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| **Demographics** |
| Living arrangement: \_\_ Own home/apartment\_\_ Family home/apartment \_\_ Agency owned/operated \_\_ Shared Living Provider (SLA) | \_\_ Institution/nursing home/hospital \_\_ Homeless/shelter\_\_ Unknown\_\_ Not applicable (e.g., deceased) | **Residential provider:** (\_\_) NA  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Select from Appendix D)**Employment/day provider:** (\_\_) NA (Select from Appendix D)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Participated in employment or day activities in the community or a DDD facility-based program** between **Feb 1- April 30, 2024:** \_\_\_Yes \_\_\_No If No, reason (see list in instructions): \_\_\_\_\_\_\_\_\_\_\_\_ Comment (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Continue to Section 1 if the person participated in day or employment activities between Feb 1 - April 30, 2024. **If not, stop here.**

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| **Section 1: Activity Categories and General Questions (Complete the corresponding section for each activity selected.)** |
| 1. **Activities participated Feb 1 - April 30:**
 |
| \_\_ Supported Employment Services (SES) - Section 2\_\_Individual Employment (IE) - Section 3\_\_Self-Employed (SE) - Section 4\_\_ Provider Paid Individual Employment (PPI) - Section 5 |  \_\_ Provider Paid Group Employment (PPG) - Section 6\_\_ Community-based Non-work (CBNW) - Section 7\_\_ DDD Facility-based Non-work (FBNW) - Section 8\_\_ Non DDD Facility-based Non-Work– no additional questions\_\_ Program for Elderly Persons Non-work – no additional questions |
| 1. **Work incentive information received Feb 1 - April 30** (check all that apply)**:**\_\_ No information \_\_ Written materials

\_\_ Information session \_\_ Individual counseling session \_\_ SSA website \_\_ Spoke w/SSA Rep \_\_ TTW Helpline \_\_ Benefits plan received \_\_ Benefits plan in process |
| **3. ORS status Feb 1 - April 30:** \_\_ Applied/pending \_\_ Open case  \_\_ Closed/success \_\_Closed/other \_\_None                    |
| **4. Technology owned:** \_\_None \_\_Cell phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_Smart watch \_\_Smart TV \_\_Game console \_\_Portable media player \_\_Wearable fitness tracker \_\_Communication aid \_\_Medical alert device\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section 2: (SES) Supported Employment Services (If you did not check “SES” in Q1, skip to Section 3.)** |
| **5. SES Referred/started Feb 1-****April 30:** \_\_ Yes \_\_ No |  **5a. SES referral source:**\_\_ Self/family \_\_ School \_\_ Service provider \_\_ ORS \_\_ BHDDH \_\_ other: \_\_\_\_\_\_\_\_\_\_ |
| **6. SES Job search activities Feb 1 - April 30:**\_\_Employment PCP meeting\_\_Community map–employment focus | \_\_Informational interview, job shadow, or tour with employer\_\_ Job trial/situational assessment/internship\_\_ List of technology \_\_ Job club/class | \_\_ Written resume\_\_ Visual resume\_\_ Applied 1 or more jobs\_\_ Attended 1 or more interviews\_\_ None of the above |
| **7. SES # Short-term voc. experiences Feb 1 - April 30:** \_\_ 1 \_\_ 2 \_\_ 3 \_\_4 \_\_ 5+ **8. SES # Long-term voc. experiences Feb 1 - April 30:**  \_\_ 1 \_\_ 2 \_\_ 3 \_\_4  | Count each voc. experience only once even if taking place over multiple days. |
| **9. SES # businesses contacted to develop a vocational experience or job opportunity Feb 1 - April 30:** \_\_\_\_\_\_\_\_\_ Count each business only once even if the business was contacted multiple times in 3-month period. |
| **10.** **SES Typical method of support** **Feb 1 - April 30:** | \_\_ In-person only\_\_ Remote only | \_\_ Combination of in-person and remote\_\_ No supports provided |
| **11. SES Hours April 14 - April 27:** *(Round each activity to nearest 15 minutes)* |
| \_\_\_ Career planning\_\_\_ Post-secondary education / vocational training |  \_\_\_ Short-term vocational experience\_\_\_ Long-term vocational experience\_\_\_ Job search with me | \_\_\_ Job search on my behalf\_\_\_ Job Coaching/retention (individual job or short/long-term voc. experience) |
| **12. SES Reason for no hours:** \_\_Health issues \_\_Planned time off \_\_Refused/cancelled \_\_Lack of supports \_\_No supports \_\_Other |
| **13. SES Settings:** (for activities reported in Question 11.) |  \_\_ netWORKri/OneStop/DLT \_\_ Business/employer \_\_ Public venue |  \_\_ School/training \_\_ DD provider organization \_\_ Home/residence |

