

## Obsessive Compulsive Drinking Scale

**Investigator:**

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**eCRF ID:**

A101-102

**Filled By:**

Subject

**Scale:**

Screening (Day X)

**Date:**

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**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 never interfere -- I can function normally.

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

Answer: Mild, infrequent and not too 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 try to resist most of the time.

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

Answer: I am usually able to stop or divert such thoughts with some effort and concentration.

**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 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: 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 make some effort to resist.

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

Answer: Strong pressure 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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