

Clinical Institute Withdrawal Assessment – Benzodiazepine (CIWA-B)

Patient's full name: _____ Date: _____

Clinician's full name: _____

Client-reported Symptoms

Please select a number that best describes how you feel.

1. Do you feel irritable?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

2. Do you feel fatigued?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

3. Do you feel tense?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

4. Do you have difficulties concentrating?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

5. Do you have any loss of appetite?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

6. Have you any numbness or burning on your face, hands or feet?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

7. Do you feel your heart racing? (palpitations)?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

8. Does your head feel full or achy?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

9. Do you feel muscle aches or stiffness?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

10. Do you feel anxious, nervous or jittery?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

11. Do you feel upset?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

12. How restful was your sleep last night?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

13. Do you feel weak?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

14. Do you think you didn't have enough sleep last night?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

15. Do you have any visual disturbances (sensitivity to light, blurred vision)?

0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

16. Are you fearful?

- 0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

17. Have you been worrying about possible misfortunes lately?

- 0 Not at all 1 A little 2 Moderately 3 Quite a bit 4 Extremely

Clinical Observations

18. Observe behaviour for sweating, restlessness & agitation:

- 0 None, normal activity 1 2 Restless 3 4 Paces back & forth; unable to sit still

19. Observe tremor

- 0 No tremor 1 Not visible, can be felt in fingers 2 Visible but mild 3 Moderate with arms extended 4 Severe, with arms not extended

20. Observe/feel palms

- 0 No sweating visible 1 Barely perceptible sweating, palms moist 2 Palms and forehead moist, reports armpit sweating 3 Beads of sweat on forehead 4 Severe drenching sweats

21. How many hours of sleep do you think you had last night? _____ hours

22. How many minutes do you think it took you to fall asleep last night? _____ minutes

TOTAL SCORE:

Scoring

Questions 1-11 and 13-17 are client-reported symptoms, with each scored on five-point scales from 0 = not at all to 4 = very much so.

Question 12 is also a client-reported item, but the 5 ratings are reversed, i.e., 0 = Very much so to 4 = Not at all.

Questions 18-20 are clinical observations, with all three scored on five-point scales (i.e. 0, 1, 2, 3 or 4).

The last two items (Question 21 and 22) are not scored, but they provide additional information regarding the benzodiazepine withdrawal.

A total score is obtained by summing questions 1-20. The minimum total score possible is 0, and the maximum total score possible is 80 (i.e., total score range: 0-80).

Here's how to interpret the results:

- 1 to 20 = Mild withdrawal
- 21 to 40 = Moderate withdrawal
- 41 to 60 = Severe withdrawal
- 61 to 80 = Very severe withdrawal

Source

Busto, U., Sykora, K. and Sellers, E. A clinical scale to assess benzodiazepine withdrawal. Journal of Clinical Psychopharmacology, 1989. 9(6): 412-416.