

## Alcohol Withdrawal Symptom Checklist, Modified

**Investigator:**

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**eCRF ID:**

A103-015

**Filled By:**

Subject

**Scale:**

Double-blind Treatment (Day 14)

**Date:**

7/23/2025

**nervousness**

Answer: not at all

**sweating**

Answer: not at all

**tremor**

Answer: not at all

**nausea**

Answer: not at all

**vomiting**

Answer: not at all

**seizures**

Answer: not at all

**hallucinations**

Answer: not at all

**confusion**

Answer: not at all

**chills or feeling hot**

Answer: not at all

**headache**

Answer: not at all

**sleep disturbance**

Answer: not at all

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