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| **Hours key: 15 min. = .25 30 min = .50 45 min = .75****Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)** |

**Employment Data**

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| **Section 3: (IE) Individual Employment (If you did not check IE in Q1, skip to Section 4.)** |
| **14. IE STARTED job***(on employer payroll)*: \_\_Yes \_\_ No **14a. If YES, how was job obtained:** \_\_Existing job \_\_Customized job |
| **15. IE ENDED job**(on employer payroll):      \_\_Yes \_\_ No**15a. If *YES*, reason job ended** (check one): \_\_New job \_\_Chose to leave/not a match \_\_Laid off/general \_\_Fired \_\_Employer closed/relocated \_\_Lack of job supports/general \_\_Lack of transportation \_\_Benefits/financial \_\_Benefits/medical \_\_Moved \_\_Health issues \_\_Other**15b. If YES, job length:** \_­­­\_\_< 1 month   \_\_\_1 month > < 3 months  \_\_\_3 month > < 6 mos.   \_\_\_6 months > < 12 mos.  \_\_\_1 yr > <2 yrs  \_\_\_ 2 yrs > < 5 yrs  ­\_\_\_5 yrs­ > < 10 yrs   \_\_\_10 yrs > |
| **16. Were you employed in an individual job from April 14 - April 27?** \_\_Yes (go to Q17) \_\_No (go to Section 4) |
| **17. IE Title** (Appendix B):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**17a. If other** (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If other, contact Vicki,vferrara@ric.edu,before entering survey.**18. IE Employer type** (check one): \_\_ For-profit \_\_ Non-profit \_\_ DD agency \_\_ Government agency**19. IE Industry (**Select from Appendix C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**20. IE Onsite support:** \_\_None \_\_Daily (100%) \_\_Daily (some) \_\_Weekly \_\_Monthly**21. IE Offsite support:**\_\_None \_\_Daily (100%) \_\_Daily (some) \_\_Weekly \_\_Monthly**22. IE Method of support:** \_\_In-person only \_\_Remote only \_\_Combination**23. IE Employer consultation** *(check all that apply):* \_\_None \_\_Face to face \_\_Remote**24. Technology:** \_\_ None \_\_Cell Phone \_\_Computer/laptop \_\_Tablet \_\_Smart Speaker \_\_ Smart Watch \_\_ Portable Media Player \_\_ Communication Aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **25. IE Transportation:** \_\_On own \_\_Public bus (RIPTA) \_\_RIDE bus\_\_On demand services \_\_Private ambulance \_\_Agency/staff \_\_Family/friend\_\_Co-worker/carpool \_\_NA (e.g. works at home) | **26. IE Length of employment**: \_\_ < 1 mo   \_\_ 1 mo > < 3 mos  \_\_ 3 mo > < 6mos  \_\_ 6 mo > < 12 mos  \_\_ 1 yr  > < 2 yrs \_\_ 2 yrs > < 5 yrs   \_\_ 5 yrs > < 10 yrs \_\_ 10 yrs >**27. IE Benefits received:** \_\_ Employer-Offered Health Ins \_\_ Sick days \_\_ Per days \_\_Vac days \_\_ Retirement Plan \_\_ No benefits offered**28. IE Hourly wage:** \_\_\_\_\_(min. wage is 14.00)**29. IE Work hours April 14 - April 27:** \_\_\_\_\_\_\_\_\_(*Round to nearest 15 min.)***29a. IE Reason for no hours:**\_\_ Furlough \_\_ Planned time off \_\_ Sick leave \_\_ Lack of job supports \_\_ Other |

