

# 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

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Initials:

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