

Date	Time
Pulse of Heart Rate	Blood Pressure
<p><b>Nausea and Vomiting</b> - Ask "Do you feel sick to your stomach?" "Have you vomited?"                  Observation.  <input type="radio"/> 0 - no nausea and no vomiting  <input type="radio"/> 1 - mild nausea with no vomiting  <input type="radio"/> 2  <input type="radio"/> 3  <input type="radio"/> 4 - intermittent nausea and dry heaves  <input type="radio"/> 5  <input type="radio"/> 6  <input type="radio"/> 7 - constant nausea, frequent dry heaves and vomiting</p>	<p><b>Tactile Disturbances</b> - Ask "Have you any itching, pins and needles sensations, any burning any numbness, or do you feel bugs crawling on or under your skin?"  <input type="radio"/> 0 - none  <input type="radio"/> 1 - very mild itching, pins and needles, burning or numbness  <input type="radio"/> 2 - mild itching, pins and needles, burning or numbness  <input type="radio"/> 3 - moderate itching, pins and needles, burning or numbness  <input type="radio"/> 4 - moderately severe hallucinations  <input type="radio"/> 5 - severe hallucinations  <input type="radio"/> 6 - extremely severe hallucinations  <input type="radio"/> 7 - continuous hallucinations</p>
<p><b>Tremor</b> - Arms extended and fingers spread apart.                  Observation.  <input type="radio"/> 0 - no tremor  <input type="radio"/> 1 - not visible, but can be felt fingertip to fingertip  <input type="radio"/> 2  <input type="radio"/> 3  <input type="radio"/> 4 - moderate, with patient's arms extended  <input type="radio"/> 5  <input type="radio"/> 6  <input type="radio"/> 7 - severe, even with arms not extended</p>	<p><b>Auditory Disturbances</b> - Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things that you know aren't there? Observation.  <input type="radio"/> 0 - not present  <input type="radio"/> 1 - very mild harshness or ability to frighten  <input type="radio"/> 2 - mild harshness or ability to frighten  <input type="radio"/> 3 - moderate harshness or ability to frighten  <input type="radio"/> 4 - moderately severe hallucinations  <input type="radio"/> 5 - severe hallucinations  <input type="radio"/> 6 - extremely severe hallucinations  <input type="radio"/> 7 - continuous hallucinations</p>
<p><b>Paroxysmal Sweats</b> - Observation.  <input type="radio"/> 0 - no sweat visible  <input type="radio"/> 1 - barely perceptible sweating, palms moist  <input type="radio"/> 2  <input type="radio"/> 3  <input type="radio"/> 4 - beads of sweat obvious on forehead  <input type="radio"/> 5  <input type="radio"/> 6  <input type="radio"/> 7 - equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</p>	<p><b>Visual Disturbances</b> - Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing you? Are you seeing things that you know aren't there? Observation.  <input type="radio"/> 0 - not present  <input type="radio"/> 1 - very mild sensitivity  <input type="radio"/> 2 - mild sensitivity  <input type="radio"/> 3 - moderate sensitivity  <input type="radio"/> 4 - moderately severe hallucinations  <input type="radio"/> 5 - severe hallucinations  <input type="radio"/> 6 - extremely severe hallucinations  <input type="radio"/> 7 - continuous hallucinations</p>

Patient	Reg. No.	Institute
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**Anxiety** - Ask "Do you feel nervous?" Observation.

- 0 - no anxiety, at ease
- 1 - mildly anxious
- 2
- 3
- 4 - moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 - equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

**Headache, Fullness in Head** - Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadness. Otherwise, rate severity.

- 0 - not present
- 1 - very mild
- 2 - mild
- 3 - moderate
- 4 - moderately severe
- 5 - severe
- 6 - very severe
- 7 - extremely severe

**Agitations** - Observation.

- 0 - normal activity
- 1 - somewhat more than normal activity
- 2
- 3
- 4 - moderately fidgety and restless
- 5
- 6
- 7 - paces back and forth during most of the interview, or constantly thrashes about

**Orientation and Clouding of Sensorium** - Ask "What Day is this? Where are you? Who am I?"

- 0 - oriented and can do serial additions
- 1 - cannot do serial additions or is certain about date
- 2 - disoriented for date by no more than two calendar days
- 3 - disoriented for date by more than two calendar days
- 4 - disoriented for place an/or person

**Rater's Signature**

**Total CIWA-Ar Score** \_\_\_\_\_

**Maximum Possible Score = 67**