



Assessment Report

Practice: Mindful Psychology  
 Practitioner: Dr Sarah Johnson  
 Client: Alex Carter  
 Date: 26/04/2026

*EXAMPLE REPORT — Prepared by a practitioner inside Grounded Scribe. Fictional data; not a clinical result.*

### CIWA-Ar — Clinical Institute Withdrawal Assessment for Alcohol, Revised

A 10-item clinician-administered scale for monitoring alcohol withdrawal severity and guiding treatment.

#### RESULTS



#### INTERPRETATION

**Current score: 33, severe withdrawal, as per the CIWA-Ar author/publisher guidelines.**

#### ABOUT THIS ASSESSMENT

##### Clinical Purpose

The Clinical Institute Withdrawal Assessment for Alcohol — Revised (CIWA-Ar) is a 10-item clinician-administered scale for monitoring alcohol withdrawal severity. It assesses nausea/vomiting, tremor, paroxysmal sweats, anxiety, agitation, tactile/auditory/visual disturbances, headache, and orientation. Scores guide pharmacological management — determining when benzodiazepine administration is needed and its dosage.

##### Origins & Development

Originally developed by Shaw et al. (1981) as the 15-item CIWA-A, revised to 10 items by Sullivan et al. (1989) at the Clinical Institute of the Addiction Research Foundation (Toronto). The revision removed redundant items while maintaining clinical utility. It has become the international standard for symptom-triggered alcohol withdrawal management, replacing fixed-schedule dosing protocols.

##### Australian Context

Standard practice across Australian hospital emergency departments and addiction medicine services. The Drug and Alcohol Clinical Advisory Service (DACAS) in each Australian state recommends CIWA-Ar-guided withdrawal management. It is embedded in NSW Health, Victorian DHHS, and Queensland Health alcohol withdrawal clinical pathways. Australian nursing staff in emergency and medical wards are routinely trained in its administration.

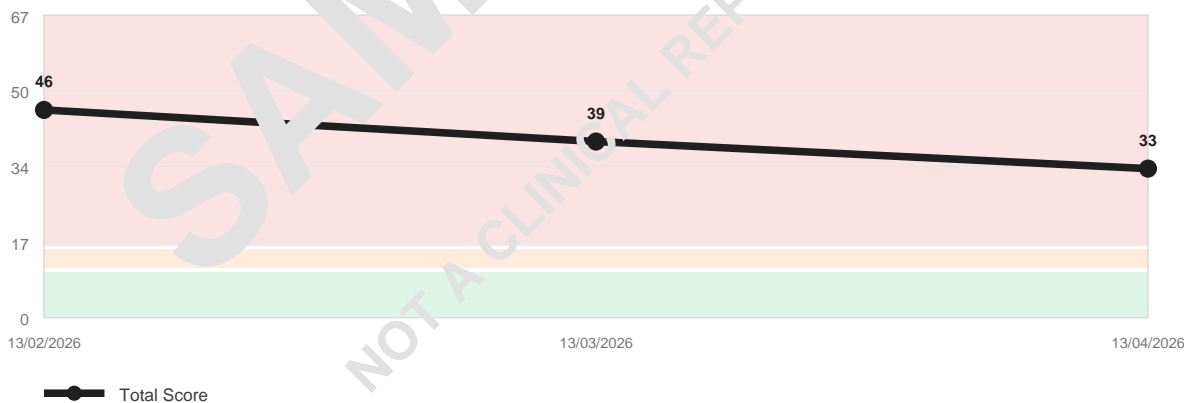


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SCORE HISTORY

Date	Score	Severity
13/02/2026	46	severe withdrawal
13/03/2026	39	severe withdrawal
13/04/2026	33	severe withdrawal

SCORE TRAJECTORY



RESPONSE DETAILS

#	Statement	0 — No nausea or vomiting	1	2	3	4 — Intermittent nausea with dry heaves	5	6	7 — Constant nausea, frequent dry heaves and vomiting
1	Nausea and vomiting — Ask "Do you feel sick to your stomach? Have you vomited?" Observe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Tremor — Arms extended and fingers spread apart. Observe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Paroxysmal sweats — Observe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Anxiety — Ask "Do you feel nervous?" Observe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Agitation — Observe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Tactile disturbances — Ask "Have you any itching, pins and needles, burning, or numbness? Do you feel bugs crawling on or under your skin?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Auditory disturbances — 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 you know are not there?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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#	Statement	0 — No nausea or vomiting	1	2	3	4 — Intermittent nausea with dry heaves	5	6	7 — Constant nausea, frequent dry heaves and vomiting
8	Visual disturbances — Ask "Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Headache, fullness in head — Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#	Statement	Response
1	Orientation and clouding of sensorium — Ask "What day is this? Where are you? Who am I?"	2 — Date uncertain by more than 2 calendar days (2)

**Grounded Scribe Platform**  
 Item-level response details, score tracking over time, RCI analysis, and outcome reports are available when assessments are administered through the platform.

## REFERENCES

1. Sullivan JT, Sykora K, Schneiderman J, Naranjo CA, Sellers EM. Assessment of alcohol withdrawal: the revised Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-Ar). Br J Addict. 1989;84(11):1353-1357.

## ACKNOWLEDGEMENT & LICENSING

Not copyrighted. The CIWA-Ar may be reproduced freely. Sullivan et al. (1989).

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