

Acute Withdrawal Symptoms

Circle any of the following symptoms you may have experienced within hours or days of stopping use of alcohol or other drugs:

- | | | |
|---------------------------|--|---------------------------|
| Runny nose? | Excessive yawning? | Goose bumps? |
| Excessive sweating? | Night sweats? | Uncontrollable tears? |
| Anxiety? | Agitation? | Crawling skin? |
| Excitability? | Inability to get to sleep? | Fatigue? |
| Fidgety or restlessness? | Cravings or obsessing? | Tremors or shaky hands? |
| Headaches? | Weakness or stiff joints? | Muscle twitches? |
| Lightheadedness? | Feeling sad, blue or down? | Blurred or double vision? |
| Extreme thirst? | Dry mouth? | Increased urination? |
| Vivid, unpleasant dreams? | Increased aches and pains? | Convulsions or seizures? |
| Nausea or vomiting? | Flushed face? | Constipation or diarrhea? |
| Rashes or itching? | Hot or cold flashes? | Abdominal cramps? |
| Hyperactivity? | Disoriented to time or place? | Dizziness? |
| Memory problems? | Unable to concentrate? | Unable to keep focused? |
| Nightmares? | ringing in ears? | |
| Hallucinations: | visual (seeing things not there),
auditory (hearing sounds not there),
or tactile (touch sensations) | |
| Increased sensitivity: | to light,
sounds,
tastes,
or smells? | |

Are you currently experiencing any of the symptoms listed above? If so, which ones? Indicate with a check-mark.