



## BENZODIAZEPINE WITHDRAWAL SCALE (CIWA-B) 1

## CLIENT SHEET

SA Health

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 so

Photo

Surname:

Other names:

DOB:

Number:

	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 you feel 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	Do you think you had enough sleep last night? (0 = very much so; 4 = not at all)								
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								
		_	-	 -	 	 	 	 	 

## CLINICIAN SHEET

## Clinician observations

18.	Observe behaviour for sweating, restlessness and agitation
0	None, normal activity
1	
2	Restless
3	
4	Paces back and forth, unable to sit still

19.	Observe tremor
0	No tremor
1	Not visible, can be felt in fingers
2	Visible but mild
3	Moderate with arms extended
4	Severe, with arms not extended

20.	Observe feel palms
0	No sweating visible
1	Barely perceptible sweating, palms moist
2	Palms and forehead moist, reports armpit sweating
3	Beads of sweat on forehead
4	Severe drenching sweats

Surname:		
Other names:		
DOB:	Sex:	M F UR
Number:		

TIME/DA	TE																																		
AGITATION																																			
TREMOR																																			
SWEATING																																			
CLIENT'S SCORE (from pg 1)																																			
TOTAL SCORE																																			
BLOOD PRESSURE																																			
PULSE																																			
TEMPERATURE per axilla																																			
RESPIRATIONS																																			
ALERT, ORIENTATED, OBEYS COMMANDS? If NO, complete GCS* and review.		Υ /	N	Υ	′ /	N	Υ	/	N	Υ	/ N	Υ	/ N	Υ	′ /	N	Υ	/ N	I	Υ ,	/ N	Υ	′ /	N	Υ	/ N	Y	/ N	Υ /	′ N	Υ	/ N	,	Υ /	N
PUPIL SIZE/REACTION	L																																		
(in mm)	R																																		

TOTAL SCORE FOR ITEMS 1 - 20

1-20 = mild withdrawal

21-40 = moderate withdrawal

41-60 = severe withdrawal

61 - 80 = very severe withdrawal

\*Glasgow Coma Scale