

## Subjective opiate withdrawal scale (SOWS)

Score each symptom based on the following scale:

None = 0

A little = 1

Moderate = 2

Quite a bit = 3

Extreme = 4

Symptom	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
I feel anxious					
I feel like yawning					
I am perspiring					
My eyes are tearing					
My nose is running					
I have goosebumps					
I am shaking					
I have hot flushes					
I have cold flushes					
My bones and muscles ache					
I feel restless					
I feel nauseous					
I feel like vomiting					
My muscles twitch					
I have stomach cramps					
I feel like taking opioids					
<b>TOTAL</b>					

Withdrawal categories based on total score: Mild 1 - 10; Moderate 11 - 20; Severe  $\geq$  21

Courtesy of Straight Healthcare ([www.straighthealthcare.com](http://www.straighthealthcare.com))