

Subject	ct Sig	n	:		

# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:	Dr Sangeetha Vulichi
eCRF ID:	A101-108
Filled By:	Subject
Scale:	Screening (Day X)
Date:	8/13/2025
nervousness Answer: moderate	

### sweating

Answer: not at all

#### tremor

Answer: not at all

#### nausea

Answer: light

## 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: light

## sleep disturbance

Answer: moderate

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