Form 583—Subjective Opiate Withdrawal Scale

Approved 09/18/01

Study Number: | Node: | Site: | Serial Number:

ID #: | Name Code: | Week #: | Visit #: | Date of Assessment: (MM/DD/YYYY) | Evaluator #

Instructions: Answer the following statements as accurately as you can.

Rate the way you have been feeling in the **PAST 24 HOURS**, by marking the scale below.

	Not at all	A little	Moderately	Quite a bit	Extremely
1. I have felt anxious	○	○	○	○	○
2. I have been yawning	○	○	○	○	○
3. I have been perspiring	○	○	○	○	○
4. My eyes have been tearing	○	○	○	○	○
5. My nose has been running	○	○	○	○	○
6. I have had gooseflesh	○	○	○	○	○
7. I have been shaking	○	○	○	○	○
8. I have had hot flashes	○	○	○	○	○
9. I have had cold flashes	○	○	○	○	○
10. My bones and muscles have been aching	○	○	○	○	○
11. I have been feeling restless	○	○	○	○	○
12. I have been feeling nauseous	○	○	○	○	○
13. I have felt like vomiting	○	○	○	○	○
14. My muscles have been twitching	○	○	○	○	○
15. I have had cramps in my stomach	○	○	○	○	○
16. I have felt like shooting up	○	○	○	○	○
17. I have had trouble sleeping	○	○	○	○	○
18. My appetite has been poor	○	○	○	○	○
19. I have had diarrhea	○	○	○	○	○
	Not at all	A little	Moderately	Quite a bit	Extremely

Total score:

Initials of evaluator and date scored: