

AWS

Amphetamine Withdrawal Scale

Name: _____

Last amphetamine use - Date / / - Time :									
Ratings:	0 = None 1 = Mild 2 = Moderate 3 = Severe	Date							
		Time							
1	Do you feel tired?								
2	Are you sleeping a lot?								
3	Is your mood low?								
4	Are you easily annoyed?								
5	Do you feel anxious?								
6	Do you have aches/pains?								
7	Is your appetite poor?								
8	Are you hearing and/or seeing unusual/disturbing things?								
9	Do you feel suspicious/mistrustful of others?								
10	Is your concentration on tasks poor?								
Total									
Initials									

^ not validated. Adapted from the State of Queensland (Queensland Health). Queensland alcohol and drug withdrawal clinical practice guidelines. Fortitude Valley, Queensland: Queensland Health; 2012.