APPENDIX FOUR

Rotherham Doncaster and South Humber NHS Foundation Trust

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient:_____ **Date:** _____

Time: _____ (24 hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute:_____

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?"

Scale	Descriptor
0	none
1	very mild itching, pins and needles, burning or numbness
2	mild itching, pins and needles, burning or numbness
3	moderate itching, pins and needles, burning or numbness
4	moderately severe hallucinations
5	severe hallucinations
6	extremely severe hallucinations
7	continuous hallucinations

TREMOR -- Arms extended and fingers spread apart.

Scale	Descriptor
0	no tremor
1	
2	not visible, but can be felt fingertip to fingertip
3	
4	moderate, with patient's arms extended
5	
6	
7	severe, even with arms not extended

AUDITORY DISTURBANCES -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"

Scale	Descriptor
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	moderately severe hallucinations
5	severe hallucinations
6	extremely severe hallucinations
7	continuous hallucinations

PAROXYSMAL SWEATS -- Observation.	
Scale	**Descriptor**
0	no sweat visible
1	barely perceptible sweating, palms moist
2	
3	
4	beads of sweat obvious on forehead
5	
6	
7	drenching sweats

VISUAL DISTURBANCES -- Ask, "Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"
Descriptor
not present
very mild sensitivity
mild sensitivity
moderate sensitivity
moderately severe hallucinations
severe hallucinations
extremely severe hallucinations
continuous hallucinations

ANXIETY -- Ask "Do you feel nervous?"	
Scale	**Descriptor**
0	no anxiety, at ease
1	mild anxious
2	
3	
4	moderately anxious, or guarded, so anxiety is inferred
5	
6	
7	equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or light-headedness. Otherwise, rate severity.
Descriptor
not present
very mild
mild
moderate
moderately severe
severe
very severe
extremely severe

AGITATION -- Observation	
Scale	**Descriptor**
0	normal activity
1	somewhat more than normal activity
2	
3	
4	moderately fidgety and restless
5	
6	
7	paces back and forth during most of the interview, or constantly

ORIENTATION AND CLOUDING OF SENSORIUM – Ask "What day is this? Where are you? Who am I?"	
Scale	**Descriptor**
0	oriented and can do serial additions
1	cannot do serial additions or is uncertain about date
2	disoriented for date by no more than 2 calendar days
3	disoriented for date by more than 2 calendar days
4	disoriented for place/or person

Total **CIWA-Ar** Score _____

Rater's Initials _____

Maximum Possible Score 67

Patients scoring less than 10 do not usually need additional medication for withdrawal.

*The **CIWA-Ar** is not* copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer