

To Be Completed By: Demo Client

Instance

Active

Expires

Completed

Method: Kiosk / iPad

A0

5/24/2017

5/31/2017

--

## Clinical Institute Withdrawal Assessment Scale - Benzodiazepines

For each of the following items, select the number that best describes how you (the patient) feels.

Source: Adapted from Busto, U.E., Sykora, K. & Sellers, E.M. (1989). A clinical scale to assess benzodiazepine withdrawal. *Journal of Clinical Psychopharmacology*, 9 (6), 412-416.

1. Do you feel irritable?

0 - Not at all

1

2

3

4 - Very much so

2. Do you feel fatigued?

0 - Not at all

1

2

3

4 - Unable to function

3. Do you feel tense?

0 - Not at all

1

2

3

4 - Very much so

4. Do you have difficulties concentrating?

0 - Not at all

1

2

3

4 - Unable to concentrate

5. Do you have any loss of appetite?

0 - Not at all

1

2

3

4 - No appetite, unable to eat

6. Have you any numbness or burning in your face, hands or feet?

0 - No numbness

1

2

3

4 - Intense burning/numbness

7. Do you feel your heart racing? (palpitations)

0 - No disturbance

1

2

3

4 - Constant racing

8. Does your head feel full or achy?

0 - Not at all

1

2

3

4 - Severe headache

9. Do you feel muscle aches or stiffness?

0 - Not at all

1

2

3

4 - Severe stiffness or pain

10. Do you feel anxious, nervous or jittery?

0 - Not at all

1

2

3

4 - Very much so

11. Do you feel upset?

0 - Not at all

1

2

3

4 - Very much so

12. How restful was your sleep last night?

0 - Very restful

1

2

3

4 - Not at all

13. Do you feel weak?

0 - Not at all

1

2

3

4 - Very much so

14. Do you think you didn't have enough sleep last night?

0 - Very much so

1

2

3

4 - Not at all

15. Do you have any visual disturbances? (sensitivity to light, blurred vision)

0 - Not at all

1

2

3

4 - Very sensitive to light, blurred vision

16. Are you fearful?

0 - Not at all

1

2

3

4 - Very much so

17. Have you been worrying about possible misfortunes lately?

0 - Not at all

1

2

3

4 - Very much so

## Clinical Observations

---

18. Observe behavior 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 feet 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