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| **SECTION 4: (SE) Self-Employed *(If you did not check SE in Q1, skip to Section 5.)*** |
| **30. SE Title** (*Appendix B):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**30a. If other (write in):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If other, contact Vicki, vferrara@ric.edu, before entering survey.**31. SE Length of Employment**: \_\_ < 1 mo \_\_ 1 mo > < 3 mos   \_\_ 3 mo > < 6 mos   \_\_ 6 mo > < 12 mos \_\_ 1 yr > < 2 yrs  \_\_ 2 yrs >< 5 yrs    \_\_ 5 yrs >< 10 yrs    \_\_ 10 yrs >**32. SE Onsite Support Feb 1 - April 30:** \_\_ None\_\_ Daily (100%) \_\_ Daily (some) \_\_ Weekly \_\_ Monthly | **33. SE Method of support Feb 1 - April 30:** \_\_ In-person only \_\_ Remote only \_\_ Combination **34. Tech:** \_\_ None \_\_Cell phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_\_ Smart watch \_\_ Portable media player \_\_ Communication aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **35. SE Resources:** \_\_None \_\_SE training \_\_ Support from business association/group \_\_SSA PASS plan \_\_ORS funding \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**36. SE Annual (12 mos.) Gross Income:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**37. SE Work Hours:**\_\_\_\_\_\_\_\_\_(Round to nearest 15 min.)**37a. SE Reason no hours April 14 - April 27**:\_\_Commission-based \_\_ Seasonal \_\_Planned time off \_\_Health issues \_\_Lack of job supports \_\_Other |

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| **Hours key: 15 min = .25 30 min = .50 45 min = .75****Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)** |

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| **SECTION 5: (PPI) Provider Paid Individual Employment (If you did not check PPI in Q1 skip to Section 6.)** |
| **38. PPI Title** (*Appendix B):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****38a. If other (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If other, contact Vicki, vferrara@ric.edu, before entering survey.**39. PPI Industry: (***Appendix C):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****40. PPI Business type** *(check one):*\_\_ For-Profit \_\_ Non-Profit\_\_ DD Agency \_\_Gov \_\_ Bus. w/Miss to hire**41. PPI Transportation:**\_\_ On Own \_\_ Public Bus (RIPTA) \_\_ RIDE Bus\_\_ On Demand Svs \_\_ Private Ambulance \_\_ Agency/Staff \_\_ Family/Friend \_\_ Co-worker/Carpool \_\_ NA (works at home)**42. PPI Length of employment:**\_\_ < 1 mo \_\_ 1 mo > < 3 mos   \_\_ 3 mo > < 6 mos   \_\_ 6 mo > < 12 mos \_\_ 1 yr > < 2 yrs  \_\_ 2 yrs >< 5 yrs    \_\_ 5 yrs >< 10 yrs    \_\_ 10 yrs >**43. PPI Onsite support Feb 1 - April 30:** \_\_ None\_\_ Daily (100%) \_\_ Daily (some)\_\_ Weekly \_\_ Monthly | **44. PPI Offsite support Feb 1 - April 30:** \_\_ None \_\_ Daily (100%) \_\_ Daily (some)\_\_ Weekly \_\_ Monthly**45. PPI Method of support Feb 1 - April 30:** \_\_ In-Person Only \_\_ Remote Only \_\_ Combination**46. PPI Employer consultation Feb 1 - April 30** (check all that apply):\_\_ None \_\_ Face to face \_\_ Remote**47. Technology:** \_\_ None\_\_Cell phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_\_ Smart watch \_\_ Portable media player\_\_Communication aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **48. PPI Benefits received:**  \_\_ Employer-offered health insurance\_\_ Sick \_\_ Personal days \_\_Vacation days \_\_ Retirement plan \_\_ No benefits offered**49. PPI Hourly wage:**\_\_\_\_\_\_\_\_\_\_\_ (min. wage is 14.00)**50. PPI Work hours April 14 - April 27:**  \_\_\_\_\_\_ (round to nearest 15 minutes)**50a. PPI Reason for no hours April 14 - April 27:** \_\_ Furlough \_\_ Planned time off \_\_ Sick leave \_\_ Lack of job supports \_\_ Other |

