

St. Clair County Community Mental Health
The Objective Opiate Withdrawal Scale (OOWS)

Individual:
Case #:
DOB:

Observe the patient during a 5-minute observation period then indicate a score of each of the opioid withdrawal signs listed below (items 1-13)

Add the scores for each item to obtain the total score

Date:					
Time:					

	SYMPTOM	SCORE	SCORE	SCORE	SCORE	SCORE
1	Yawning: 0 = No Yawns 1 = \geq 1 Yawn					
2	Rhinorrhea: 0 = < 3 Sniffs 1 = \geq 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 = \geq 3mm					
8	Hot and Cold Flashes: 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:						