

CONFIDENTIAL MEDICAL REPORT

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Patient Name
 Date of Birth

Short Opiate Withdrawal Scale (SOWS)

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 stomach cramps, 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.

	Date	Date	Date	Date
Symptoms	Time	Date	Time	Time
Feeling sick				
Stomach cramps				
Muscle spasms/twitching				
Feelings of coldness				
Heart pounding				
Muscular tension				
Aches and pains				
Yawning				
Runny eyes				
Insomnia/problems sleeping				
Total Score				

Source: *Addict Behav* 1990;15:487.