

### Short Alcohol Withdrawal Scale

	Date	Date	Date	Date
<b>Symptoms</b>	Time	Date	Time	Time
Anxious				
Sleep disturbance				
Problems with memory				
Nausea				
Restless				
Tremor (shakes)				
Feeling confused				
Sweating				
Miserable				
Heart pounding				
<b>Total Score</b>				

Instructions: Record the date and time at the top of the column. Then rate your symptoms using the following scale:

- None = **0**
- Mild = **1**
- Moderate = **2**
- Severe = **3**

If, for example, you're having moderate sweating, then put a 2 in that box.

After you've rated all of your symptoms, please add up the numbers and put the total in the box at the bottom of the column.

Source: *Addict Biol* 2002;7:37.