

## Alcohol Withdrawal Symptom Checklist, Modified

**Investigator:**

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**eCRF ID:**

A103-021

**Filled By:**

Subject

**Scale:**

Screening (Day X)

**Date:**

7/9/2025

### **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: light

**sleep disturbance**

Answer: light

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