

Subjective Opiate Withdrawal Scale (SOWS)

Instructions: Answer the following statements as accurately as you can. Circle the answer that best fits the way you feel now.

0=not at all

1=a little

2=moderately

3=quite a bit

4=extremely

	Not at all	A little	Moderately	Quite a bit	Extremely	How long after your last dose did THIS symptom begin? (hours)
1 I feel anxious.	0	1	2	3	4	
2 I feel like yawning.	0	1	2	3	4	
3 I'm perspiring.	0	1	2	3	4	
4 My eyes are tearing.	0	1	2	3	4	
5 My nose is running.	0	1	2	3	4	
6 I have goose flesh.	0	1	2	3	4	
7 I am shaking.	0	1	2	3	4	
8 I have hot flashes.	0	1	2	3	4	
9 I have cold flashes.	0	1	2	3	4	
10 My bones and muscles ache.	0	1	2	3	4	
11 I feel restless.	0	1	2	3	4	
12 I feel nauseous.	0	1	2	3	4	
13 I feel like vomiting.	0	1	2	3	4	
14 My muscles twitch.	0	1	2	3	4	
15 I have cramps in my stomach.	0	1	2	3	4	
16 I feel like shooting up now.	0	1	2	3	4	

The Subjective Opiate Withdrawal Scale (SOWS) consist of 16 symptoms rated in intensity by patients on a 5-point scale of intensity as follows: 0=not at all, 1=a little, 2=moderately, 3=quite a bit, 4=extremely. The total score is a sum of item ratings, and ranges from 0 to 64.

Mild Withdrawal is considered to be a score of 1 - 10.

Moderate withdrawal is considered to be a score of 11 - 20

Severe withdrawal is considered to be 21 - 30.

Source : Reprinted from Handelsman et al. 1987, p. 296, by courtesy of Marcel Dekker, Inc.

Other Sources : Gossop 1990; Bradley 1987.