Clinical Institute Withdrawal Assessment– Benzodiazepine (CIWA-B)

**Part 1: Patient Reported**

For each of the following, circle the number that best describes how you feel on a scale of 0 for ‘not at all’ to 4 ‘extremely’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** | **A little** | **Moderately** | **Quite a bit** | **Extremely** |
| Q1. Do you feel irritable? | 0 | 1 | 2 | 3 | 4 |
| Q2. Do you feel fatigued? | 0 | 1 | 2 | 3 | 4 |
| Q3. Do you feel tense? | 0 | 1 | 2 | 3 | 4 |
| Q4. Do you have difficulties concentrating? | 0 | 1 | 2 | 3 | 4 |
| Q5. Do you have any loss of appetite? | 0 | 1 | 2 | 3 | 4 |
| Q6. Have you any numbness or burning on your face, hands or feet? | 0 | 1 | 2 | 3 | 4 |
| Q7. Do you feel your heart racing? (palpitations) | 0 | 1 | 2 | 3 | 4 |
| Q8. Does your head feel full or achy? | 0 | 1 | 2 | 3 | 4 |
| Q9. Do you feel muscle aches or stiffness? | 0 | 1 | 2 | 3 | 4 |
| Q10. Do you feel anxious, nervous or jittery? | 0 | 1 | 2 | 3 | 4 |
| Q11. Do you feel upset? | 0 | 1 | 2 | 3 | 4 |
| Q12. How restful was your sleep last night? | 0 | 1 | 2 | 3 | 4 |
| Q13. Do you feel weak? | 0 | 1 | 2 | 3 | 4 |
| Q14. Do you think you didn’t have enough sleep last night? | 0 | 1 | 2 | 3 | 4 |
| Q15. Do you have any visual disturbances? (sensitivity to light, blurred vision) | 0 | 1 | 2 | 3 | 4 |
| Q16. Are you fearful? | 0 | 1 | 2 | 3 | 4 |
| Q17. Have you been worrying about possible misfortunes lately? | 0 | 1 | 2 | 3 | 4 |

**Part 2: Clinical Observations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q18. Observe behaviour for sweating, restlessness & agitation: | None, normal activity |  | Restless |  | Paces back & forth; unable to sit still |
| 0 | 1 | 2 | 3 | 4 |
|  |
| Q19. Observe tremor: | No tremor | Not visible, can be felt in fingers | Visible but mild | Moderate with arms extended | Severe, with arms not extended |
| 0 | 1 | 2 | 3 | 4 |
|  |
| Q20. Observe feel palms: | No sweating visible | Barely perceptible sweating, palms moist | Palms and forehead moist, reports armpit sweating | Beads of sweat on forehead | Severe drenching sweats |
| 0 | 1 | 2 | 3 | 4 |
|  |
| Q21. How many hours of sleep do you think you had last night? | \_\_\_\_\_\_\_\_Hours |
| Q22. How many minutes do you think it took you to fall asleep last night? | \_\_\_\_\_\_\_\_Minutes |
|  | ***Total Score (Q’s 1- 20):*** |  |

**Scoring and interpretation:** The CIWA-B comprises client-reported symptoms and clinical observations. Questions 1 – 17 are client-reported symptoms, with each scored on five-point scales from 0 = not at all to 4 = very much so. Questions 18-20 are clinical observations, with all three scored on five-point scales (i.e. 0,1,2,3 or 4). A total score is obtained by summing questions 1-20: The minimum total score possible is 0, and the maximum total score possible is 80 (i.e. total score range: 0-80).

**CIWA-B score interpretation**

|  |  |
| --- | --- |
| **Score** | **Interpretation** |
| 1-20 | Mild withdrawal |
| 21-40 | Moderate withdrawal |
| 40-60 | Severe withdrawal |
| 61-80 | Very severe withdrawal |

Items 21 and 22 provide additional information regarding withdrawal.

**Tool citation**: Busto, U.E., Sykora, K., and Sellers, E.M. *A clinical scale to assess benzodiazepine withdrawal.* Journal of Clinical Psychopharmacology, 1989. **9**(6): 412-416

**Further information**: Fischer, J.A., Roche, A.M., and Duraisingam, V. *Clinical Institute Withdrawal Assessment– Benzodiazepine (CIWA-B): description, strengths and knowledge gaps*. 2021, National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide, South Australia.