

## Appendix 3 Withdrawal scales

This appendix contains three withdrawal scales, namely:

- Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-AR)
- Alcohol Withdrawal Scale (AWS)
- Short Alcohol Withdrawal Scale (SAWS)

### Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

The CIWA-Ar is not copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67. Patients scoring less than 10 do not usually need additional medication for withdrawal.

<b>Patient:</b> _____	
<b>Date:</b> _____ / _____ / _____ <b>Time:*</b> _____	
* 24 hour clock, midnight = 00:00	
<b>Pulse or heart rate, taken for one minute:</b> _____ <b>Blood pressure:</b> _____ / _____	
<b>Nausea and vomiting:</b> Ask 'Do you feel sick to your stomach? Have you vomited?'	
Observation	0. No nausea and no vomiting 1. Mild nausea with no vomiting 2. 3. 4. Intermittent nausea with dry heaves 5. 6. 7. Constant nausea, frequent dry heaves and vomiting
<b>Tactile disturbances:</b> Ask 'Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?'	
Observation	0. None 1. Very mild itching, pins and needles, burning or numbness 2. Mild itching, pins and needles, burning or numbness 3. Moderate itching, pins and needles, burning or numbness 4. Moderately severe hallucinations 5. Severe hallucinations 6. Extremely severe hallucinations 7. Continuous hallucinations

<b>Tremor:</b> Arms extended and fingers spread apart.	
Observation	<ul style="list-style-type: none"> <li>0. No tremor</li> <li>1. Not visible, but can be felt fingertip to fingertip</li> <li>2.</li> <li>3.</li> <li>4. Moderate, with patient's arms extended</li> <li>5.</li> <li>6.</li> <li>7. Severe, even with arms not extended</li> </ul>
<b>Auditory disturbances:</b> 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?'	
Observation	<ul style="list-style-type: none"> <li>0. Not present</li> <li>1. Very mild harshness or ability to frighten</li> <li>2. Mild harshness or ability to frighten</li> <li>3. Moderate harshness or ability to frighten</li> <li>4. Moderately severe hallucinations</li> <li>5. Severe hallucinations</li> <li>6. Extremely severe hallucinations</li> <li>7. Continuous hallucinations</li> </ul>
<b>Paroxysmal sweats:</b>	
Observation	<ul style="list-style-type: none"> <li>0. No sweat visible</li> <li>1. Barely perceptible sweating, palms moist</li> <li>2.</li> <li>3.</li> <li>4. Beads of sweat obvious on forehead</li> <li>5.</li> <li>6.</li> <li>7. Drenching sweats</li> </ul>
<b>Visual disturbances:</b> Ask 'Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?'	
Observation	<ul style="list-style-type: none"> <li>0. Not present</li> <li>1. Very mild sensitivity</li> <li>2. Mild sensitivity</li> <li>3. Moderate sensitivity</li> <li>4. Moderately severe hallucinations</li> <li>5. Severe hallucinations</li> <li>6. Extremely severe hallucinations</li> <li>7. Continuous hallucination</li> </ul>

<b>Anxiety:</b> Ask 'Do you feel nervous?'	
Observation	0. No anxiety, at ease 1. Mild anxious 2. 3. 4. Moderately anxious, or guarded, so anxiety is inferred 5. 6. 7. Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions
<b>Headache, fullness in head:</b> Ask 'Does your head feel different? Does it feel like there is a band around your head?' Do not rate for dizziness or lightheadedness. Otherwise, rate severity.	
Observation	0. Not present 1. Very mild 2. Mild 3. Moderate 4. Moderately severe 5. Severe 6. Very severe 7. Extremely severe
<b>Agitation:</b>	
Observation	0. Normal activity 1. Somewhat more than normal activity 2. 3. 4. Moderately fidgety and restless 5. 6. 7. Paces back and forth during most of the interview, or constantly thrashes about
<b>Orientation and clouding of sensorium:</b> Ask 'What day is this? Where are you? Who am I?'	
Observation	0. Oriented and can do serial additions 1. Cannot do serial additions or is uncertain about date 2. Disoriented for date by no more than 2 calendar days 3. Disoriented for date by more than 2 calendar days 4. Disoriented for place/person
<b>Total CIWA-Ar score</b>	_____
	<b>Maximum possible score 67</b>

Note: The CIWA-Ar is not copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires about 5 minutes to administer. The maximum score is 67. Patients scoring less than 10 do not usually need additional medication for withdrawal.

