

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

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eCRF ID:

A103-020

Filled By:

Subject

Scale:

Double-blind Treatment (Day 14)

Date:

7/30/2025

nervousness

Answer: light

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: light

headache

Answer: not at all

sleep disturbance

Answer: moderate

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