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# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:	Dr.Mohsin Qayyum
eCRF ID:	A103-023
Filled By:	Subject
Scale:	Baseline (Day 0)
Date:	7/29/2025
nervousness Answer: not at all	

# sweating

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: not at all

# sleep disturbance

Answer: light

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