

The Life Experience Timeline (LET)

Common Questions and Coding Issues

# LET Timeline

## Common Questions and Coding Issues

Q. In general: Will we photocopy the form from the file, fill it out in pencil, copy it onto the original in pen, and then keep the penciled source document? Will we copy all the memory anchors (like dates of marriage, divorce, death, etc) from the penciled form onto the final form?

**A. You will receive copies from the DMC - just as with other forms - and can write on these directly with pencil, which will be sent to the DMC when completed. Dave verified that clean pencil copies will be fine. Of course, you must be sure that the pencil you use erases completely when you make corrections.**

**Update: PLEASE go over your penciled answers with pen. The DMC had great difficulty reading penciled answers.**

Q: Has it been established that we can draw lines through the boxes from start date to end date of any episode?

**A: You can draw a solid line through the boxes between two identical endpoint letters.**

**Update: For example A-----A**

Q. Why are we supposed to have a highlighter?

**A. In the original Natural History Interview, the interviewer highlighted specific information on the timeline that required further detail on the static forms (and so the interviewer was going back and forth between the timeline and static detail forms). This is not necessary on the current LET since all information will be collected in a natural time order. You may want to highlight notes, however, at the bottom of the page, for classification purposes, etc. You may decide that you don't want to bother with a highlighter~ whatever works best for you.**

**Update: It's also useful to highlight specific dates at the top of each page as a reminder to the interviewer and the participant. For example: Highlighting birth month, randomization date, child birth, or other significant events of client's life to spur memory and give them landmarks in time.**

Q. Item F. Are we documenting all medications ever used? Will the client's first use of antibiotics for the flu show up on the form?

**A. Good questions: We are not including meds for routine ailments such as antibiotics or flu symptoms or meds taken for a short period of time. This item will take some delving - our inclusion criteria are based not only on the amount/duration of the meds, but the cause of the meds. This will include things like pain medication for injuries sustained in a traffic accident; long-term use of meds to control**

**disorders such as diabetes, heart problems, etc. A decision rule is that the meds have to have been taken for more than two weeks for a non-routine cause.**

**Update: Common medications taken over long periods of time include asthma medication (albuterol) and psych. meds like SSRI's.**

Q. Is this like the ASI where we are interested in prescription rather than use? Does birth control count as a medication?

**A. This is unlike the ASI – because we are documenting only use not prescription. Oral meds for birth control does not count – but we will asses that on other forms.**

Q. Also, there is option A on the card that specifies two or fewer drinks per day. That isn't consistent - the client could have used alcohol without getting intoxicated. Since Answer A is an option, would a social drinker have an "A" in every month from the time of first use or would he or she only put "A" in the months that drinks were actually consumed? (I read two or fewer drinks/day to mean anywhere from 0 to 2)

**A. Alcohol use should be entered on the timeline if there was ANY use of alcohol during any given month. The categories on the card refer to average use - so if average daily use is two or fewer drinks PER DAY- but there is some use in the month, then it is entered on the timeline as "A." Because averaging use over a month can lead to close to 0 per day use, the correct definition of "A" is more than abstinence but no more than two drinks per day. Update: This will likely be a confusing answer/selection for clients who feel they "don't really drink", so it's important to make the above explanation clear for selection/answer "A" on this answer card.**

Q. Is there any hierarchy for symptoms on the four Items M or can they be in random order? Does order have to be consistent across all the forms or can Symptom N be on the first line at age 14 and the third line at age 21?

**A. Because there are only 4 lines for symptoms on the timeline, a decision rule had to be made. This is: Enter the symptoms in the order that occurred most frequently and/or was the most troubling. In this way, you should have Line 15 on the timeline filled out if there was only one symptom experienced, or it was the most frequent or most troubling if any symptoms are included in any lines 16-18. In the case in which the most frequent symptom was not the most troubling – include the most troubling as the first symptoms.**

Q. In general, inconsistencies in the respondent's answers may become apparent as the interview proceeds. It may be helpful to learn how others plan to confront these inconsistencies.

**A. This is a really important point – not only should you be alert to inconsistencies in responses, but you should be prepared to clarify with the respondent these inconsistencies. This may be a simple task in some cases, but may be a truly difficult**

**task in others. It would be very helpful if you all could write down some of the methods you used successfully in attempts to deal with inconsistencies, and we can develop a “tip sheet” for issues like this.**

Q. Since there are no “comments” boxes on the LET should I just continue to make notes in the empty margin at the bottom of the page?

