

This version of the CWS asks about symptoms experienced over the last 24 hours, and can be administered by an interviewer OR by self-report. The following statements describe how you have felt over the last 24 hours. Please circle the number that most closely represents your personal experience for each statement. For each statement, please rate its negative impact on normal daily activities on the same scale (0=Not at all to 10=Extremely), writing the number in the right hand column.

		Not at all	Moderately								Extremely	Negative impact on daily activity (0-10)	
1	The only thing I could think about was smoking some cannabis	0	1	2	3	4	5	6	7	8	9	10	
2	I had a headache	0	1	2	3	4	5	6	7	8	9	10	
3	I had no appetite	0	1	2	3	4	5	6	7	8	9	10	
4	I felt nauseous (like vomiting)	0	1	2	3	4	5	6	7	8	9	10	
5	I felt nervous	0	1	2	3	4	5	6	7	8	9	10	
6	I had some angry outbursts	0	1	2	3	4	5	6	7	8	9	10	
7	I had mood swings	0	1	2	3	4	5	6	7	8	9	10	
8	I felt depressed	0	1	2	3	4	5	6	7	8	9	10	
9	I was easily irritated	0	1	2	3	4	5	6	7	8	9	10	
10	I had been imagining being stoned	0	1	2	3	4	5	6	7	8	9	10	
11	I felt restless	0	1	2	3	4	5	6	7	8	9	10	
12	I woke up early	0	1	2	3	4	5	6	7	8	9	10	
13	I had a stomach ache	0	1	2	3	4	5	6	7	8	9	10	
14	I had nightmares and / or strange dreams	0	1	2	3	4	5	6	7	8	9	10	
15	Life seemed like an uphill struggle	0	1	2	3	4	5	6	7	8	9	10	
16	I woke up sweating at night	0	1	2	3	4	5	6	7	8	9	10	
17	I had trouble getting to sleep at night	0	1	2	3	4	5	6	7	8	9	10	
18	I felt physically tense	0	1	2	3	4	5	6	7	8	9	10	
19	I had hot flashes	0	1	2	3	4	5	6	7	8	9	10	

Scores

Scores by summing each item value to a maximum withdrawal score of 190 (you can derive raw scores from the scale: one for withdrawal intensity and one for the negative impact of withdrawal—each separate score has a theoretical maximum of 190).

Total CWS Score: _____