

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

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eCRF ID:

A101-100

Filled By:

Subject

Scale:

Screening (Day X)

Date:

7/22/2025

nervousness

Answer: significant

sweating

Answer: extreme

tremor

Answer: light

nausea

Answer: not at all

vomiting

Answer: light

seizures

Answer: not at all

hallucinations

Answer: not at all

confusion

Answer: light

chills or feeling hot

Answer: moderate

headache

Answer: moderate

sleep disturbance

Answer: significant

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