

Sub	iect	Sign	÷	

# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:	Dr Sangeetha Vulichi
eCRF ID:	A101-068
Filled By:	Subject
Scale:	End of study (Day 57)
Date:	7/14/2025
<b>nervousness</b> Answer: moderate	
<b>sweating</b> Answer: extreme	

tremor

Answer: not at all

### nausea

Answer: not at all

# vomiting

Answer: not at all

#### seizures

Answer: not at all

### **hallucinations**

Answer: not at all

### confusion

Answer: light

# chills or feeling hot

Answer: moderate

### headache

Answer: not at all

## sleep disturbance

Answer: not at all

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.