

Alcohol Withdrawal Symptom Checklist, Modified

Investigator:

Dr Sangeetha Vulichi

eCRF ID:

A101-095

Filled By:

Subject

Scale:

Baseline (Day 0)

Date:

7/28/2025

nervousness

Answer: significant

sweating

Answer: extreme

tremor

Answer: extreme

nausea

Answer: moderate

vomiting

Answer: moderate

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: 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.