speed, bennies, black beauties, crank, crystal, dexies, ice, meth, white crosses)
4. OTC stimulants (diet pills, cold pills)
5. Sedatives, tranquilizers, sleeping pills (barbs, goofballs, reds, yellow jackets)
6. Opiates, pain killers (codeine, heroin, horse, china white, H, smack, junk)
7. Hallucinogens (LSD, acid, blotters, sunshine, window pane, mescaline, buttons, peyote)
8. Inhalants (amyl/butyl nitrate, poppers, snappers, rush, glue, paint, gasoline, aerosols, whippits)
9. PCP (angel dust, elephant tranquilizers)
10. Other: \_\_\_\_\_

