Page 1 of 2  BENZODIAZEPINE WITHDRAWAL SCA		NAME: ID/#: DOB:	M  FEMALE	 I									
FACILITY:													
FOR EACH OF THE FOLLOWING ITEMS, INSERT THE NUMBER THAT BEST DESCRIBES HOW YOU FEEL.	0 Not at all		1		2	3		4 Very much		h so			
DATE													
TIME													
1 Do you feel irritable?													
2 Do you feel fatigued?													
3 Do you feel tense?													
4 Do you have difficulties concentrating?													
5 Do you have any loss of appetite?													
6 Have you any numbness or burning in your face, hands or feet?													
7 Do you feel your heart racing? (palpitations)													
8 Does your head feel full or achy?													
9 Do youfeel muscle aches or stiffness?													
10 Do you feel anxious, nervous or jittery?													
11 Do you feel upset?													
12 How restful was your sleep last night? (0 = very much so; 4 = not at all)													
13 Do you feel weak?													
14 Doyouthinkyouhadenoughsleeplastnight?(0=verymuchso;4=notatall)													
15 Do you have any visual disturbances? (sensitivity to light, blurred vision)													
16 Are you fearful?													
17 Have you been worrying about possible misfortunes lately?													
SUB-TOTAL													

Page 2 of 2										NAME: Last First MI  ID/#:																			
BENZODIAZEPINE WITHDRAWAL SCALE (CIWA-B)										DOB:																			
FACILITY:																													
18. Observe behavior for sweating, restless ness and a gitation						1	19. Observe tremor 20.								. Observe feel palms														
0	None, normal activity						_ <u> </u>	_	lo tremo				_	-	_	o sweat													
1							-	1 Notvisible, canbefelt in fingers 1								arely pe													
2								2 Visible but mild 2 3 Moderate with arms extended 3																					
4	Paces back and forth, unable to sit still								evere, w				-	-		Beads of sweat on forehead  Severe drenching sweats													
	TIME/DATE														Ì														
AG	GITATION																												
TR	REMOR																												
sv	VEATING																												
sc	CORE (from pg 1)																												
то	OTAL SCORE																												
BL	OOD PRESSURE																												
PU	JLSE																												
TE	MPERATURE per axilla																												
RE	SPIRATIONS																												
СС	ERT, ORIENTATED, OBEYS DMMANDS? If NO, complete CS* and review.	Υ/ Ι	N Y	′/ N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	Υ/	N	
	JPIL SIZE/REACTION L R																												

TOTALSCOREFORITEMS 1-20

1-20=mildwithdrawal

21-40 = moderate with drawal

41-60 = severe withdrawal

61-80=veryseverewithdrawal

\*Glasgow Coma Scale