

Obsessive Compulsive Drinking Scale

Investigator:

Dr.Mohsin Qayyum

eCRF ID:

A103-014

Filled By:

Subject

Scale:

Double-blind Treatment (Day 42)

Date:

8/25/2025

1. How much of your time when you're not drinking is occupied by ideas, thoughts, impulses or images related to drinking?

Answer: 4-8 hours a day

2. How frequently do these thoughts occur?

Answer: No more than 8 times a day

3. How much do these ideas, thoughts, impulses or images related to drinking interfere with your social or work (or role) functioning? Is there anything you don't or can't do because of them? [If you are not currently working, how much of your performance would be affected if you were working]

Answer: Thoughts of drinking definitely interfere with my social or occupational performance, but I can still manage.

4. How much distress or disturbance do these ideas, thoughts, impulses, or images related to drinking cause you when you're not drinking?

Answer: Moderate, frequent and disturbing, but still manageable

5. How much of an effort do you make to resist these thoughts or try to disregard or turn your attention away from these thoughts as they enter your mind when you're not drinking? (Rate your effort made to resist these thoughts, not your success or failure in actually controlling them.)

Answer: I make some effort to resist.

6. How successful are you in stopping or diverting these thoughts when you're not drinking?

Answer: I am sometimes able to stop or divert such thoughts.

7. How many drinks do you drink each day?

Answer: 8 or more drinks per day

8. How many days each week do you drink?

Answer: 6 - 7 days per week

9. How much does your drinking interfere with your work functioning? Is there anything that you don't or can't do because of your drinking? (If you are not currently working, how much of your performance would be affected if you were working?)

Answer: Drinking definitely interferes with my occupational performance, but I can still manage.

10. How much does your drinking interfere with your social functioning? Is there anything that you don't or can't do because of your drinking?

Answer: Drinking slightly interferes with my social activities, but my overall performance is not impaired.

11. If you were prevented from drinking alcohol when you desired a drink, how anxious or upset would you become?

Answer: The anxiety or irritation would mount but remain manageable.

12. How much of an effort do you make to resist consumption of alcoholic beverages? (Only rate your effort to resist, not your success or failure in actually controlling the drinking).

Answer: I make some effort to resist.

13. How strong is the drive to consume alcoholic beverages?

Answer: Some pressure to drink

14. How much control do you have over the drinking?

Answer: I am usually able to exercise voluntary control over it.

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.