

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

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eCRF ID:

A103-029

Filled By:

Subject

Scale:

Screening (Day X)

Date:

7/30/2025

nervousness

Answer: light

sweating

Answer: light

tremor

Answer: light

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: light

headache

Answer: light

sleep disturbance

Answer: light

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