

Keystone Treatment Center
Amphetamine Withdrawal Scale (AWS)

Methamphetamine Withdrawal Scale
By: Robert R. Perkinson, Ph.D.

AGITATION – Observation

- | | |
|---|---|
| 0 | Normal |
| 1 | Somewhat more than normal activity |
| 2 | |
| 3 | |
| 4 | Moderately fidgety & restless |
| 5 | |
| 6 | |
| 7 | Paces back & forth or constantly thrashes about |

SWEATING – Observation

- | | |
|---|----------------------------|
| 0 | No sweat visible |
| 1 | Palms moist |
| 2 | |
| 3 | |
| 4 | Beads of sweat on forehead |
| 5 | |
| 6 | |
| 7 | Drenching sweats |

ANXIETY – Ask “Do you feel nervous or afraid?” – Observation

- | | |
|---|--|
| 0 | No anxiety – calm & tranquil |
| 1 | |
| 2 | |
| 3 | |
| 4 | Moderately anxious, defensive or guarded |
| 5 | |
| 6 | |
| 7 | Severely anxious – equivalent to panic |

PARANOIA – Ask “Do you feel people are paying special attention to you?
Do you feel anyone is out to get you or give you a hard time?”

- | | |
|---|---|
| 0 | No paranoia |
| 1 | Mildly suspicious |
| 2 | |
| 3 | |
| 4 | Moderately paranoid or suspicious |
| 5 | |
| 6 | |
| 7 | Severely paranoid with delusions of persecution |

CRAVING – Ask “Are you craving drugs or alcohol?”

- | | |
|---|--|
| 0 | No craving |
| 1 | Mild or occasionally thinking about drug use |
| 2 | |
| 3 | |
| 4 | Moderate craving drug use throughout the day |
| 5 | |
| 6 | |
| 7 | Severe – can’t stop craving |

DEPRESSION – Ask “Do you feel sad or depressed?” If yes
“ON a scale of 1 to 7 how depressed do you feel?”

- | | |
|---|-------------------------------------|
| 0 | None |
| 1 | Mild depression |
| 2 | |
| 3 | |
| 4 | Moderate depression most of the day |
| 5 | |
| 6 | |
| 7 | Severe depression all day every day |

TACTILE DISTURBANCES – Ask “Have you had any
itching or burning or do you feel bugs crawling on or under
your skin?”

- | | |
|---|--|
| 0 | Not present |
| 1 | Mild itching – burning or pins & needles |
| 2 | |
| 3 | Moderate itching – burning or pins & needles |
| 4 | Moderately severe hallucinations |
| 5 | |
| 6 | |
| 7 | Continues hallucinations |

AUDITORY DISTURBANCES – Ask “Do sounds seem too
loud or harsh? Do they frighten you? Are you hearing things
that are not there?”

- | | |
|---|--|
| 0 | Not present |
| 1 | Very mild harshness or ability to frighten |
| 2 | Mild harshness or ability to frighten |
| 3 | Moderate harshness or ability to frighten |
| 4 | Moderate hallucinations |
| 5 | Severe hallucinations |
| 6 | Extreme severe hallucinations |
| 7 | Continuous hallucinations |

VISUAL HALLUCINATIONS – Ask “Does light appear to
be too bright? Does it hurt your eyes? Are you seeing things
that are not there?”

- | | |
|---|-------------------------------|
| 0 | Not present |
| 1 | Very mild sensitivity |
| 2 | Mild sensitivity |
| 3 | Moderate sensitivity |
| 4 | Moderate hallucinations |
| 5 | Severe hallucinations |
| 6 | Extreme severe hallucinations |
| 7 | Continuous hallucinations |

ORIENTATION – Ask “What day is this? Where are you?
Who am I? What is your name?”

- | | |
|---|--|
| 0 | Oriented |
| 1 | Uncertain about date |
| 2 | Disoriented by date by no more than 2 days |
| 3 | Disoriented by date by more than 2 days |
| 4 | Disoriented to place and/or person |