

## RISK Interview Form

### PARTICIPANT INFORMATION

Sub ID:

Interview Time:

Interviewer/Staff:

Today's Date:

Mobile Number:

Interview Type:

☐ Intake ☐ Follow-up 1 ☐ Follow-up 2

Home address:

City & State & Zip Code:

Questions:

1) Is your home a place where you used to spend time drinking?

- ☐ Yes  
☐ No

2) In the future, do you generally expect to have alcohol in your home?

- ☐ Yes  
☐ No

3) Would you categorize your home environment as...

- ☐ Pleasant  
☐ Unpleasant  
☐ Mixed  
☐ Neutral

4) Does being in your home environment put you at any risk to begin drinking?

\*If no, then mark "No Risk."

\*If yes, indicate if the risk is high, medium, or low.

- ☐ High  
☐ Medium  
☐ Low  
☐ No Risk

## **RISKY LOCATIONS**

These are places participant is trying to avoid while in recovery because they are high risk.

**Location name:**

**Address:**

**Type of Place:**

- ☐ Home of Friend
- ☐ Home of Family Member
- ☐ Liquor Store
- ☐ Coffee Shop/Cafe
- ☐ Restaurant
- ☐ Park
- ☐ Bar
- ☐ Other \_\_\_\_\_

Check If Applicable:

- ☐ I've drank alcohol here before.
- ☐ Alcohol is available here.

This place is...

Pleasant   Unpleasant   Mixed   Neutral

**Location name:**

**Address:**

**Type of Place:**

- ☐ Home of Friend
- ☐ Home of Family Member
- ☐ Liquor Store
- ☐ Coffee Shop/Cafe
- ☐ Restaurant
- ☐ Park
- ☐ Bar
- ☐ Other \_\_\_\_\_

Check If Applicable:

- ☐ I've drank alcohol here before.
- ☐ Alcohol is available here.

This place is...

Pleasant   Unpleasant   Mixed   Neutral

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- ☐ Restaurant
- ☐ Park
- ☐ Bar
- ☐ Other \_\_\_\_\_

Check If Applicable:

- ☐ I've drank alcohol here before.
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This place is...

Pleasant   Unpleasant   Mixed   Neutral

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- ☐ Restaurant
- ☐ Park
- ☐ Bar
- ☐ Other \_\_\_\_\_

Check If Applicable:

- ☐ I've drank alcohol here before.
- ☐ Alcohol is available here.

This place is...

Pleasant   Unpleasant   Mixed   Neutral

**Location name:**

**Address:**

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- ☐ Park
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- ☐ Other \_\_\_\_\_

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Pleasant   Unpleasant   Mixed   Neutral

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**Address:**

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- ☐ Restaurant
- ☐ Park
- ☐ Bar
- ☐ Other \_\_\_\_\_

Check If Applicable:

- ☐ I've drank alcohol here before.
- ☐ Alcohol is available here.

This place is...

Pleasant   Unpleasant   Mixed   Neutral

## EMOTIONALLY IMPORTANT DAYS-RECURRENT

Ask the participant to identify “emotionally important” days that put them at-risk to begin drinking again. The days participant identifies are recurrent days. Have participant identify days that will occur during their participation in the study (Next 90 Days).

### Example Days:

- Holidays
- Birthdays
- Anniversaries (In particular, anniversaries that mark traumatic events-death of a loved one, major car accident, etc....)
- Sobriety Anniversary (milestones for alcohol or other drugs)

### List Type of Day and Date Identified by Participant

#### Type:

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: \_\_\_\_\_

### List Type of Day and Date Identified by Participant

#### Type:

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: \_\_\_\_\_

### List Type of Day and Date Identified by Participant

#### Type:

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: \_\_\_\_\_

**List Type of Day and Date Identified by Participant**

**Type:**

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: \_\_\_\_\_

**List Type of Day and Date Identified by Participant**

**Type:**

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: \_\_\_\_\_

## WEEKLY TIME PERIODS

Ask the participant to think about their typical week. Have the participant list each time-period during the day that puts them at increased risk to drink. These times are “risky” time-periods. In turn, are there any specific time-periods during the participant’s week that they can identify as protective, meaning they are confident that they would not drink during this time. Be sure to specify the time-period and day of the week that it occurs.

