

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

Mudasar Hassan

eCRF ID:

A102-031

Filled By:

Subject

Scale:

Double-blind Treatment (Day 28)

Date:

7/3/2025

nervousness

Answer: light

sweating

Answer: moderate

tremor

Answer: moderate

nausea

Answer: moderate

vomiting

Answer: light

seizures

Answer: moderate

hallucinations

Answer: moderate

confusion

Answer: moderate

chills or feeling hot

Answer: moderate

headache

Answer: moderate

sleep disturbance

Answer: significant

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