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| **SECTION 6: (PPG) PROVIDER PAID GROUP EMPLOYMENT (*If you did not check PPG in Q1 SKIP to Section 7.)*** |
| **51. PPG Title** (*Appendix B):* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****51a. If other (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If other, contact Vicki, vferrara@ric.edu, before entering survey.**52. PPG Industry: (**Appendix C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**53. PPG Business Type** *(check one):*\_\_ For-profit \_\_ Non-profit \_\_ DD agency  \_\_Government \_\_ Bus. w/mission to hire**54. PPG Number of workers:** \_\_ 2-3 \_\_ 4-6 \_\_ 7-10 \_\_more than 10**55. PPG Transportation:** \_\_ On own \_\_ Public bus (RIPTA) \_\_ RIDE bus \_\_ On demand service \_\_ Private ambulance \_\_ Agency/staff \_\_ Family \_\_ Co-worker/carpool \_\_ NA (works at home)**56. PPG Length of employment:**\_\_ < 1 mo \_\_ 1 mo > < 3 mos   \_\_ 3 mo > < 6 mos   \_\_ 6 mo > < 12 mos \_\_ 1 yr > < 2 yrs  \_\_ 2 yrs >< 5 yrs    \_\_ 5 yrs >< 10 yrs    \_\_ 10 yrs > | **57. PPG Onsite support Feb 1 - April 30:** \_\_ None \_\_ Daily (100%) \_\_ Daily (some) \_\_ Weekly \_\_Monthly**58. PPG Method of support Feb 1 - April 30:** \_\_ In-person only \_\_ Remote only \_\_ Combination**59. Technology:** \_\_ None \_\_Cell phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_Smart watch \_\_ Portable media player \_\_Communication Aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **60. PPG Benefits received:** \_\_ Employer-offered health insurance \_\_ Sick days\_\_ Personal days \_\_Vacation Days \_\_ Retirement contribution \_\_ No benefits offered**61. PPG Hourly wage:**\_\_\_\_\_\_\_\_\_ (min. wage is 14.00)**62. PPG Work hours April 14 - April 27:**  \_\_\_\_\_ (round to nearest 15 minutes)**62a. PPG Reason for no hours April 14 - April 27:** \_\_ Furlough \_\_ Planned time off \_\_ Sick leave \_\_ Lack of job supports \_\_ Other |

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| **Hours key: 15 min = .25 30 min = .50 45 min = .75****Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)** |

**Non-Work Activity Data**

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| **Section 7: (CBNW) Community-based Non-work Activity (If you did not check CBNW in Q1, skip to Section 8.)** |
| **63. CBNW Length:** \_\_ < 3 mos. \_\_ 3 mos. > < 6 mos. \_\_ 6 mos. > < 12 mos. \_\_ 1 yr. > < 3 yrs. \_\_ 3 yrs. > < 5 yrs. \_\_ 5 yrs. >< 10 yrs. \_\_ 10 yrs. >< 15 yrs. \_\_ 15 yrs. > |
| **64. CBNW Method of support Feb 1 - April 30:** \_\_ In-Person Only \_\_ Remote Only \_\_ Combination \_\_ No Support Provided |
| **65. Technology:** \_\_ None \_\_Cell phone \_\_Computer/laptop \_\_Tablet \_\_Smart speaker \_\_\_ Smart watch \_\_ Portable media player \_\_Wearable fitness tracker \_\_ Communication aid \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **66 CBNW Hours from April 14 - April 27:** \_\_\_Yes \_\_\_No**66a. CBNW Reason for no hours:** \_\_ Health issues \_\_ Planned time off \_\_ Lack of supports \_\_ Other |

**67. CBNW Activity:** For each activity participated in from **April 14-27,** enter hours, # activities, who participated and who attended.

