

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

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eCRF ID:

A102-026

Filled By:

Subject

Scale:

End of study (Day 57)

Date:

7/9/2025

nervousness

Answer: not at all

sweating

Answer: light

tremor

Answer: light

nausea

Answer: not at all

vomiting

Answer: light

seizures

Answer: moderate

hallucinations

Answer: light

confusion

Answer: light

chills or feeling hot

Answer: not at all

headache

Answer: not at all

sleep disturbance

Answer: not at all

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