**SECTION 1. COVID-19 TEST**

A requirement for this survey is that you recently tested positive for COVID-19.

The following questions ask about the COVID-19 test and results that you received.

1. Have you tested positive for COVID-19 in the past 8 weeks?

[ ]  Yes [ ]  No

1. When did you test positive for COVID-19?
2. Date of swab: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_
3. Date of result: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_
4. Have you been recently tested for COVID-19?

[ ]  Yes [ ]  No

1. When was your most recent test date?

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

1. Where did you get tested for COVID-19?

[ ]  At work [ ]  Public health/county [ ]  Clinic/drive-thru [ ]  Doctor appointment

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why did you get tested for COVID-19? Check all that apply.

[ ]  It was required by work [ ]  I was experiencing symptoms

[ ]  I was exposed to someone with COVID-19 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In general, before you had COVID-19, how would have rated your overall health?

[ ]  Excellent [ ]  Very Good [ ]  Good [ ]  Fair [ ]  Poor

1. How would you rate your health now?

[ ]  Excellent [ ]  Very Good [ ]  Good [ ]  Fair [ ]  Poor

1. What is your job within the nursing home?

|  |  |
| --- | --- |
| [ ]  Certified nursing assistant (CNA) or Restorative Nursing Assistant (RNA) | [ ]  Assistant Director of Nursing (ADON)  |
| [ ]  Nurse (Medication/Treatment/Would Care/Minimum Data Set/Nurse Supervisor) | [ ]  Administrator  |
| [ ]  Environmental Services (EVS)/Laundry | [ ]  Assistant Administrator  |
| [ ]  Maintenance Worker | [ ]  Receptionist |
| [ ]  Central Supply | [ ]  Medical Records Office |
| [ ]  Dietary/Kitchen Services  | [ ]  Social Services  |
| [ ]  Director of Staff Development (DSD)/Infection Preventionist (IP)  | [ ]  Activities Director  |
| [ ]  Director of Nursing (DON)  | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. In the two weeks before you became ill, were you less than 6 feet apart for more than 15 minutes with someone who was sick with cold or flu symptoms such as a new cough, fever, or other symptoms?
2. At home? [ ]  Definitely Yes [ ] Possibly [ ] Definitely No
3. Close friends not at work? [ ]  Definitely Yes [ ] Possibly [ ] Definitely No
4. Co-workers at work? [ ]  Definitely Yes [ ] Possibly [ ] Definitely No
5. Residents at work? [ ]  Definitely Yes [ ] Possibly [ ] Definitely No
6. When you need medical care, where do you usually go?

[ ]  My regular doctor [ ]  Emergency room

[ ]  Urgent care clinic [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Outpatient clinic

1. What is your primary insurance?

[ ]  Private insurance [ ]  Medicare AND Medi-Cal

[ ]  Medi-Cal (Medicaid) [ ]  Free care

[ ]  Medicare [ ]  None

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2. SYMPTOMS of COVID**

Symptoms of COVID-19 can be very mild.

The next set of questions ask about your experience with COVID-19 related symptoms.

1. Did you have any of the following symptoms around the time you tested positive for COVID-19? When I ask you about each symptom, tell me whether you had the symptom and how many days before or after your test did it start.

| **SYMPTOM** | **YES OR NO** | **(# DAYS BEFORE OR AFTER TEST)** |
| --- | --- | --- |
| 1. Fever (≥ 99F)
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Chills
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Cough (new)
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Shortness of breath (new)
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Sore throat
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Body aches
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Excessive fatigue
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Headache
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Loss of taste/smell
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Lack of appetite
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Runny nose or congestion
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |
| 1. Nausea, vomiting, or diarrhea
 | [ ]  NO | [ ]  YES | \_\_\_\_\_DAYS | [ ]  BEFORE [ ]  AFTER |

1. If yes to any of the above, did you tell anyone about your symptoms before your test?
2. [ ]  N/A (did not respond yes to any of the above)
3. Family? [ ]  Yes, all symptoms [ ]  Yes, some symptoms [ ]  No symptoms
4. Friends outside work? [ ]  Yes, all symptoms [ ]  Yes, some symptoms [ ]  No symptoms
5. Co-workers? [ ]  Yes, all symptoms [ ]  Yes, some symptoms [ ]  No symptoms
6. Supervisors? [ ]  Yes, all symptoms [ ]  Yes, some symptoms [ ]  No symptoms
7. Public health? [ ]  Yes, all symptoms [ ]  Yes, some symptoms [ ]  No symptoms
8. In general, how likely do you think **nursing home workers** are to report:
	1. **Mild** symptoms (your energy level is good, but you may have symptoms such as sore throat, runny nose, cough) to their supervisors?

