

## NIDA Clinical Trials Network

### Obsessive Compulsive Drug Use - Marijuana (OCM)

Web Version: 1.0; 1.01; 03-24-14

Segment (PROTSEG):

Visit number (VISNO):

Date of assessment: (OCMASMDT)

(mm/dd/yyyy)

The questions below ask you about your marijuana use and your attempts to control your use. For each question, indicate the statement that best applies to you.

1. How much of your time when you are not using is occupied by ideas, thoughts, impulses, or images related to the use of marijuana? (OCTKTIME)

2. How frequently do these thoughts related to marijuana occur? (OCTKFREQ)

3. How much do these thoughts related to marijuana interfere with your social or work functioning? (OCTKSOCL)

4. How much distress or disturbances do these ideas, thoughts, impulses, or images related to marijuana cause you when you are not taking marijuana? (OCDISTR)

5. How much of an effort do you make to resist these thoughts related to marijuana or try to disregard or turn your attention away from these thoughts? (Rate your efforts to resist these thoughts, not your success in controlling them) (OCRESIST)

6. How successful are you in stopping or diverting these thoughts related to marijuana? (OCDIVERT)

7. If you do not use, how often do you feel the urge or drive to use marijuana? (OCURGEOF)

8. If you do not use, how much time of the day do you feel the urge or drive to use marijuana? (OCURGETM)

9. How much does the urge to use marijuana interfere with your social life or your occupational activities?  
(OCURGES)

10. If you were prevented from using marijuana when you desired to use it, how anxious or upset would you become?(OCUPSET)

11. How much of an effort do you make to resist the use of marijuana?(OCEFFORT)

12. How strong was the drive to use marijuana in the past week?(OCSTRONG)

13. How much control do you have over your marijuana use?(OCCONTRL)