

## Subjective Opiate Withdrawal Scale (SOWS)

For each question circle (O) one answer

	Not at all	A little	Moderately	Quite a bit	Extremely
Q1. I feel anxious	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q2. I feel like yawning	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q3. I am perspiring	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q4. My eyes are teary	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q5. My nose is running	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q6. I have goose flesh	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q7. I am shaking	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q8. I have hot flushes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q9. I have cold flushes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q10. My bones & muscles ache	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q11. I feel restless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q12. I feel nauseous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q13. I feel like vomiting	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q14. My muscles twitch	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q15. I have cramps in my stomach	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q16. I feel like shooting up	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Total Score:</b>					

**Scoring and interpretation:** Clients score each SOWS item on a five-point scale (i.e., 0,1,2,3 & 4). A total score is calculated by summing the responses to all 16 items. The minimum total score possible is 0, and the maximum total score possible is 64 (i.e. total score range: 0-64).

### SOWS score interpretation

Score	Interpretation
1-10	Mild withdrawal
11-20	Moderate withdrawal
21 or more	Severe withdrawal

**Tool citation:** Handelsman, L., Cochrane, K., Aronson, M., et al. *Two new rating scales for opiate withdrawal*. American Journal of Drug and Alcohol Abuse, 1987. **13**(3): 293-308.

**Further information:** Fischer, J.A., Roche, A.M., and Duraisingam, V. *Subjective Opioid Withdrawal Scale (SOWS): description, strengths and knowledge gaps*. 2021, National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide, South Australia.