[ ]  Extremely unlikely [ ]  Unlikely [ ]  Not likely or unlikely [ ]  Likely [ ]  Extremely likely

* 1. **Moderate** symptoms (your energy level is fair, and you have symptoms such as muscle aches or headache) to their supervisors?

[ ]  Extremely unlikely [ ]  Unlikely [ ]  Not likely or unlikely [ ]  Likely [x]  Extremely likely

* 1. **More serious** symptoms (your energy level is poor and you have symptoms such as fever or chills) to their supervisors?

[ ]  Extremely unlikely [ ]  Unlikely [ ]  Not likely or unlikely [ ]  Likely [ ]  Extremely likely

1. If you are experiencing **mild symptoms** (such as sore throat, runny nose, cough) how likely are **you** to do the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely unlikely**[1]** | Unlikely**[2]** | Not likely or unlikely**[3]** | Likely**[4]** | Extremely likely**[5]** |
| 1. Seek care from a doctor’s office
 | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice on the internet
 | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice from friends or family
 | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home
 | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home in bed
 | **1** | **2** | **3** | **4** | **5** |
| 1. Take over the counter medication (Tylenol, Advil/Motrin)
 | **1** | **2** | **3** | **4** | **5** |

1. If you are feeling **moderately sick**, how likely are **you** to do the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely unlikely**[1]** | Unlikely**[2]** | Not likely or unlikely**[3]** | Likely**[4]** | Extremely likely**[5]** |
| 1. Seek care from a doctor’s office
 | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice on the internet
 | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice from friends or family
 | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home
 | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home in bed
 | **1** | **2** | **3** | **4** | **5** |
| 1. Take over the counter medication (Tylenol, Advil/Motrin)
 | **1** | **2** | **3** | **4** | **5** |

1. If you are feeling **severely sick**, how likely are **you** to do the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely unlikely**[1]** | Unlikely**[2]** | Not likely or unlikely**[3]** | Likely**[4]** | Extremely likely**[5]** |
| 1. Seek care from a doctor’s office
 | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice on the internet
 | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice from friends or family
 | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home
 | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home in bed
 | **1** | **2** | **3** | **4** | **5** |
| 1. Take over the counter medication (Tylenol, Advil/Motrin)
 | **1** | **2** | **3** | **4** | **5** |

1. If you had one of the below symptoms (not all of which are COVID-19 symptoms), how likely would you be to report it to your supervisor?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely unlikely**[1]** | Unlikely**[2]** | Not likely or unlikely**[3]** | Likely**[4]** | Extremely likely**[5]** |
| 1. Mild fatigue
 | **1** | **2** | **3** | **4** | **5** |
| 1. Moderate fatigue
 | **1** | **2** | **3** | **4** | **5** |
| 1. Excessive fatigue
 | **1** | **2** | **3** | **4** | **5** |
| 1. Headache
 | **1** | **2** | **3** | **4** | **5** |
| 1. Lower back pain
 | **1** | **2** | **3** | **4** | **5** |
| 1. Body aches
 | **1** | **2** | **3** | **4** | **5** |
| 1. Sore throat
 | **1** | **2** | **3** | **4** | **5** |
| 1. Cough
 | **1** | **2** | **3** | **4** | **5** |
| 1. Fever (99 to 101F)
 | **1** | **2** | **3** | **4** | **5** |
| 1. Fever (>101F)
 | **1** | **2** | **3** | **4** | **5** |
| 1. Chills
 | **1** | **2** | **3** | **4** | **5** |
| 1. Shortness of breath
 | **1** | **2** | **3** | **4** | **5** |
| 1. Abdominal cramps
 | **1** | **2** | **3** | **4** | **5** |
| 1. Muscle spasms
 | **1** | **2** | **3** | **4** | **5** |
| 1. Joint stiffness
 | **1** | **2** | **3** | **4** | **5** |
| 1. Loss of taste/smell
 | **1** | **2** | **3** | **4** | **5** |
| 1. Lack of appetite
 | **1** | **2** | **3** | **4** | **5** |
| 1. Runny nose or congestion
 | **1** | **2** | **3** | **4** | **5** |
| 1. Nausea, vomiting, diarrhea
 | **1** | **2** | **3** | **4** | **5** |

**SECTION 3. HEALTH BEHAVIORS AND PERCEPTIONS**

The following questions ask about your experiences and perspectives related to

symptom reporting, working while ill, and accepting vaccines.

