

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

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eCRF ID:

A101-105

Filled By:

Subject

Scale:

Screening (Day X)

Date:

8/5/2025

nervousness

Answer: extreme

sweating

Answer: significant

tremor

Answer: significant

nausea

Answer: extreme

vomiting

Answer: extreme

seizures

Answer: light

hallucinations

Answer: significant

confusion

Answer: extreme

chills or feeling hot

Answer: extreme

headache

Answer: extreme

sleep disturbance

Answer: significant

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