

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

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eCRF ID:

A101-095

Filled By:

Subject

Scale:

Screening (Day X)

Date:

7/15/2025

nervousness

Answer: extreme

sweating

Answer: extreme

tremor

Answer: extreme

nausea

Answer: extreme

vomiting

Answer: not at all

seizures

Answer: extreme

hallucinations

Answer: light

confusion

Answer: light

chills or feeling hot

Answer: not at all

headache

Answer: light

sleep disturbance

Answer: light

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