

Subject	ct Sig	n	:		

# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:

Dr.Mohsin Qayyum

eCRF ID:

A103-023

Filled By:

Subject

Scale:

Screening (Day X)

Date:

7/15/2025

nervousness
Answer: not at all

## sweating

Answer: not at all

#### 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: not at all

## chills or feeling hot

Answer: not at all

#### headache

Answer: not at all

## sleep disturbance

Answer: light

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