

# Subjective Opioid Withdrawal Scale

Date: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Rate each symptom according to how you are feeling **right now**:

**0** = Not at all | **1** = A little | **2** = Moderately | **3** = Quite a bit | **4** = Extremely

TIME					
SYMPTOMS					
I feel anxious					
I feel like yawning					
I am perspiring					
My eyes are teary					
My nose is running					
I have goosebumps					
I am shaking					
I have hot flashes					
I have cold flashes					
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 using now					
<b>TOTAL*</b>					

\*Total withdrawal levels: **1-10** = Mild withdrawal | **11-20** = Moderate withdrawal | **21-30** = Severe withdrawal

TIME	SCORE	NOTES/ACTIONS