Instructions for Use of the Minnesota Withdrawal Scale - Revised

1. There are two scales: a self-report and an observer scale. Several items do not appear in the observer scale because observers cannot reliably rate them.

2. On the self-report scale, the first nine items are the well-validated items and are the ones to be used if calculating a total withdrawal discomfort score. The other six are promising candidate items.

3. See the attached table to further compare the content of the scales with the criteria for DSM-V and ICD-10 nicotine/tobacco withdrawal and the contents of other withdrawal scales.

4. We have participants complete the scale both before and after quitting.

5. We have participants rate over the last 24 hours and observers rate over the last week. We usually require observers to see the participant on average 2 hours/day.

6. We use the 0-4 response option so that we can have verbal anchors for each response. Larger response options (e.g., 0-100) are likely more sensitive but may be more difficult to interpret.

7. The scale is not labeled a withdrawal scale because subjects (1) are confused by filling out a “withdrawal” scale prior to cessation, and (2) will sometimes not report a symptom during abstinence if they do not believe it is the result of withdrawal.

8. We encourage readers to read recent reviews of methodological issues in measuring tobacco withdrawal (see references 3 & 4).

Behavior Rating Scale - Self-Report

Please rate yourself for the period for the last ________________

1. Angry, irritable, frustrated

   0 [] none
   1 [] slight
   2 [] mild
   3 [] moderate
   4 [] severe
2. Anxious, nervous

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

3. Depressed mood, sad

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

4. Desire or craving to smoke

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

5. Difficulty concentrating

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

6. Increased appetite, hungry, weight gain

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

7. Insomnia, sleep problems, awakening at night

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

8. Restless

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

9. Impatient

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

10. Constipation

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

11. Dizziness

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

12. Coughing

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

13. Dreaming or nightmares

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

14. Nausea

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

15. Sore throat
Behavior Rating Scale - Observer-Rating

Rate the subject on the following symptoms according to whether you observed the symptom in the subject in the last ________________. It does not matter whether the subject complained of the symptom. We want to know whether you noticed the symptom.

a. Angry/irritable/frustrated

0 [ ] none
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

b. Anxious/tense

0 [ ] not at all
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

c. Depressed

0 [ ] not at all
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

d. Restless/Impatient

0 [ ] not at all
1 [ ] slight
2 [ ] mild
3 [ ] moderate
4 [ ] severe

1. How confident are you that this rating is accurate?

0 [ ] not at all
1 [ ] somewhat confident
2 [ ] moderately confident
3 [ ] very confident