ФИО\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Возраст\_\_\_\_\_\_\_\_ Пол\_\_\_\_\_\_\_

**Инструкция**

**На данном отрезке штрихом отметьте свое**

**состояние по отношению к алкоголю/наркотику**

Совсем не хочется Очень хочется

выпить выпить Дата

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