### Type of Time-Period:

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

### Day of the week:

Time Period-Start:

End:

### Is this time-period...

- ☐ Risky
- ☐ Protective

### Type of Time-Period:

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

### Day of the week:

Time Period-Start:

End:

### Is this time-period...

- ☐ Risky
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### Type of Time-Period:

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

### Day of the week:

Time Period-Start:

End:

### Is this time-period...

- ☐ Risky
- ☐ Protective

**Type of Time-Period:**

- ☐ Work Hours
- ☐ After Work Hours
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- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

**Day of the week:****Time Period-Start:****End:****Is this time-period...**

- ☐ Risky
- ☐ Protective

**Type of Time-Period:**

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

**Day of the week:****Time Period-Start:****End:****Is this time-period...**

- ☐ Risky
- ☐ Protective

**Type of Time-Period:**

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

**Day of the week:****Time Period-Start:****End:****Is this time-period...**

- ☐ Risky
- ☐ Protective

## PLANNED VACATIONS

Ask the participant if they have any vacations planned while they will be participating in the study. Record each vacation period below. Indicate the start and end date for each vacation period. Also indicate if the vacation is in town or out of town. If the location is out of town, indicate the city and state of the vacation location.

**Start Date:**

**End Date:**

- ☐ In Town
- ☐ Out of Town

**Out of Town Location:**

**Start Date:**

**End Date:**

- ☐ In Town
- ☐ Out of Town

**Out of Town Location:**

**Start Date:**

**End Date:**

- ☐ In Town
- ☐ Out of Town

**Out of Town Location:**

**Start Date:**

**End Date:**

- ☐ In Town
- ☐ Out of Town

**Out of Town Location:**

**Start Date:**

**End Date:**

- ☐ In Town
- ☐ Out of Town

**Out of Town Location:**



## RISK Interview-Updates

### PARTICIPANT INFORMATION

Sub ID:

Interview Time:

Interviewer/Staff:

Today's Date:

Mobile Number:

Interview Type:

☐ Follow-up 1   ☐ Follow-up 2

Has the participant's residence changed since their last study visit?

- ☐ Yes-Complete information below  
☐ No-Continue to next page (RISKY LOCATIONS)

Home address:

City & State & Zip Code:

Questions:

1) Is your home a place where you used to spend time drinking?

- ☐ Yes  
☐ No

2) In the future, do you generally expect to have alcohol in your home?

- ☐ Yes  
☐ No

3) Would you categorize your home environment as...

- ☐ Pleasant  
☐ Unpleasant  
☐ Mixed  
☐ Neutral

4) Does being in your home environment put you at any risk to begin drinking?

\*If no, then mark "No Risk."

\*If yes, indicate if the risk is high, medium, or low.

- ☐ High  
☐ Medium  
☐ Low  
☐ No Risk

## RISKY LOCATIONS

These are locations the participant is trying to avoid while in recovery because they are high risk.

Does the participant need to make updates to their risky locations? If yes, complete necessary update below.

**Location name:**

**Address:**

**Type of Place:**

- ☐ Home of Friend
- ☐ Home of Family Member
- ☐ Liquor Store
- ☐ Coffee Shop/Cafe
- ☐ Restaurant
- ☐ Park
- ☐ Bar
- ☐ Other \_\_\_\_\_

Check If Applicable:

- ☐ I've drank alcohol here before.
- ☐ Alcohol is available here.

This place is...

