

Obsessive Compulsive Drinking Scale (OCDS)

The questions below ask you about your drinking alcohol and your attempts to control your drinking in the last week. Please choose the number next to the statement that best applies to you. Open this file on your laptop Adobe program, and as you click the boxes the form automatically calculates the total. You can then save a copy of the completed form for your records or to send to your physician without having to scan it.

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

- (1) None
- (2) Less than 1 hour a day
- (3) 1-3 hours a day
- (4) 4-8 hours a day
- (5) Greater than 8 hours a day

2. How frequently do these thoughts occur?

- (1) Never
- (2) No more than 8 times a day
- (3) More than 8 times a day but most hours of the day are free of those thoughts
- (4) More than 8 times a day and during most hours of the day
- (5) Thoughts are too numerous to count and an hour rarely passes without several such thoughts occurring

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]

- (1) Thoughts of drinking never interfere -- I can function normally.
- (2) Thoughts of drinking slightly interfere with my social or occupational activities, but my overall performance is not impaired
- (3) Thoughts of drinking definitely interfere with my social or occupational performance, but I can still manage.
- (4) Thoughts of drinking cause substantial impairment in my social or occupational performance.
- (5) Thoughts of drinking interfere completely with my social or work performance.

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

- (1) None
- (2) Mild, infrequent and not too disturbing
- (3) Moderate, frequent and disturbing, but still manageable
- (4) Severe, very frequent and very disturbing
- (5) Extreme, nearly constant, and disabling distress

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.)

- (1) My thoughts are so minimal, I don't need to actively resist. If I have thoughts, I make an effort to *always* resist.
- (2) I try to resist most of the time.
- (3) I make some effort to resist.
- (4) I give in to all such thoughts without attempting to control them, but I do so with some reluctance.
- (5) I completely and willingly give in to all such thoughts.

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

- (1) I am completely successful in stopping or diverting such thoughts.
- (2) I am usually able to stop or divert such thoughts with some effort and concentration.
- (3) I am sometimes able to stop or divert such thoughts.
- (4) I am rarely successful in stopping such thoughts and can only divert such thoughts with difficulty.
- (5) I am rarely able to divert such thoughts even momentarily.

7. 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?)

- (1) Drinking never interferes - I can function normally.
- (2) Drinking slightly interferes with my occupational activities, but my overall performance is not impaired.
- (3) Drinking definitely interferes with my occupational performance, but I can still manage.
- (4) Drinking causes substantial impairment in my occupational performance.
- (5) Drinking problems interfere completely with my work performance.

8. 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?

- (1) Drinking never interferes - I can function normally.
- (2) Drinking slightly interferes with my social activities, but my overall performance is not impaired.
- (3) Drinking definitely interferes with my social performance, but I can still manage.
- (4) Drinking causes substantial impairment in my social performance.
- (5) Drinking problems interfere completely with my social performance.

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

- (1) I would not experience any anxiety or irritation.
- (2) I would become only slightly anxious or irritated.
- (3) The anxiety or irritation would mount but remain manageable.
- (4) I would experience a prominent and very disturbing increase in anxiety or irritation.
- (5) I would experience incapacitating anxiety or irritation.

10. 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).

- (1) My drinking is so minimal, I don't need to actively resist. If I drink, I make an effort to always resist.
- (2) I try to resist most of the time.
- (3) I make some effort to resist.
- (4) I give in to almost all drinking without attempting to control it, but I do so with some reluctance.
- (5) I completely and willingly give in to all drinking.

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

- (1) No drive
- (2) Some pressure to drink
- (3) Strong pressure to drink
- (4) Very strong drive to drink
- (5) The drive to drink is completely involuntary and overpowering.

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

- (1) I have complete control.
- (2) I am usually able to exercise voluntary control over it.
- (3) I can control it only with difficulty.
- (4) I must drink and can only delay drinking with difficulty.
- (5) I am rarely able to delay drinking even momentarily.

SCORING THE OCDS:

Obsessive Subscale Score ____	<input type="text"/>	<i>(Sum items 1,2,4,9, & 11)</i>
Resistance/impairment Subscale Score ____	<input type="text"/>	<i>(Sum items 5,6,10 & 12)</i>
Interference Subscale Score ____	<input type="text"/>	<i>(Sum items 3,7, & 8)</i>
Total ____	<input type="text"/>	<i>(Sum all items)</i>

Date : Example : mm/dd/yy