

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									
Total										
Initials										

Adapted version of Table 1: The Subjective Opiate Withdrawal Scale (SOWS) from Handelsman, L., Cochrane, K. J., Aronson, M. J., Ness, R., Rubinstein, K. J., & Kanof, P. D. (1987). Two New Rating Scales for Opiate Withdrawal. *The American Journal of Drug and Alcohol Abuse*, 13(3), 293–308. <https://doi.org/10.3109/00952998709001515>