

## Obsessive Compulsive Drinking Scale

**Investigator:**

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**eCRF ID:**

A101-100

**Filled By:**

Subject

**Scale:**

Screening (Day X)

**Date:**

7/22/2025

**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: More than 8 times a day and during most hours of the 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: Severe, very frequent and very disturbing

**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 give in to all such thoughts without attempting to control them, but I do so with some reluctance.

**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: 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 causes substantial impairment in my social performance.

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

Answer: I would experience incapacitating anxiety or irritation.

**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 give in to almost all drinking without attempting to control it, but I do so with some reluctance.

**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 must drink and can only delay drinking with difficulty.

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