

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

PATIENT NAME:

Established 01/06, Revised 08/14

PT. #: