

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

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eCRF ID:

A101-096

Filled By:

Subject

Scale:

Double-blind Treatment (Day 14)

Date:

8/6/2025

nervousness

Answer: extreme

sweating

Answer: moderate

tremor

Answer: significant

nausea

Answer: significant

vomiting

Answer: significant

seizures

Answer: significant

hallucinations

Answer: significant

confusion

Answer: moderate

chills or feeling hot

Answer: moderate

headache

Answer: moderate

sleep disturbance

Answer: significant

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