

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

Dr Sangeetha Vulichi

eCRF ID:

A101-100

Filled By:

Subject

Scale:

Baseline (Day 0)

Date:

7/31/2025

nervousness

Answer: moderate

sweating

Answer: moderate

tremor

Answer: not at all

nausea

Answer: light

vomiting

Answer: not at all

seizures

Answer: not at all

hallucinations

Answer: not at all

confusion

Answer: light

chills or feeling hot

Answer: moderate

headache

Answer: significant

sleep disturbance

Answer: significant

Disclaimer: By signing this document electronically, I acknowledge that I have reviewed its contents, understand its implications, and confirm its accuracy. I understand that my electronic signature is legally binding, the content of this document is confidential, and will not be shared with third parties without authorization.