Pleasant   Unpleasant   Mixed   Neutral

**Location name:**

**Address:**

**Type of Place:**

- ☐ Home of Friend
- ☐ Home of Family Member
- ☐ Liquor Store
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- ☐ Restaurant
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Check If Applicable:

- ☐ I've drank alcohol here before.
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**Location name:**

**Address:**

**Type of Place:**

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- ☐ Home of Family Member
- ☐ Liquor Store
- ☐ Coffee Shop/Cafe
- ☐ Restaurant
- ☐ Park
- ☐ Bar
- ☐ Other \_\_\_\_\_

Check If Applicable:

- ☐ I've drank alcohol here before.
- ☐ Alcohol is available here.

This place is...

Pleasant   Unpleasant   Mixed   Neutral

**EMOTIONALLY IMPORTANT DAYS-RECURRENT-Are there additional dates that the participant needs to report? If so, add these dates below.**

Ask the participant to identify “emotionally important” days that put them at-risk to begin drinking again. The days participant identifies are recurrent days. Have participant identify days that will occur during their participation in the study only.

**Example Days:**

- **Holidays**
- **Birthdays**
- **Anniversaries (In particular, anniversaries that mark traumatic events-death of a loved one, major car accident, etc....)**
- **Sobriety Anniversary (milestones for alcohol or other drugs)**

**List Type of Day and Date Identified by Participant**

**Type:**

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: \_\_\_\_\_

**List Type of Day and Date Identified by Participant**

**Type:**

- ☐ Holiday:
- ☐ Birthday:
- ☐ Anniversary:
- ☐ Sobriety Anniversary
- ☐ Financial
- ☐ Other:

Date: \_\_\_\_\_

**WEEKLY TIME PERIODS**-Has the participant had any changes to their weekly risky/protective time periods, or new risky/protective time periods? If so, add these times below.

**Ask the participant to think about their typical week. Have the participant list each time-period during the day that puts them at increased risk to drink. These times are “risky” time-periods. In turn, are there any specific time-periods during the participant’s week that they can identify as protective, meaning they are confident that they would not drink during this time. Be sure to specify the time-period and day of the week that it occurs.**

**Type of Time-Period:**

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

**Day of the week:**

**Time Period-Start:**

**End:**

**Is this time-period...**

- ☐ Risky
- ☐ Protective

**Type of Time-Period:**

- ☐ Work Hours
- ☐ After Work Hours
- ☐ School Hours
- ☐ Weekends
- ☐ Volunteer Activities
- ☐ Fitness Activities
- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

**Day of the week:**

**Time Period-Start:**

**End:**

**Is this time-period...**

- ☐ Risky
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**Type of Time-Period:**

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- ☐ Church/Other Weekly Religious or Spiritual Event
- ☐ Hobby
- ☐ Other: \_\_\_\_\_

**Day of the week:**

**Time Period-Start:**

**End:**

**Is this time-period...**

- ☐ Risky
- ☐ Protective

**PLANNED VACATIONS-Does the participant need to update vacation dates? If yes, do so below.**

**Ask the participant if they have any vacations planned while they will be participating in the study. Record each vacation period below. Indicate the start and end date for each vacation period. Also indicate if the vacation is in town or out of town. If the location is out of town, indicate the city and state of the vacation location.**

**Start Date:**

**End Date:**

- ☐ In Town  
☐ Out of Town

**Out of Town Location:**

**Start Date:**

**End Date:**

- ☐ In Town  
☐ Out of Town

**Out of Town Location:**

**Start Date:**

**End Date:**

- ☐ In Town  
☐ Out of Town

**Out of Town Location:**

**Start Date:**

**End Date:**

- ☐ In Town  
☐ Out of Town

**Out of Town Location:**

**Start Date:**

**End Date:**

- ☐ In Town  
☐ Out of Town

**Out of Town Location:**

## RISK Updates Final Visit/Other Visit

### PARTICIPANT INFORMATION

Sub ID:

Interview Time:

Interviewer/Staff:

Today's Date:

Mobile Number:

Interview Type:

☐ Final Visit/Follow Up 3 ☐ Other

Has the participant's residence changed since their last study visit?

