

## Alcohol Withdrawal Symptom Checklist, Modified

**Investigator:**

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**eCRF ID:**

A101-115

**Filled By:**

Subject

**Scale:**

Screening (Day X)

**Date:**

8/25/2025

**nervousness**

Answer: significant

**sweating**

Answer: significant

**tremor**

Answer: light

**nausea**

Answer: moderate

**vomiting**

Answer: not at all

**seizures**

Answer: not at all

**hallucinations**

Answer: not at all

**confusion**

Answer: moderate

**chills or feeling hot**

Answer: significant

**headache**

Answer: significant

**sleep disturbance**

Answer: extreme

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