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| **Activity Type** | **Hours (Q67)** | **# of Activities (Q67a)** | **Who Else Participated (Q67b)** | **Who Attended (Q67c)** |
| **Mostly PWD** | **Mostly the public** |
| Art, Leisure, Recreation (e.g., show, dining, crafting class) |  |  | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people. Who else participated with you (check all that apply):\_\_1+ family mbrs\_\_1+ staff\_\_ 1+ community mbrs\_\_1 to 2 PWD\_\_3 to 5 PWD\_\_More than 5 PWD |  |  |
| Health & Fitness (e.g., exercise class, wellness session, daily walk) |  |  | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people. Who else participated with you (check all that apply):\_\_1+ family mbrs\_\_1+ staff\_\_ 1+ community mbrs\_\_1 to 2 PWD\_\_3 to 5 PWD\_\_More than 5 PWD |  |  |
| Adult Education or Training (for personal enrichment) |  |  | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people. Who else participated with you (check all that apply):\_\_1+ family mbrs\_\_1+ staff\_\_ 1+ community mbrs\_\_1 to 2 PWD\_\_3 to 5 PWD\_\_More than 5 PWD |  |  |
| Soft Skills / Employment Related |  |  | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people. Who else participated with you (check all that apply):\_\_1+ family mbrs\_\_1+ staff\_\_ 1+ community mbrs\_\_1 to 2 PWD\_\_3 to 5 PWD\_\_More than 5 PWD |  |  |

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| **Activity Type** | **Hours (Q67)** | **# of Activities (Q67a)** | **Who Else Participated (Q67b)** | **Who Attended (Q67c)** |
| Mostly PWD | Mostly the public |
| Activities of Daily Living |  |  | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people. Who else participated with you (check all that apply):\_\_1+ family mbrs\_\_1+ staff\_\_ 1+ community mbrs\_\_1 to 2 PWD\_\_3 to 5 PWD\_\_More than 5 PWD |  |  |
| Volunteering |  |  | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people. Who else participated with you (check all that apply):\_\_1+ family mbrs\_\_1+ staff\_\_ 1+ community mbrs\_\_1 to 2 PWD\_\_3 to 5 PWD\_\_More than 5 PWD |  |  |
| All Other |  |  | \_\_ I attended all activities on my own\_\_ I attended some or all activities with other people. Who else participated with you (check all that apply):\_\_1+ family mbrs\_\_1+ staff\_\_ 1+ community mbrs\_\_1 to 2 PWD\_\_3 to 5 PWD\_\_More than 5 PWD |  |  |

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| **68. CBNW Settings:** \_\_ Public Venue \_\_ Member-based Organization \_\_ School / Training Facility \_\_ Business/Employer \_\_ Senior Center / Facility \_\_ Virtual |

**Section 8: (FBNW) DDD Facility-*based* Non-work Activity**

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| **69. FBNW Hours April 14 - April 27**: \_\_\_\_\_\_\_\_ (Round to nearest 15 minutes.) |
| **69a. FBNW Reason for no hours:** \_\_ Health Issues \_\_ Planned Time Off \_\_ Lack of Supports \_\_ Other |
| **71. FBNW Length:** (If exited/left FBNW and returned within the past 3 months indicate the length of time since returning.):\_\_ < 3 mos. \_\_ 3 mos. > < 6 mos. \_\_ 6 mos. > < 12 mos. \_\_ 1 yr > < 3 yrs \_\_ 3 yrs > < 5 yrs \_\_ 5 yrs > < 10 yrs \_\_ 10 yrs > < 15 yrs \_\_ 15 yrs > |
| **72. FBNW Method of Support Feb 1 - April 30:** \_\_ In-person only \_\_ Remote only \_\_ Combination \_\_ No support provided |

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| **Hours key: 15 min = .25 30 min = .50 45 min = .75****Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)** |

Person providing data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person entering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_