Withdrawal Severity Scale (WSS)

NeuroElectric Therapy (NET™)

Name/ID: _____ Start Date: _____ Serial No: _____

Drugs: _____ Rt / Left Handed: _____ Key: _____

Rating Scale:
0: none
1: mild
2: moderate
3: severe

	Date: day 1			**Date:** day 2			**Date:** day 3			**Date:** day 4			**Date:** day 5		
	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Agitation/Restlessness															
Body Aches/Pains															
Chills															
Craving															
Diarrhea															
Feeling down/Depressed															
Feelings of Unreality															
Head/Body/Hand Tremors															
Headache															
Irritable/Nervous															
Low Energy/Fatigue															
Nausea/Vomiting															
Palpitations/Pounding Heart															
Poor Concentration															
Shakiness															
Stomach Cramps															
Suspicious/Paranoid															
Sweating															
Teary Eyes/Runny Nose															
Tingling in Fingers/Toes															
Unsteadiness/Feeling of Motion															
Visual Disturbances															
Total															
Initials:															

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