

Objective Opioid Withdrawal Scale (OOWS)

Name _____

Date _____ Time _____

**OBSERVE THE PATIENT DURING A
5 MINUTE OBSERVATION PERIOD
THEN INDICATE A SCORE FOR EACH OF THE OPIOID WITHDRAWAL SIGNS
LISTED BELOW (ITEMS 1–13). ADD THE SCORES FOR EACH ITEM TO OBTAIN
THE TOTAL SCORE**

	SIGN		MEASURES	SCORE
1	Yawning	0 = no yawns	1 = ≥ 1 yawn	
2	Rhinorrhoea	0 = < 3 sniffs	1 = ≥ 3 sniffs	
3	Piloerection (observe arm)	0 = absent	1 = present	
4	Perspiration	0 = absent	1 = present	
5	Lacrimation	0 = absent	1 = present	
6	Tremor (hands)	0 = absent	1 = present	
7	Mydriasis	0 = absent	1 = ≥ 3 mm	
8	Hot and Cold flushes	0 = absent	1 = shivering/huddling for warmth	
9	Restlessness	0 = absent	1 = frequent shifts of position	
10	Vomiting	0 = absent	1 = present	
11	Muscle twitches	0 = absent	1 = present	
12	Abdominal cramps	0 = absent	1 = Holding stomach	
13	Anxiety	0 = absent	1 = mild – severe	
TOTAL SCORE				

Range 0–13

Handelsman, L., Cochrane, K.J., Aronson, M.J. et al. (1987) Two New Rating Scales for Opiate Withdrawal, *American Journal of Alcohol Abuse*, 13, 293-308.