1. When someone has potential COVID-19 symptoms, how harmful is it to not report the symptoms(s) to a supervisor at work?

[ ]  Not at all harmful [ ]  Very harmful

[ ]  Slightly harmful [ ]  Extremely harmful

[ ]  Somewhat harmful

1. How confident are you that if you have to go home due to COVID-19 symptoms:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all confident **[1]** |  Slightly confident**[2]** | Fairly confident**[3]** | Very confident**[4]** | Extremely confident **[5]** |
| 1. Your supervisor would support your decision
 | **1** | **2** | **3** | **4** | **5** |
| 1. Your co-workers would support your decision
 | **1** | **2** | **3** | **4** | **5** |

1. In general, how much does each of the following matter when deciding to report possible symptoms of COVID-19 to a supervisor at work?

|  | Not at all**[1]** | Slightly**[2]** | Somewhat**[3]** | A lot**[4]** | Very Much **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Having information about COVID-19 symptoms
 | **1** | **2** | **3** | **4** | **5** |
| 1. Having information about protecting family from getting COVID-19
 | **1** | **2** | **3** | **4** | **5** |
| 1. Supervisor encourages reporting of symptoms
 | **1** | **2** | **3** | **4** | **5** |
| 1. Coworkers encourage reporting of symptoms
 | **1** | **2** | **3** | **4** | **5** |
| 1. Coworkers finding out you have COVID-19
 | **1** | **2** | **3** | **4** | **5** |
| 1. How many paid sick days you have
 | **1** | **2** | **3** | **4** | **5** |
| 1. Concerns about losing your job
 | **1** | **2** | **3** | **4** | **5** |
| 1. Staffing to cover if you cannot work
 | **1** | **2** | **3** | **4** | **5** |
| 1. Support at home if you were sick
 | **1** | **2** | **3** | **4** | **5** |
| 1. Having free transportation to medical care
 | **1** | **2** | **3** | **4** | **5** |
| 1. Out-of-pocket costs for medical care
 | **1** | **2** | **3** | **4** | **5** |
| 1. Having free COVID-19 testing outside of work
 | **1** | **2** | **3** | **4** | **5** |

1. How much would it help if you had a confidential phone number to call to:

|  | Not at all**[1]** | Slightly**[2]** | Somewhat**[3]** | A lot**[4]** | Very Much **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Discuss COVID-19 symptoms or concerns
 | **1** | **2** | **3** | **4** | **5** |
| 1. Help decide if you should report your symptoms
 | **1** | **2** | **3** | **4** | **5** |
| 1. Understand COVID-19 testing or results
 | **1** | **2** | **3** | **4** | **5** |
| 1. Ask about available resources
 | **1** | **2** | **3** | **4** | **5** |
| 1. Ask about COVID-19 vaccines
 | **1** | **2** | **3** | **4** | **5** |

1. How worried are you about: (If positive, how worried WERE you before tested positive)

|  | Not at all worried**[1]** | Slightly worried**[2]** | Fairly worried**[3]** | Very worried**[4]** | Extremely worried **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Yourself getting COVID-19
 | **1** | **2** | **3** | **4** | **5** |
| 1. People you live with getting COVID-19
 | **1** | **2** | **3** | **4** | **5** |
| 1. Your coworkers getting COVID-19
 | **1** | **2** | **3** | **4** | **5** |
| 1. Nursing home residents getting COVID-19
 | **1** | **2** | **3** | **4** | **5** |

1. In the past 4 weeks (or weeks before you tested positive), how often did you:

|  | Never**[1]** | Rarely**[2]** | Sometimes**[3]** | Often**[4]** | Very Often **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Wear a mask at work
 | **1** | **2** | **3** | **4** | **5** |
| 1. Go shopping indoors without a mask
 | **1** | **2** | **3** | **4** | **5** |
| 1. Eat indoors at a restaurant
 | **1** | **2** | **3** | **4** | **5** |
| 1. Eat outdoors at a restaurant
 | **1** | **2** | **3** | **4** | **5** |
| 1. Share a meal at the same table with coworkers less than 6-feet apart
 | **1** | **2** | **3** | **4** | **5** |
| 1. Share a meal at the same table with friends/family you don’t live with
 | **1** | **2** | **3** | **4** | **5** |
| 1. Travel and stay overnight somewhere besides home
 | **1** | **2** | **3** | **4** | **5** |
| 1. Attend a group gathering
 | **1** | **2** | **3** | **4** | **5** |

