

# SOWS

## Subjective Opiate Withdrawal Scale

Name:

Ratings: Record score for how you feel now	0 = Not at all 1 = A little 2 = Moderately 3 = Quite a bit 4 = Extremely	Date							
		Time							
1	I feel anxious								
2	I feel like yawning								
3	I am perspiring								
4	My eyes are teary								
5	My nose is running								
6	I have goosebumps								
7	I am shaking								
8	I have hot flushes								
9	I have cold flushes								
10	My bones and muscles ache								
11	I feel restless								
12	I feel nauseous								
13	I feel like vomiting								
14	My muscles twitch								
15	I have stomach cramps								
16	I feel like using now								
<b>Total</b>									
Initials									

Source: Handelsman L, Cochrane KJ, Aronson MJ, Ness R, Rubinstein KJ, Kanof PD. Two new rating scales for opiate withdrawal. Am J Drug Alcohol Abuse. 1987;13(3):293-308. doi: 10.3109/00952998709001515

To download more of this resource visit [www.insight.qld.edu.au](http://www.insight.qld.edu.au)