

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
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.

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

Other Sources: Gossop 1990; Bradley 1987.