

Subjective Opiate Withdrawal Scale (SOWS)

In the column below in today's date and time, and in the column underneath, write in a number from 0-4 corresponding to how you feel about each symptom RIGHT NOW.
 Scale: 0 = not at all 1 = a little 2 = moderately 3 = Quite a bit 4 = extremely

Date

Time

	Symptom	Score	Score	Score	Score	Score	Score
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						

Source: Handelsman et al 1987¹²²⁵