

# 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.