

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

Dr.Mohsin Qayyum

eCRF ID:

A103-029

Filled By:

Subject

Scale:

Double-blind Treatment (Day 14)

Date:

8/21/2025

nervousness

Answer: light

sweating

Answer: not at all

tremor

Answer: light

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: light

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.