

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

Dr.Mohsin Qayyum

eCRF ID:

A103-013

Filled By:

Subject

Scale:

Double-blind Treatment (Day 42)

Date:

8/13/2025

nervousness

Answer: moderate

sweating

Answer: moderate

tremor

Answer: light

nausea

Answer: light

vomiting

Answer: light

seizures

Answer: not at all

hallucinations

Answer: not at all

confusion

Answer: light

chills or feeling hot

Answer: not at all

headache

Answer: light

sleep disturbance

Answer: significant

Disclaimer: By signing this document electronically, I acknowledge that I have reviewed its contents, understand its implications, and confirm its accuracy. I understand that my electronic signature is legally binding, the content of this document is confidential, and will not be shared with third parties without authorization.