

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.

Name: _____

DOB: _____

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					
TOTAL SCORE						

Mild withdrawal score = 1 – 10

Moderate withdrawal score = 11 – 20

Severe withdrawal score = 21 – 30