

Sub	iect	Sign	÷	

Obsessive Compulsive Drinking Scale

Investigator:	Dr Sangeetha Vulichi			
eCRF ID:	A101-108			
Filled By:	Subject			
Scale:	Screening (Day X)			
Date:	8/13/2025			
1. How much of your time when you're not drinking is occupied by ideas, thoughts, impulses or images related to drinking?				

2. How frequently do these thoughts occur?

Answer: No more than 8 times a day

Answer: 1-3 hours 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 slightly interfere with my social or occupational activities, but my overall performance is not impaired

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

Answer: None

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: My thoughts are so minimal, I don't need to actively resist. If I have thoughts, I make an effort to always resist.

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

Answer: I am completely successful in stopping or diverting such thoughts.

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 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 can control it only with difficulty.

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.