

## 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 as observers cannot reliably rate them.
2. On the self-report scale, the first eight symptoms are the well-validated items and are the ones to be used if calculating a total withdrawal discomfort score. The DSM items are the first 7 symptoms (ie, do not include craving). The remaining seven symptoms are promising candidate symptoms<sup>9</sup>. Increased weight and decreased heart rate often occur with abstinence as well.
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. I have participants rate over the last 24 hrs and observers rate over the last week. We usually require observers to see the participant on average 2 hr/day.
5. I 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.
6. 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 due to withdrawal.
7. I strongly encourage readers to read recent review of methodological issues in measuring tobacco Withdrawal<sup>3,4</sup>.

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