

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

Dr Sangeetha Vulichi

eCRF ID:

A101-093

Filled By:

Subject

Scale:

Screening (Day X)

Date:

7/15/2025

nervousness

Answer: extreme

sweating

Answer: extreme

tremor

Answer: moderate

nausea

Answer: significant

vomiting

Answer: extreme

seizures

Answer: moderate

hallucinations

Answer: extreme

confusion

Answer: extreme

chills or feeling hot

Answer: significant

headache

Answer: extreme

sleep disturbance

Answer: extreme

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.