

## Obsessive Compulsive Drinking Scale

**Investigator:**

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**eCRF ID:**

A101-103

**Filled By:**

Subject

**Scale:**

Screening (Day X)

**Date:**

8/4/2025

**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 cause substantial impairment in my social or occupational performance.

**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 rarely successful in stopping such thoughts and can only divert such thoughts with difficulty.

**7. How many drinks do you drink each day?**

Answer: 3 - 7 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 slightly interferes with my occupational activities, but my overall performance is not impaired.

**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 definitely interferes with my social performance, but I can still manage.

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

Answer: I would become only slightly anxious or irritated.

**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 try to resist most of the time.

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

Answer: Very strong drive to drink

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

Answer: I can control it only with difficulty.

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