1. Do you usually get the annual flu vaccine?

[ ]  Yes [ ]  No

 Have you or do you plan to get the COVID-19 vaccine?

[ ]  Definitely not [ ]  Probably yes

[ ]  Probably not [ ]  Definitely yes

[ ]  Maybe [ ]  Already received it

1. How much does each of the following matter in getting people to take a COVID-19 vaccine?

|  | Not at all**[1]** | Slightly**[2]** | Somewhat**[3]** | A lot **[4]** | Very Much **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Out-of-pocket costs
 | **1** | **2** | **3** | **4** | **5** |
| 1. Short-term side effects
 | **1** | **2** | **3** | **4** | **5** |
| 1. Long-term side effects
 | **1** | **2** | **3** | **4** | **5** |
| 1. How well the vaccine protects you from getting COVID-19
 | **1** | **2** | **3** | **4** | **5** |
| 1. How well the vaccine protects you from spreading COVID-19 to others
 | **1** | **2** | **3** | **4** | **5** |

1. Where do you get your information about COVID-19 vaccines?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much do you trust each of the following when it comes to COVID-19 vaccines?

|  | Not at all**[1]** | Slightly**[2]** | Somewhat**[3]** | A lot **[4]** | Completely **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Your doctor
 | **1** | **2** | **3** | **4** | **5** |
| 1. Your supervisor at work
 | **1** | **2** | **3** | **4** | **5** |
| 1. Your family or friends
 | **1** | **2** | **3** | **4** | **5** |
| 1. The government
 | **1** | **2** | **3** | **4** | **5** |
| 1. The internet
 | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |

**SECTION 4. ABOUT YOU: HOME and WORK ENVIRONMENT**

The following questions ask about you, your household and work environment.

1. What is your current age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your gender?

[ ]  Male [ ]  Female [ ]  Other

1. Are you Hispanic?

[ ]  Yes [ ]  No

1. What is your race?

[ ]  American Indian [ ]  Native Hawaiian or Other Pacific Islander

[ ]  Alaskan Native [ ]  White or Caucasian

[ ]  Asian [ ]  More Than One Race

[ ]  Black or African American [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many nursing home facilities do you work in currently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you had your current job at the nursing home? (years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In total, how long have you worked in nursing homes? (years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have someone who supports you when you are sick?

[ ]  No [ ]  Yes, coworkers

[ ]  Yes, family [ ]  Yes, neighbors

[ ]  Yes, friends outside work [ ]  Yes, healthcare provider

1. How many total people do you live with, including yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **ENTER NUMBER** |
| 1. **Total people** in household
 | \_\_\_\_\_\_\_ |
| 1. **Total adults** (≥18 years old – including yourself)
 | \_\_\_\_\_\_\_ |
| 1. Total adults aged 65 or above
 | \_\_\_\_\_\_\_ |
| 1. How many adults are actively going to work in a *non-healthcare* setting? Please specify setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | \_\_\_\_\_\_\_ |
| 1. How many adults are actively going to work in a *healthcare* setting? Please specify setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | \_\_\_\_\_\_\_ |
| 1. **Total children** (<18 years old)
 | \_\_\_\_\_\_\_ |

1. Does anyone in the household currently attend:

|  | No**[1]** | Yes, Online Only**[2]** | Yes, Hybrid**[3]** | Yes, In Person Only**[4]** |
| --- | --- | --- | --- | --- |
| 1. Pre-school or day care
 | **1** | **2** | **3** | **4** |
| 1. Elementary school
 | **1** | **2** | **3** | **4** |
| 1. Middle school
 | **1** | **2** | **3** | **4** |
| 1. High school
 | **1** | **2** | **3** | **4** |
| 1. College
 | **1** | **2** | **3** | **4** |
| 1. Other (specify)
 | **1** | **2** | **3** | **4** |

Other School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any other comments you’d like to share?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_