

## Clinical Institute Withdrawal Assessment for Alcohol – Revised (CIWA-Ar)

<p><b>Nausea &amp; Vomiting</b> <i>Ask "Do you feel sick in the stomach? Have you vomited?"</i></p> <p><b>0</b> No nausea and no vomiting  <b>1</b> Mild nausea with no vomiting  <b>2</b>  <b>3</b>  <b>4</b> Intermittent nausea, with dry retching  <b>5</b>  <b>6</b>  <b>7</b> Constant nausea, frequent dry retching &amp; vomiting</p>	<p><b>Tactile Disturbances</b> <i>Ask "Have you any itching, pins &amp; needles sensations, any burning, any numbness or do you feel bugs crawling under your skin?"</i></p> <p><b>0</b> None  <b>1</b> Very mild itching, pins &amp; needles, burning or numbness  <b>2</b> Mild itching, pins &amp; needles, burning or numbness  <b>3</b> Moderate itching, pins &amp; needles, burning or numbness  <b>4</b> Moderately severe hallucinations  <b>5</b> Severe hallucinations  <b>6</b> Extremely severe hallucinations  <b>7</b> Continuous hallucinations</p>
<p><b>Tremor</b> <i>Arms extended, elbows slightly flexed &amp; fingers spread.</i></p> <p><b>0</b> No tremor  <b>1</b> Not visible, but can be felt fingertip to fingertip  <b>2</b>  <b>3</b>  <b>4</b> Moderate  <b>5</b>  <b>6</b>  <b>7</b> Severe, even with arms not extended</p>	<p><b>Auditory Disturbances</b> <i>Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"</i></p> <p><b>0</b> Not present  <b>1</b> Very mild sensitivity  <b>2</b> Mild sensitivity  <b>3</b> Moderate sensitivity  <b>4</b> Moderately severe hallucinations  <b>5</b> Severe hallucinations  <b>6</b> Extremely severe hallucinations  <b>7</b> Continuous hallucinations</p>
<p><b>Paroxysmal sweats</b> <i>Observation during assessment.</i></p> <p><b>0</b> No sweat visible  <b>1</b> Barely perceptible sweating, palms moist  <b>2</b>  <b>3</b>  <b>4</b> Beads of sweat obvious on forehead  <b>5</b>  <b>6</b>  <b>7</b> Drenching sweats</p>	<p><b>Visual Disturbances</b> <i>Ask "Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing things you know are not there?"</i></p> <p><b>0</b> Not present  <b>1</b> Very mild sensitivity  <b>2</b> Mild sensitivity  <b>3</b> Moderate sensitivity  <b>4</b> Moderately severe hallucinations  <b>5</b> Severe hallucinations  <b>6</b> Extremely severe hallucinations  <b>7</b> Continuous hallucinations</p>
<p><b>Anxiety</b> <i>Ask "Do you feel nervous?"</i></p> <p><b>0</b> No anxiety, at ease  <b>1</b> Mildly anxious  <b>2</b>  <b>3</b>  <b>4</b> Moderately anxious or guarded so anxiety is inferred  <b>5</b>  <b>6</b>  <b>7</b> Equivalent to acute panic, states as seen delirium or acute schizophrenia reactions</p>	<p><b>Headache, fullness in the head</b> <i>Ask "Does your head feel different? Does it feel as though there is a band around your head?" Do not rate for dizziness or light headedness.</i></p> <p><b>0</b> Not present  <b>1</b> Very mild  <b>2</b> Mild  <b>3</b> Moderate  <b>4</b> Moderately severe  <b>5</b> Severe  <b>6</b> Very severe  <b>7</b> Extremely severe</p>
<p><b>Agitation</b></p> <p><b>0</b> Normal activity  <b>1</b> Somewhat more than normal activity  <b>2</b>  <b>3</b>  <b>4</b> Moderately Fidgety &amp; restless  <b>5</b>  <b>6</b>  <b>7</b> Paces back &amp; forth during most of the interview or constantly thrashes about</p>	<p><b>Orientation</b> <i>Ask "What day is this? Where are you? Who am I?"</i></p> <p><b>0</b> Orientated &amp; can do serial additions  <i>Ask person to perform serial addition of 3s up to 30, e.g., 3,6,9</i>  <b>1</b> Cannot do serial addition or is uncertain about date  <b>2</b> Disoriented by date by no more than 2 calendar days  <b>3</b> Disoriented by date by more than 2 calendar days  <b>4</b> Disoriented for place and/or person</p>
<p><b>Total Score:</b></p>	

**Scoring & interpretation:** The CIWA-Ar comprises ten questions. Nine questions are scored from 0-7, and one question (orientation) is scored from 0-4. A total score is calculated by summing responses to all 10 questions. The minimum total score possible is 0, and the maximum total score possible is 67 (i.e. total score range: 0-67).

**CIWA-Ar score interpretation**

<b>Score</b>	<b>Interpretation</b>
0-9	Mild withdrawal – not normally requiring additional medication
10-20	Moderate withdrawal
20 and above	Severe withdrawal

**Tool citation:** Sullivan, J., Sykora, K., Schneiderman, J., et al. Assessment of alcohol withdrawal: the revised Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-Ar). *British Journal of Addiction*, 1989. 84(11): 1353-1357.

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