

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Subjective Opiate Withdrawal Scale (SOWS)

Instructions: We want to know how you are feeling. In the column below today's date and time, use the scale to write in a number from 0-4 about how you feel about each symptom right now.

Scale: **0 = not at all**      **1 = a little**      **2 = moderately**      **3 = quite a bit**      **4 = extremely**

DATE						
TIME						
SYMPTOM		SCORE	SCORE	SCORE	SCORE	SCORE
1	I feel anxious					
2	I feel like yawning					
3	I am perspiring					
4	My eyes are tearing					
5	My nose is running					
6	I have goosebumps					
7	I am shaking					
8	I have hot flushes					
9	I have cold flushes					
10	My bones and muscles ache					
11	I feel restless					
12	I feel nauseous					
13	I feel like vomiting					
14	My muscles twitch					
15	I have stomach cramps					
16	I feel like using now					
<b>TOTAL</b>						

**Mild** withdrawal score = 1 – 10

**Moderate** withdrawal score = 11 – 20

**Severe** withdrawal score = 21 – 30