A. Yes

Q. If a patient reports hospitalization for drug overdose or in the case of my interviewee - reported need to be stabilized at hospital b/c heart was pounding so hard from meth intoxication...I would count this in medical hospitalization section - correct?

A. **Correct - as medical hospitalization for drug-related problem.**

Q. On the criminal activity section... Are we asking about criminal activities they were arrested and charged for (like the ASI)? The questions read: Did you ever engage in any of the activities listed? How old were you the first time you engaged in any of these activities? What and when did you engage in any of the activities? It does not specify arrested and charged. So my question: do I want to know if they ever engaged in any of these activities (as it reads) or if they were ever arrested/charged with any of these activities?

A. **We are first asking about criminal activity that the participant may have engaged in - although we are not asking about some criminal activities such as drug use, weapons charges, parole violations etc. We are not asking whether they were arrested for these activities. And in fact, when we ask about incarceration, we are not even assuming that they were incarcerated for the criminal activities that they report being engaged in (if they do report this). That way, we can still allow for unjustified incarcerations- that is, they were incarcerated (found guilty and charged with something) even though they claim not to have been engaged in this activity/guilty of the charge. It will be a routine task to obtain CIIs (Criminal Involvement Inventories) from CJ authorities to document arrests/charges/incarcerations - but we want a more accurate picture of what the participants actually did in terms of criminal activities - and not just document those they were caught doing.**

Q. Once client took an overdose of OTC sleeping pills as a suicide attempt. Otherwise she has 3.5 years of sobriety. Would I count her hospitalization on the LET as psychiatric drug-related?

A. **Do you think that her suicide attempt was a result of drug/alcohol use? Or does she have a pre/post-existing depression or anxiety problem? In some of these items, you will have to use your judgment as to how you score. Update: It sounds like it would be “D Psychiatric Hospitalization for non-drug related problem” as she**

**is/was clean and sober, but please probe the participant if you are unclear on the cause.**

Q. Many clients have been incarcerated for DUI. Since that's not listed as a crime on the LET, I have a few incarcerations without any crimes showing up on the document. Is that okay?

**A. Yes - there are many types of criminal activities that are not assessed on this form (gun charges, parole/probation violations, possession of a controlled substance, disorderly conducts, etc.) Update: This is very common; I also had several participants report DUI's.**

Lines 1 & 2. Criminal activity does not have to be coded in order of the most severe on the timeline. However, if respondent reports more than 2 activities at any one time, record the most severe criminal acts on the timeline (the order on the timeline is irrelevant).

Line 4: Treatment: another category was added to CARD C to capture aftercare (H=aftercare/social support).

Line 8. Do not record antibiotics given for routine medical causes such as colds, flu, etc.

Line 9: Nicotine refers to **cigarettes only**; if patient reports other tobacco use please code information under "other drugs use" only if no other substance would be better coded there.

Line 10: Refers to any alcohol use.

Line 15-18: Symptoms must be substance related - try to ascertain from questioning.

Q. If patient reports alcohol/drug use and gets into an automobile accident and then must be hospitalized for this trauma, would this hospitalization be coded drug-related or non-drug related hospitalization?

**A. Score this as a non-drug related hospitalization - it is not medical sequel of drug use.**

Q. If a client attended Al-anon, do we count as a 12-step group?

**A. They are likely attending in order to understand/deal with the issue of living with someone who is an addict; ultimately attendance is to help the participant stay sober. Update: Please count the first time they attended a 12-step meeting for their issue with alcohol/drugs.**

Q. If a client lived in a structured sober living community, is there some way to count that under treatment?

**A. If it is a residential restricted environment, count it as residential/therapeutic community; if it is provided on an outpatient basis; count it as outpatient drug free.**

Q. Suppose a person only tried tobacco (or alcohol, MJ....) one time. Should that be documented on the LET?

**A. The original NHI only counted regular use, but Rick wanted to document all - even experimental or irregular - use. Using only once would be considered experimental, and so should be documented.**

Q. Regarding symptoms related to drug use, how long can they last after the client's last use of drugs? For example, if a client experiences months of depression that she attributes to her meth use, even if she is no longer using meth, can we still count the symptom?

**A. Yes-we are documenting what the client perceives. Whether or not the client is actually experiencing depression as a facet of use or withdrawal can't be determined - but she is depressed and she feels it is due to her drug meth use.**