

Subject	Sign	
Capicol	Oldil	· ·

# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:	Dr.Mohsin Qayyum
eCRF ID:	A103-029
Filled By:	Subject
Scale:	Baseline (Day 0)
Date:	8/6/2025
<b>nervousness</b> Answer: light	
<b>sweating</b> Answer: not at all	

## tremor

Answer: light

#### 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: light

### sleep disturbance

Answer: not at all

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