

# NLTC - SEDATIVE HYPNOTIC WITHDRAWAL SYMPTOM ASSESSMENT KEY Client Initials:

DATE																			
TIME of ASSESSMENT and/or DOSE																			
MEDICATION DOSE																			
<b>IMPORTANT:</b> Notify the office or on-call staff if <i>while at rest</i> your blood pressure is over 140/90 or pulse is over 90																			
BLOOD PRESSURE																			
RESTING PULSE RATE																			
<b>0 – 10 CRAVING SCORE</b>	<b>0-1</b>	<b>2-3</b>			<b>4-5</b>			<b>6-7</b>				<b>8-9</b>			<b>10</b>				
	no desire to use	stress, anxiety, negative feelings			thoughts of using, but I can cope			urgent thoughts of using, staying in control is a real struggle				significant suffering, on the verge of using			Using feels inevitable				
CURRENT CRAVING SCORE																			
HIGHEST Craving Score LAST 24 hour																			
<b>0 – 3 SYMPTOM SCORING</b>	<b>0 = ABSENT 1 = MILD 2 = MODERATE 3 = SEVERE – see reverse side for symptom scoring guidelines</b>																		
<b>EMOTIONAL</b>																			
ANXIETY/RESTLESSNESS																			
IRRITABILITY/ANGER																			
DEPRESSION/SADNESS																			
<b>COGNITION/NEUROLOGICAL</b>																			
MEMORY LOSS																			
CONFUSION																			
OBSESSIVE THOUGHTS																			
TREMORS																			
MUSCLE SPASMS/MUSCLE TIGHTNESS																			
HEADACHE																			
BALANCE																			
<b>PHYSICAL/SENSORY/SENSITIVITY</b>																			
PAIN																			
SKIN ITCHING BURNING DISCOMFORT																			
VISUAL - Light Sensitivity																			
AUDITORY – Sound Sensitivity																			
NAUSEA/STOMACH DISCOMFORT																			
INSOMNIA																			
SEDATION (excessive sleeping)																			
SEDATION (other signs of sedation)																			
OTHER (list)																			
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**NEW LEAF TREATMENT CENTER SEDATIVE HYPNOTIC WITHDRAWAL ASSESSMENT KEY  
SCORING GUIDELINES**

**EMOTIONAL**

anxiety	1= anxious but not tearful	2= anxious AND tearful	3= panic
restlessness	1= fidgets while seated	2= cannot sit still	3= pacing, can't sit down
irritability/anger	1= argue with family/friends	2= inappropriate responses	3= verbally or physically abusive
depression	1= sad	2= fearful	3= withdrawn or having suicidal thoughts

**COGNITION/NEUROLOGICAL**

memory loss (short term)	1= forget occasional thought or activity	2= forget daily activities	3= cannot complete thoughts or activities
confusion	1= decreased attention span	2= clouded senses/perceptions (clouded sensorium)	3= disoriented
obsessive thoughts	1= recurring thought or speech	2= persistent thought or speech	3= cannot stop repetitive thought or speech
tremors	1= by touch only	2= visible fingers/hand	3= visible hand/arm
muscle spasm/tightness	1= neck/shoulders only	2= spasms in arms or legs	3= muscle jerks arms/legs
headache	1= mild frontal headache	2= band like area of pain	3= pain with motion
balance	1= cannot walk heel/toe	2= can't walk straight line	3= unsteady on feet

**PHYSICAL /SENSORY (SENSITIVITY)**

pain	1= mild aching	2= joint pain	3= bone pain
skin	1= tingling	2= burning	3= numbness or pain
visual	1= sensitive to bright light	2= sensitive to daylight	3= sensitive to all light
auditory	1= sensitive to loud noise	2= sensitive to voices	3= hear extra sounds and/or ringing in ears (tinnitus)
nausea/stomach discomfort	1= nausea	2= nausea & discomfort	3= nausea and vomiting, cramping/discomfort/pain
insomnia	1= slept less than 8 hours	2= slept less than 4 hours	3= slept less than 2 hours
sedation – excessive sleep	1= daytime nap	2= several daytime naps	3= sleeping off and on all day
Sedation – other signs	1= slow speech	2= slurred speech	3= confused, unable to walk without stumble/fall

**Fill out the assessment key:**

- Before each dose of replacement medication
- 1 hour after each dose of replacement medication
- Anytime you are uncomfortable or notice the severity of your symptoms increasing

**The correct dose of medication:** keeps most symptom scores at 0 – 1 **without causing sedation**

**Withdrawal symptom scores of 2 – 3:** typically indicate a need for an additional dose of medication

An extra dose of medication is NOT indicated for scores of 2 – 3 in the emotional category caused by valid worries, concerns about employment problems, relationships, finances, legal difficulties, etc.

**Caution:** detox medication **and** dose adjustments of detox medication can make you dizzy or drowsy.

Do not drive or participate in any activity that requires alertness until you are sure you can perform such activities safely.

Avoid alcoholic beverages.

**CONTACT THE OFFICE OR ON-CALL STAFF:**

Craving Score 6 or above	Resting blood pressure over 140/90	Resting pulse over 90
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**PLEASE BRING COMPLETED FORMS TO ALL APPOINTMENTS**