Source: Sullivan, JT, Sykora, K, Schneiderman, J, Naranjo, CA & Sellers, EM 1989, 'Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar)', *British Journal of Addiction*, vol. 84, pp. 1353–57.

## Alcohol Withdrawal Scale (AWS)

<b>Perspiration</b>	0. No abnormal sweating 1. Moist skin 2. Localised beads of sweat, for example, on face, chest 3. Whole body wet from perspiration 4. Profuse maximal sweating; clothes, linen are wet
<b>Tremor</b>	0. No tremor 1. Slight tremor 2. Constant slight tremor of upper extremities 3. Constant marked tremor of extremities
<b>Anxiety</b>	0. No apprehension or anxiety 1. Slight apprehension 2. Apprehension or understandable fear, for example, of withdrawal symptoms 3. Anxiety occasionally accentuated to a state of panic 4. Constant panic-like anxiety
<b>Agitation</b>	0. Rests normally during day, no signs of agitation 1. Slight restlessness, cannot sit or lie still; awake when others asleep 2. Moves constantly, looks tense; wants to get out of bed but obeys requests to stay in bed 3. Constantly restless; gets out of bed for no obvious reason 4. Maximally restless, aggressive; ignores requests to stay in bed
<b>Axilla temperature</b>	0. Temperature of 37.0°C 1. Temperature of 37.1°C 2. Temperature of 37.6°C to 38.0°C 3. Temperature of 38.1°C to 38.5°C 4. Temperature above 38.5°C
<b>Hallucinations (sight, sound, taste or touch)</b>	0. No evidence of hallucinations 1. Distortions of real objects, aware that these are not real if this is pointed out 2. Appearance of totally new objects or perceptions, aware that these are not real if this is pointed out 3. Believes the hallucinations are real but still orientated in place and person 4. Believes self to be in a totally non-existent environment, preoccupied and cannot be diverted or reassured
<b>Orientation</b>	0. The patient is fully orientated in time, place and person 1. The patient is fully orientated in person but is not sure where he is or what time it is 2. Orientated in person but disorientated in time and place 3. Doubtful personal orientation, disorientated in time and place; may be short periods of lucidity 4. Disorientated in time, place and person; no meaningful contact can be obtained
<b>Total AWS score</b> _____	<b>Maximum possible score 27</b>
Perspiration (0–4) Tremor (0–3) Anxiety (0–4) Agitation (0–4) Axilla temperature (0–4) Hallucinations (0–4) Orientation (0–4) <b>Total (maximum score is 27)</b>	

Source: NSW Health Department 1999, *New South Wales Detoxification Clinical Practice Guidelines*, NSW Health Department, ISBN 0 7347 3034.

## Short Alcohol Withdrawal Scale (SAWS)

Please put a tick in the boxes to show how you have been feeling for all of the following conditions in the last 24 hours.

	None (0)	Mild (1)	Moderate (2)	Severe (3)
Anxious				
Sleep disturbance				
Problems with memory				
Nausea				
Restless				
Tremor (shakes)				
Feeling confused				
Sweating				
Miserable				
Heart pounding				

Source: Gossop, M, Keaney, F, Stewart, D, Marshall, E & Strang, JA 2002, 'Short Alcohol Withdrawal Scale (SAWS) development and psychometric properties', *Addiction Biology*, vol. 7, pp. 37-43.