

## Alcohol Withdrawal Symptom Checklist, Modified

**Investigator:**

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**eCRF ID:**

A101-084

**Filled By:**

Subject

**Scale:**

Double-blind Treatment (Day 42)

**Date:**

8/6/2025

**nervousness**

Answer: not at all

**sweating**

Answer: not at all

**tremor**

Answer: not at all

**nausea**

Answer: light

**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: light

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