

## Alcohol Withdrawal Symptom Checklist, Modified

**Investigator:**

Dr Sangeetha Vulichi

**eCRF ID:**

A101-085

**Filled By:**

Subject

**Scale:**

Double-blind Treatment (Day 14)

**Date:**

7/14/2025

### **nervousness**

Answer: not at all

### **sweating**

Answer: moderate

### **tremor**

Answer: not at all

### **nausea**

Answer: light

### **vomiting**

Answer: light

**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: 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.