

Assessment of Withdrawal from Opioids

The Subjective Opiate Withdrawal Scale (SOWS)

Date Time

		PLEASE SCORE EACH OF THE 16 ITEMS BELOW ACCORDING TO HOW YOU FEEL NOW (CIRCLE ONE NUMBER)				
	SYMPTOM	NOT AT ALL	A LITTLE	MODERATELY	QUITE A BIT	EXTREMELY
1	I feel anxious	0	1	2	3	4
2	I feel like yawning	0	1	2	3	4
3	I am perspiring	0	1	2	3	4
4	My eyes are teary	0	1	2	3	4
5	My nose is running	0	1	2	3	4
6	I have goosebumps	0	1	2	3	4
7	I am shaking	0	1	2	3	4
8	I have hot flushes	0	1	2	3	4
9	I have cold flushes	0	1	2	3	4
10	My bones and muscles ache	0	1	2	3	4
11	I feel restless	0	1	2	3	4
12	I feel nauseous	0	1	2	3	4
13	I feel like vomiting	0	1	2	3	4
14	My muscles twitch	0	1	2	3	4
15	I have stomach cramps	0	1	2	3	4
16	I feel like using now	0	1	2	3	4

Range 0-64. Handelsman, L., Cochrane, K. J., Aronson, M. J. et al. (1987)
Two New Rating Scales for Opiate Withdrawal, *American Journal of Alcohol Abuse*, 13, 293-308.

Objective Opioid Withdrawal Scale (OOWS)

Date Time

**OBSERVE THE PATIENT DURING A
5 MINUTE OBSERVATION PERIOD
THEN INDICATE A SCORE FOR EACH OF THE OPIOID WITHDRAWAL SIGNS LISTED BELOW (ITEMS 1-13). ADD THE
SCORES FOR EACH ITEM TO OBTAIN THE TOTAL SCORE**

	SIGN	MEASURES		SCORE
1	Yawning	0 = no yawns	1 = \geq 1 yawn	
2	Rhinorrhoea	0 = < 3 sniffs	1 = \geq 3 sniffs	
3	Piloerection (observe arm)	0 = absent	1 = present	
4	Perspiration	0 = absent	1 = present	
5	Lacrimation	0 = absent	1 = present	
6	Tremor (hands)	0 = absent	1 = present	
7	Mydriasis	0 = absent	1 = \geq 3 mm	
8	Hot and Cold flushes	0 = absent	1 = shivering / huddling for warmth	
9	Restlessness	0 = absent	1 = frequent shifts of position	
10	Vomiting	0 = absent	1 = present	
11	Muscle twitches	0 = absent	1 = present	
12	Abdominal cramps	0 = absent	1 = Holding stomach	
13	Anxiety	0 = absent	1 = mild - severe	
TOTAL SCORE				

Range 0-13

Handelsman, L., Cochrane, K. J., Aronson, M. J. et al. (1987) Two New Rating Scales for Opiate Withdrawal, *American Journal of Alcohol Abuse*, 13, 293-308