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# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:	Mudasar Hassan
eCRF ID:	A102-034
Filled By:	Subject
Scale:	Double-blind Treatment (Day 28)
Date:	7/8/2025
nervousness Answer: not at all	
<b>sweating</b> Answer: not at all	
<b>tremor</b> Answer: not at all	
<b>nausea</b> 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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