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# **Alcohol Withdrawal Symptom Checklist, Modified**

Investigator:	Dr.Mohsin Qayyum
eCRF ID:	A103-011
Filled By:	Subject
Scale:	End of study (Day 57)
Date:	8/19/2025
<b>nervousness</b> Answer: moderate	

## sweating

Answer: not at all

#### tremor

Answer: not at all

#### nausea

Answer: not at all

### vomiting

Answer: not at all

#### seizures

Answer: not at all

#### **hallucinations**

Answer: not at all

#### confusion

Answer: not at all

### chills or feeling hot

Answer: not at all

#### headache

Answer: not at all

#### sleep disturbance

Answer: not at all

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