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# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:	Dr Sangeetha Vulichi
eCRF ID:	A101-104
Filled By:	Subject
Scale:	Screening (Day X)
Date:	8/4/2025
nervousness Answer: not at all	
sweating	

Answer: significant

## tremor

Answer: light

#### nausea

Answer: moderate

# vomiting

Answer: not at all

#### seizures

Answer: moderate

## **hallucinations**

Answer: light

### confusion

Answer: moderate

# chills or feeling hot

Answer: moderate

### headache

Answer: moderate

# sleep disturbance

Answer: significant

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