

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

Dr Sangeetha Vulichi

eCRF ID:

A101-094

Filled By:

Subject

Scale:

Screening (Day X)

Date:

7/15/2025

nervousness

Answer: moderate

sweating

Answer: significant

tremor

Answer: light

nausea

Answer: significant

vomiting

Answer: extreme

seizures

Answer: significant

hallucinations

Answer: not at all

confusion

Answer: not at all

chills or feeling hot

Answer: moderate

headache

Answer: light

sleep disturbance

Answer: light

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