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# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:	Dr Sangeetha Vulichi
eCRF ID:	A101-075
Filled By:	Subject
Scale:	End of study (Day 57)
Date:	7/14/2025
<b>nervousness</b> Answer: light	
<b>sweating</b> Answer: moderate	
<b>tremor</b> Answer: moderate	

#### nausea

Answer: moderate

# vomiting

Answer: light

#### seizures

Answer: light

#### **hallucinations**

Answer: light

#### confusion

Answer: moderate

## chills or feeling hot

Answer: not at all

#### headache

Answer: not at all

## sleep disturbance

Answer: light

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