

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

Dr Sangeetha Vulichi

eCRF ID:

A101-085

Filled By:

Subject

Scale:

Double-blind Treatment (Day 42)

Date:

8/11/2025

nervousness

Answer: light

sweating

Answer: light

tremor

Answer: light

nausea

Answer: light

vomiting

Answer: light

seizures

Answer: light

hallucinations

Answer: not at all

confusion

Answer: not at all

chills or feeling hot

Answer: light

headache

Answer: not at all

sleep disturbance

Answer: not at all

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