- ☐ Yes-Complete information below
- ☐ No-Continue to Unreported Contacts and Unreported Locations

Home address:

City & State & Zip Code:

Questions:

1) Is your home a place where you used to spend time drinking?

- ☐ Yes
- ☐ No

2) In the future, do you generally expect to have alcohol in your home?

- ☐ Yes
- ☐ No

3) Would you categorize your home environment as...

- ☐ Pleasant
- ☐ Unpleasant
- ☐ Mixed
- ☐ Neutral

4) Does being in your home environment put you at any risk to begin drinking?

\*If no, then mark "No Risk."

\*If yes, indicate if the risk is high, medium, or low.

- ☐ High
- ☐ Medium
- ☐ Low
- ☐ No Risk

**Check the boxes below to indicate updates to Contacts and Locations, ask follow-up questions, and attach updated forms to this cover sheet**

- ☐ Unreported Contacts
- ☐ Unreported Locations

## Monthly Contact Questions

**1. Have you drank alcohol with this person?**

Never/Almost Never   Occasionally   Almost Always/Always

**2. What is their drinking status?**

Drinker   NonDrinker   Dont Know

**3. Would you expect them to drink in your presence?**

Yes   Uncertain   No

**4. Are they currently in recovery from alcohol/other substances?**

Yes   No   Dont Know

**5. Do they know about your recovery goals and if so are they supportive?**

Supportive   Unsupportive   Mixed   Neutral   Dont Know

**6. Are your experiences with this person typically...**

Pleasant   Unpleasant   Mixed   Neutral

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## Monthly Location Questions

**1. Location emotion**

Pleasant   Unpleasant   Mixed   Neutral

**2. Location risk**

High   Medium   Low   No

## Monthly Contact Questions

**1. Have you drank alcohol with this person?**

Never/Almost Never   Occasionally   Almost Always/Always

**2. What is their drinking status?**

Drinker   NonDrinker   Dont Know

**3. Would you expect them to drink in your presence?**

Yes   Uncertain   No

**4. Are they currently in recovery from alcohol/other substances?**

Yes   No   Dont Know

**5. Do they know about your recovery goals and if so are they supportive?**

Supportive   Unsupportive   Mixed   Neutral   Dont Know

**6. Are your experiences with this person typically...**

Pleasant   Unpleasant   Mixed   Neutral

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## Monthly Location Questions

**1. Location emotion**

Pleasant   Unpleasant   Mixed   Neutral

**2. Location risk**

High   Medium   Low   No



**LOCATION LOG Interview Type:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **SubID:** \_\_\_\_\_  
**For Staff Only: Interviewer Initials** \_\_\_\_\_ **Entered By** \_\_\_\_\_ **Data Entry Date** \_\_\_\_\_

