

## Alcohol Withdrawal Symptom Checklist, Modified

**Investigator:**

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**eCRF ID:**

A101-096

**Filled By:**

Subject

**Scale:**

Double-blind Treatment (Day 28)

**Date:**

8/20/2025

### **nervousness**

Answer: significant

### **sweating**

Answer: significant

### **tremor**

Answer: significant

### **nausea**

Answer: light

### **vomiting**

Answer: moderate

**seizures**

Answer: light

**hallucinations**

Answer: light

**confusion**

Answer: significant

**chills or feeling hot**

Answer: moderate

**headache**

Answer: significant

**sleep disturbance**

Answer: significant

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