

St. Clair County Community Mental Health Authority  
**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**

<b>Date:</b>					
<b>Time:</b>					

	SYMPTOM	SCORE	SCORE	SCORE	SCORE	SCORE
1	<b>Yawning:</b> 0 = No Yawns 1 = $\geq 1$ Yawn					
2	<b>Rhinorrhea:</b> 0 = < 3 Sniffs 1 = $\geq 3$ Sniffs					
3	<b>Piloerection: (Observe Arm)</b> 0 = Absent 1 = Present					
4	<b>Perspiration:</b> 0 = Absent 1 = Present					
5	<b>Lacrimation:</b> 0 = Absent 1 = Present					
6	<b>Tremor: (hands)</b> 0 = Absent 1 = Present					
7	<b>Mydriasis:</b> 0 = Absent 1 = $\geq 3$ mm					
8	<b>Hot and Cold Flashes:</b> 0 = Absent 1 = Shivering/Huddling for Warmth					
9	<b>Restlessness:</b> 0 = Absent 1 = Frequent Shifts of Position					
10	<b>Vomiting:</b> 0 = Absent 1 = Present					
11	<b>Muscle Twitches:</b> 0 = Absent 1 = Present					
12	<b>Abdominal Cramps:</b> 0 = Absent 1 = Holding Stomach					
13	<b>Anxiety:</b> 0 = Absent 1 = Mild/Severe					
<b>TOTAL:</b>						