# Assessment of Withdrawal from Opioids

## The Subjective Opiate Withdrawal Scale (SOWS)

Date   ………………………………..…..…….        Time ………………………………………….

| | SYMPTOM | PLEASE SCORE EACH OF THE 16 ITEMS BELOW ACCORDING TO HOW YOU FEEL NOW (CIRCLE ONE NUMBER) | | | | |
|---|---|---|---|---|---|---|
| | | 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 |
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| **OBSERVE THE PATIENT DURING A**<br>**5 MINUTE OBSERVATION PERIOD**<br>THEN INDICATE A SCORE FOR EACH OF THE OPIOID WITHDRAWAL SIGNS LISTED BELOW (ITEMS 1-13). ADD THE<br>SCORES FOR EACH ITEM TO OBTAIN THE TOTAL SCORE |

| | SIGN | MEASURES | | SCORE |
|---|---|---|---|---|
| 1 | Yawning | 0 = no yawns | 1 = ≥ 1 yawn | |
| 2 | Rhinorrhoea | 0 = < 3 sniffs | 1 = ≥ 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 = ≥ 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