

## Clinical Institute Withdrawal Assessment, Revised

**Investigator:**

Dr Sangeetha Vulichi

**eCRF ID:**

A101-093

**Filled By:**

Investigator

**Scale:**

Screening (Day X)

**Date:**

7/15/2025

**Time:**

Answer: 11:15

**Pulse or heart rate, taken for one minute:**

Answer: 86

**Blood pressure:**

Answer: 137/86

**NAUSEA AND VOMITING -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.**

Answer: 0 no nausea and no vomiting

**TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.**

Answer: 0 None

**TREMOR -- Arms extended and fingers spread apart.**

**Observations.**

Answer: 0 no tremor

**AUDITORY DISTURBANCES -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"**

**Observation.**

Answer: 0 not present

**PAROXYSMAL SWEATS -- Observation.**

Answer: 0 no sweat visible

**VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"**

**Observation.**

Answer: 0 not present

**ANXIETY -- Ask "Do you feel nervous?" Observation.**

Answer: 0 not anxiety, at ease

**HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.**

Answer: 0 not present

**AGITATION -- Observation.**

Answer: 0 normal activity

**ORIENTATION AND CLOUDING OF SENSORIUM -- Ask "What day is this?  
Where are you? Who am I?"**

Answer: 0 oriented and can do serial additions

**Total Score: 0**

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