

Study Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Node:

--	--	--

Site:

--	--	--	--	--	--

Serial Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID #:

--	--	--	--	--	--

Name Code:

--	--	--	--	--	--

Week #:

--	--	--

Visit #:

--	--	--	--	--

Date of Assessment:

--	--	--	--	--	--	--	--

(MM/DD/YYYY)

Evaluator #

--	--	--	--	--

For each item, mark the choice that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increased pulse rate would not add to the score.

1. Resting pulse rate: measured after patient is sitting or lying for one minute

- 0 - pulse rate 80 or below
- 1 - pulse rate 81-100
- 2 - pulse rate 101-120
- 4 - pulse rate greater than 120

Beats/minute

--	--	--

2. GI upset: over last 1/2 hour

- 0 - no GI symptoms
- 1 - stomach cramps
- 2 - nausea or loose stool
- 3 - vomiting or diarrhea
- 5 - multiple episodes of diarrhea or vomiting

3. Sweating: over past 1/2 hour not accounted for by room temperature or patient activity

- 0 - no report of chills or flushing
- 1 - subjective report of chills or flushing
- 2 - flushed or observable moistness on face
- 3 - beads of sweat on brow or face
- 4 - sweat streaming off face

4. Tremor: observation of outstretched hands

- 0 - no tremor
- 1 - tremor can be felt, but not observed
- 2 - slight tremor observable
- 4 - gross tremor or muscle twitching

5. Restlessness: observation during assessment

- 0 - able to sit still
- 1 - reports difficulty sitting still, but is able to do so
- 3 - frequent shifting or extraneous movements of legs/arms
- 5 - unable to sit still for more than a few seconds

Please
PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

23892



Serial Number:

--	--	--	--	--	--	--	--

ID #:	Name Code:	Date of Assessment:	(MM/DD/YYYY)	Site:																								
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1"><tr><td> </td><td> </td> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table></tr></table>									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

6. Yawning: *observation during assessment*

- 0 - no yawning
- 1 - yawning once or twice during assessment
- 2 - yawning three or more times during assessment
- 4 - yawning several times/minute

7. Pupil size:

- 0 - pupils pinned or normal size for room light
- 1 - pupils possibly larger than normal for room light
- 2 - pupils moderately dilated
- 5 - pupils so dilated that only the rim of the iris is visible

8. Anxiety or irritability:

- 0 - none
- 1 - patient reports increasing irritability or anxiousness
- 2 - patient obviously irritable or anxious
- 4 - patient so irritable or anxious that participation in the assessment is difficult

9. Bone or joint aches: *if patient was having pain previously, only the additional component attributed to opiate withdrawal is scored*

- 0 - not present
- 1 - mild diffuse discomfort
- 2 - patient reports severe diffuse aching of joints/muscle
- 4 - patient is rubbing joints or muscles and is unable to sit still because of discomfort

10. Gooseflesh skin:

- 0 - skin is smooth
- 3 - piloerection of skin can be felt or hairs standing up on arms
- 5 - prominent piloerection

11. Runny nose or tearing: *not accounted for by cold symptoms or allergies*

- 0 - not present
- 1 - nasal stuffiness or unusually moist eyes
- 4 - nose constantly running or tears streaming down cheeks

Total score:	<table border="1"><tr><td> </td><td> </td></tr></table>			<i>The total score is the sum of all 11 items.</i>	Initials of evaluator and date scored:
Score: 5-12=mild; 13-24=moderate; 25-36=moderately severe; more than 36=severe withdrawal					

Please mark bubbles FULLY:	Correct	Incorrect
	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

