

Cannabis Withdrawal Assessment Scale

Drug & Alcohol Services Council, SA, 2002

Note: Total Score is indicative of increasing or decreasing severity of withdrawal. Scores are not directly linked to pharmacological management as occurs with alcohol scores based on the CIWA-Ar.

Surname: _____ **Given name:** _____

Date of birth: _____

Date														
Time														
Temperature														
Pulse														
Respiration rate														
Blood pressure														
Pupil size														
Reaction														
Weight														

Score range = 0-7

Restlessness/Agitation														
Racing thoughts														
Mood changes														
Feelings of unreality														
Fear														
Drowsiness														
Hunger														
Appetite														
TOTAL														

Sleep (0800 obs only)														
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Other symptoms														
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Appendix 9: Cannabis Withdrawal Assessment Scale cont.

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These questions refer to how the person is feeling **right now**, at the present moment.

<p>1 .</p> <p>Restlessness/Agitation—Observation Ask ‘Do you feel more restless than you are normally?’</p>	<p>5 .</p> <p>Fear Ask ‘Do you feel fearful?’</p>
<p>0 Normal activity 1 Somewhat more than 4 normal activity 7 Moderately fidgety or restless Unable to sit or stand still</p>	<p>0 No fear 1 Mildly fearful 4 Moderately fearful 7 Extremely fearful</p>
<p>2 .</p> <p>Racing thoughts Ask ‘Are your thoughts racing?’</p>	<p>6 .</p> <p>Drowsiness—Observation Ask ‘Do you feel sleepy or drowsy?’</p>
<p>0 No racing thoughts 1 Mild 4 Moderate 7 Severe</p>	<p>0 No drowsiness 1 Mild 4 Moderate 7 Severe, unable to stay awake</p>
<p>3 .</p> <p>Mood changes—Observation Ask ‘Are your moods changing over a short period (hours)?’</p>	<p>7 .</p> <p>Hunger Ask ‘Do you feel hungry?’</p>
<p>0 No mood changes, feels 1 stable 4 Mild 7 Moderate Severe</p>	<p>0 No hunger 1 Mild 4 Moderate 7 Severe and constant feelings of hunger</p>
<p>4 .</p> <p>Feelings of unreality Ask ‘Do you feel that things around you are not real or change in shape?’</p>	<p>8 .</p> <p>Appetite Ask ‘Have you noticed any change in your appetite?’</p>
<p>0 No 1 Mild 4 Moderate 7 Severe feelings of unreality, everything looks strange or different</p>	<p>0 No loss of appetite 1 Slight loss 4 Moderate 7 Complete loss of appetite, unable to eat at all</p>

9 .	Sleep Ask 'How did you sleep last night?'
	0 Sufficient sleep 1 Some sleep 4 Moderate/restless sleep 7 No sleep

Cited in deCrespigny, C et al. 2003, *Alcohol Tobacco and Other Drugs Guidelines for Nurses and Midwives: Clinical Guidelines* Flinders University and Drug and Alcohol Services Council, Adelaide. Also available at www.dasc.sa.gov.au