

## Alcohol Withdrawal Symptom Checklist, Modified

**Investigator:**

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**eCRF ID:**

A101-096

**Filled By:**

Subject

**Scale:**

Screening (Day X)

**Date:**

7/16/2025

**nervousness**

Answer: extreme

**sweating**

Answer: extreme

**tremor**

Answer: extreme

**nausea**

Answer: extreme

**vomiting**

Answer: extreme

**seizures**

Answer: significant

**hallucinations**

Answer: extreme

**confusion**

Answer: extreme

**chills or feeling hot**

Answer: extreme

**headache**

Answer: extreme

**sleep disturbance**

Answer: extreme

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