

Instructions For Use of the Minnesota Tobacco 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, especially impulsivity, anhedonia and decreased positive affect. 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 (see references^{3,4} of background paper).

For further information contact:

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