<p>Address: _____</p> <p>City: Madison Other: _____</p> <p>Type:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Work</li><li><input type="checkbox"/> School</li><li><input type="checkbox"/> Volunteer</li><li><input type="checkbox"/> Health Care</li><li><input type="checkbox"/> Home of Friend</li><li><input type="checkbox"/> Home of Family Member</li><li><input type="checkbox"/> Liquor Store</li><li><input type="checkbox"/> Errands (Ex: Grocery Store, Post Office, etc.)</li><li><input type="checkbox"/> Coffee Shop/Cafe</li><li><input type="checkbox"/> Restaurant</li><li><input type="checkbox"/> Park</li><li><input type="checkbox"/> Bar</li><li><input type="checkbox"/> Gym/Fitness center</li><li><input type="checkbox"/> AA/Recovery Meeting</li><li><input type="checkbox"/> Church (Any religious location ex: Mosque, Temple, etc.)</li><li><input type="checkbox"/> Other _____</li></ul> <p>Check If Applicable:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> I've drank alcohol here before.</li><li><input type="checkbox"/> Alcohol is available here.</li></ul> <p><b>For Staff Only:</b> E: P U M N R: H M L N</p>	<p>Address: _____</p> <p>City: Madison Other: _____</p> <p>Type:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Work</li><li><input type="checkbox"/> School</li><li><input type="checkbox"/> Volunteer</li><li><input type="checkbox"/> Health Care</li><li><input type="checkbox"/> Home of Friend</li><li><input type="checkbox"/> Home of Family Member</li><li><input type="checkbox"/> Liquor Store</li><li><input type="checkbox"/> Errands (Ex: Grocery Store, Post Office, etc.)</li><li><input type="checkbox"/> Coffee Shop/Cafe</li><li><input type="checkbox"/> Restaurant</li><li><input type="checkbox"/> Park</li><li><input type="checkbox"/> Bar</li><li><input type="checkbox"/> Gym/Fitness center</li><li><input type="checkbox"/> AA/Recovery Meeting</li><li><input type="checkbox"/> Church (Any religious location ex: Mosque, Temple, etc.)</li><li><input type="checkbox"/> Other _____</li></ul> <p>Check If Applicable:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> I've drank alcohol here before.</li><li><input type="checkbox"/> Alcohol is available here.</li></ul> <p><b>For Staff Only:</b> E: P U M N R: H M L N</p>
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**LOCATION LOG Interview Type:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **SubID:** \_\_\_\_\_  
**For Staff Only: Interviewer Initials** \_\_\_\_\_ **Entered By** \_\_\_\_\_ **Data Entry Date** \_\_\_\_\_

<p>Address: _____</p> <p>City: Madison Other: _____</p> <p>Type:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Work</li><li><input type="checkbox"/> School</li><li><input type="checkbox"/> Volunteer</li><li><input type="checkbox"/> Health Care</li><li><input type="checkbox"/> Home of Friend</li><li><input type="checkbox"/> Home of Family Member</li><li><input type="checkbox"/> Liquor Store</li><li><input type="checkbox"/> Errands (Ex: Grocery Store, Post Office, etc.)</li><li><input type="checkbox"/> Coffee Shop/Cafe</li><li><input type="checkbox"/> Restaurant</li><li><input type="checkbox"/> Park</li><li><input type="checkbox"/> Bar</li><li><input type="checkbox"/> Gym/Fitness center</li><li><input type="checkbox"/> AA/Recovery Meeting</li><li><input type="checkbox"/> Church (Any religious location ex: Mosque, Temple, etc.)</li><li><input type="checkbox"/> Other _____</li></ul> <p>Check If Applicable:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> I've drank alcohol here before.</li><li><input type="checkbox"/> Alcohol is available here.</li></ul> <p><b>For Staff Only:</b> E: P U M N R: H M L N</p>	<p>Address: _____</p> <p>City: Madison Other: _____</p> <p>Type:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Work</li><li><input type="checkbox"/> School</li><li><input type="checkbox"/> Volunteer</li><li><input type="checkbox"/> Health Care</li><li><input type="checkbox"/> Home of Friend</li><li><input type="checkbox"/> Home of Family Member</li><li><input type="checkbox"/> Liquor Store</li><li><input type="checkbox"/> Errands (Ex: Grocery Store, Post Office, etc.)</li><li><input type="checkbox"/> Coffee Shop/Cafe</li><li><input type="checkbox"/> Restaurant</li><li><input type="checkbox"/> Park</li><li><input type="checkbox"/> Bar</li><li><input type="checkbox"/> Gym/Fitness center</li><li><input type="checkbox"/> AA/Recovery Meeting</li><li><input type="checkbox"/> Church (Any religious location ex: Mosque, Temple, etc.)</li><li><input type="checkbox"/> Other _____</li></ul> <p>Check If Applicable:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> I've drank alcohol here before.</li><li><input type="checkbox"/> Alcohol is available here.</li></ul> <p><b>For Staff Only:</b> E: P U M N R: H M L N</p>
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LOCATION LOG Interview Type: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ SubID: \_\_\_\_\_  
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