Substance Use Withdrawal Monitoring Checklist						
Name:		Time #1	#2	#3	#4	#5
DOB:	Date/Time:					
Agitation (if 4 go to Emergency Room)						
No sign of agitation		☐0	☐0	☐0	☐0	☐0
Somewhat more than normal activity		☐1	☐1	☐1	☐1	☐1
Moderately fidgety, shifting position		☐2	☐2	☐2	☐2	☐2
Constantly shifting position / pacing		☐3	☐3	☐3	☐3	☐3
Gross movements, constantly thrashing and / or jerking movements		☐4	☐4	☐4	☐4	☐4
Sweating						
No visible sweat		☐0	☐0	☐0	☐0	☐0
Just visible sweating, palms moist		☐1	☐1	☐1	☐1	☐1
Beads of sweat on forehead		☐2	☐2	☐2	☐2	☐2
Drenching sweat on face and chest		☐3	☐3	☐3	☐3	☐3
Tremor (if 3 medical attention required)						
No tremor		☐0	☐0	☐0	☐0	☐0
Not seen, but can be felt in fingertip		☐1	☐1	☐1	☐1	☐1
Moderate with arms extended		☐2	☐2	☐2	☐2	☐2
Severe even if arms not extended		☐3	☐3	☐3	☐3	☐3
Sleep						
Sleeps well		☐0	☐0	☐0	☐0	☐0
Broken sleep		☐1	☐1	☐1	☐1	☐1
Difficulty in getting to sleep		☐2	☐2	☐2	☐2	☐2
Insomnia (night and day) (no napping)		☐3	☐3	☐3	☐3	☐3
Appetite						
Good appetite		☐0	☐0	☐0	☐0	☐0
Fair appetite		☐1	☐1	☐1	☐1	☐1
Poor appetite		☐2	☐2	☐2	☐2	☐2
No appetite		☐3	☐3	☐3	☐3	☐3
Vomiting (if 4 go to Emergency Room)						
No abnormalities		☐0	☐0	☐0	☐0	☐0
Mild nausea		☐1	☐1	☐1	☐1	☐1
Persistent nausea		☐2	☐2	☐2	☐2	☐2
Vomiting (2-3 episodes)		☐3	☐3	☐3	☐3	☐3
Excessive vomiting, at risk of dehydration		☐4	☐4	☐4	☐4	☐4
Blood in contents		☐4	☐4	☐4	☐4	☐4
Diarrhea (if 4 go to Emergency Room, if 3 medical attention required)						
No abnormalities		☐0	☐0	☐0	☐0	☐0
Waves of cramping		☐1	☐1	☐1	☐1	☐1
Steady stomach/bowel pain or diarrhea		☐2	☐2	☐2	☐2	☐2
Diarrhea continues (5-6 episodes)		☐3	☐3	☐3	☐3	☐3
Diarrhea continues with risk of dehydration		☐4	☐4	☐4	☐4	☐4
Blood in stool		☐4	☐4	☐4	☐4	☐4

Source: Cornwall Community Hospital (Adapted from the Clinical Institute Withdrawal Assessment for Alcohol Scale)

Muscle Aches and Cramps					
None reported	☐0	☐0	☐0	☐0	☐0
Mild muscle pain	☐1	☐1	☐1	☐1	☐1
Moderate muscle pain	☐2	☐2	☐2	☐2	☐2
Severe muscle pain, muscles in severe contraction and/or severe twitching	☐3	☐3	☐3	☐3	☐3
Orientation (if 4 go to Emergency Room, if 3 medical attention required)					
Knows date and can do simple addition in series	☐0	☐0	☐0	☐0	☐0
Uncertain of date, and cannot do simple addition in series	☐1	☐1	☐1	☐1	☐1
Uncertain of date by 1 or 2 days	☐2	☐2	☐2	☐2	☐2
Uncertain of date by 3 or more days, does not know month or season	☐3	☐3	☐3	☐3	☐3
Disoriented about person, place or time	☐4	☐4	☐4	☐4	☐4
Level of Consciousness (if 4 go to Emergency Room)					
Fully alert	☐0	☐0	☐0	☐0	☐0
Slightly drowsy	☐1	☐1	☐1	☐1	☐1
Very drowsy	☐2	☐2	☐2	☐2	☐2
Awakens with difficulty	☐3	☐3	☐3	☐3	☐3
Unable to wake	☐4	☐4	☐4	☐4	☐4
Having seizures	☐4	☐4	☐4	☐4	☐4
Hallucinations (if 3 medical attention required)					
No hallucinations	☐0	☐0	☐0	☐0	☐0
Auditory hallucinations	☐1	☐1	☐1	☐1	☐1
Visual hallucinations	☐2	☐2	☐2	☐2	☐2
Both auditory and visual hallucinations	☐3	☐3	☐3	☐3	☐3
Mood (if 4 go to Emergency Room)					
Good	☐0	☐0	☐0	☐0	☐0
Sometimes low	☐1	☐1	☐1	☐1	☐1
Often low	☐2	☐2	☐2	☐2	☐2
Despondent	☐3	☐3	☐3	☐3	☐3
Suicidal/homicidal ideation	☐4	☐4	☐4	☐4	☐4
Anxiety					
Finds it easy to relax	☐0	☐0	☐0	☐0	☐0
Finds it difficult to relax	☐1	☐1	☐1	☐1	☐1
Hardly ever relaxed	☐2	☐2	☐2	☐2	☐2
Cannot relax	☐3	☐3	☐3	☐3	☐3
Number of 1's (X1)					
Number of 2's (X2)					
Number of 3's (X3)					
Number of 4's (X4)					
Total Score:					

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