

Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center
• Wilson Community Health Center

Subjective Opiate Withdrawal Scale (SOWS)

Name: _____

DOB: _____

Instructions: We want to know how you're feeling. In the column below today's date and time, use the scale to write in a number from 0-4 about 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
1	I feel anxious					
2	I feel like yawning					
3	I am perspiring					
4	My eyes are tearing					
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						

Mild withdrawal = score of 1 - 10

Moderate withdrawal = 11 – 20

Severe withdrawal = 21 – 30

Source: Reprinted from Handelsman et al. 1987, p. 296

IBH-400.01 Medication Assisted Treatment Program

May 2025