

Subjective Opioid Withdrawal Scale (SOWS)

Name _____

Date _____ Time _____

		PLEASE SCORE EACH OF THE 16 ITEMS BELOW ACCORDING TO HOW YOU FEEL <u>NOW</u> (CIRCLE ONE NUMBER)					
	SYMPTOM	A LITTLE	NOT AT ALL	MODER- ATELY	QUITE A BIT	EXTREMELY	SCORE
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	
						TOTAL	

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.