**SUPPLEMENTARY MATERIAL – APPENDIX B**

|  |
| --- |
| **PATIENT QUESTIONNAIRE**  **(30 MIN CAWI)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0PA) DESCRIPTION OF RESPONDENT DEMOGRAPHICS AND CONDITION**  **We would like to first ask some general questions about yourself.**  **Q1 Approximately, how tall are you?**  **1, \_\_\_\_ m.**  **Q2 Approximately, how much do you weigh?**  **\_\_\_\_\_\_ kg (adapt to UK)**  **Don’t Know**  **Q3 Do you follow a diet?**  **Yes**  **No**  **Q3.a Which of the following categories do you fall into?** (TICK ALL THAT APPLY)   * I am careful with my diet * I am careful with alcohol use * I need to be strict with foods * I need to limit the use of alcohol * None of these     **Q4 Which of the following categories do you fall into?** (ONE RESPONSE ONLY)   * I have never smoked 1 * I used to smoke, but I stopped more than one year ago 2 * I used to smoke, but I stopped less than one year ago 3 * I currently smoke traditional cigarettes /electronic cigarettes 4   **Q5. Which is the highest level of education that you have completed**   * Elementary 1 * Middle school 2 * High school 3 * University 4 * Master / Doctorate 5   **Q6 Please indicate your working status** (ONE RESPONSE ONLY)   * Full-time employee 1 (go to Q6.a) * Part-time employee 2 (go to Q6.a) * Self-employed 3 (go to Q6.a) * Retired 4 * Unemployed 5 * Prefer not to answer 6   **ASK IF CODES 1, 2 OR 3 AT Q6**  **Q6.a Is your work physically demanding? Please reply using the 5-point scale where** 5 = extremely, 4=very, 3=somewhat, 2=only a little, 1=not at all. **To allow you to rate it more precisely, the scale allows you to use also half points.** Score 5->1, with 0.5 fraction + D.K.  **ASK IF CODES 1, 2 OR 3 AT Q6**  **Q6.b Is your work stressful? Please reply using the 5-point scale where** 5 = extremely, 4=very, 3=somewhat, only a little, 1=not at all. **To allow you to rate it more precisely, the scale allows you to use also half points.** Score 5->1, with 0.5 fraction + D.K.  **ASK ALL**  **Q7. Do you live alone or with other people?** (ONE RESPONSE ONLY)   * Live alone 1 * Live with own family (spouse and /or children) 2 * Live with family (parents or relatives) 3 * Live with spouse only 4 * Live with spouse and caregiver 5 * Live with caregiver only 6 * Live with friend/friends 7 * Live in a home for the elderly 8   **Q8. How do you manage with day-to-day activities?** (ONE RESPONSE ONLY)   * I have external help to help me at home 1 * I have family members/my family help me 2 * I have had to find other ways to do activities on my own 3 * I haven’t had to do anything or change very much 4 * I have had to stop doing certain activities 5   **Q9. How important is it for you to be able to perform each of the following activities? For each activity please choose a score from 1 (not at all important) to 5 (extremely important) reflecting how important that activity is to you. You can use half points to express this more precisely. (PROGRAMMER ROTATE ORDER FROM ONE INTERVIEW TO ANOTHER)**Score 5->1, with 0.5 fraction + D.K.   1. Climbing stairs 2. Walking long distances or in a hurried manner 3. Exercise / physical activity 4. Sexual activity 5. Spirited discussion/Arguments 6. Coping with stressful situations 7. Carrying weights (shopping bags, children, etc.) 8. Carrying out occupational activity 9. Carrying out work activity 10. Doing housework 11. Playing Sport (e.g. golf, football, tennis, hunting etc) 12. Hobbies (e.g. dancing, gardening etc.) 13. Playing with children   **Q10. Do you perform the following physical activities?**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1 – No, never | 2 - Yes, Less than once a week | 3 - Yes, 1-3 times a week | 4 - Yes, more than 3 times a week | | 1. Climbing stairs |  |  |  |  | | 1. Walking outside |  |  |  |  | | 1. Jogging |  |  |  |  | | 1. Swimming |  |  |  |  | | 1. Playing sports |  |  |  |  | | 1. Gym |  |  |  |  |   **Q11. Which of these activities can you do on your own even if with difficulty, which do you need someone else to help you or need complete assistance, and which do you not do at all or avoid?**     |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | 1 - I do on my own | 2 - I do with some help | 3 - I do with complete assistance | 4 - I do not do it at all | 5 - I avoid it | PREFER NOT TO ANSWER | | 1. Climbing stairs |  |  |  |  |  |  | | 1. Walking long distances or in a hurried manner |  |  |  |  |  |  | | 1. Exercise / physical activity |  |  |  |  |  |  | | 1. Sexual activity |  |  |  |  |  |  | | 1. Spirited discussion/Arguments |  |  |  |  |  |  | | 1. Coping with stressful situations |  |  |  |  |  |  | | 1. Carrying weights (shopping bags, children, etc.) |  |  |  |  |  |  | | 1. Carrying out occupational activity |  |  |  |  |  |  | | 1. Doing housework |  |  |  |  |  |  | | 1. Playing Sport (e.g. golf, football, tennis, hunting etc) |  |  |  |  |  |  | | 1. Hobbies (e.g. dancing, gardening etc.) |  |  |  |  |  |  | | 1. Playing with children |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1PA) EXPERIENCE WITH THE ILLNESS**  **We are now going to ask some questions about your angina or your condition with symptoms of chest pain / chest tightness / chest heaviness that you reported earlier. Throughout the rest of the survey we will refer to this simply as “angina or chest pain”.**  **OVERALL CONDITION AND PERCEPTION**  **QC0. Think about the impact the “angina or chest pain” has on your day-to-day life. Overall, how has this affected your quality of life? Please reply using the 5-point scale where** 5=completely, 4=very much, 3=somewhat, 2=only a little, 1=not at all. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QC1. How would you define your current condition relative to your “angina or chest pain”?** (ONE RESPONSE ONLY)   * Not Good 1 * Fair 2 * Good 3 * Very good 4   **QC2. Which describes how you emotionally cope with “angina or chest pain”** (ONE RESPONSE ONLY)   * I have an extremely hard time emotionally coping with my condition 1 * I have a hard time emotionally coping with my condition 2 * I have only a few problems emotionally coping with my condition 3 * I have no problems emotionally coping with my condition 4   **QC3. How do you currently feel about having “angina or chest pain”?** (TICK ALL THAT APPLY)   * Sad 1 * Frightened 2 * Frustrated 3 * Anxious 4 * Limited 5 * Depressed 6 * Guilty 7 * Indifferent 8 * In control 9 * Optimistic 12 * Pessimistic 13 * Satisfied 14 * Stressed 15 * Comfortable 16 * Bad mood 17 * Less confident in yourself 18   **QC4. Which statement best describes how you cope in practical terms with “angina or chest pain”?** (ONE RESPONSE ONLY)   * **I** have an extremely hard time coping with my condition in practical terms 1 * I have a hard time coping with my condition in practical terms 2 * I have only a few problems coping with my condition in practical terms 3 * I have no problems coping with my condition in practical terms 4   **WORK ACTIVITIES**  **QW1. What kind of impact has “angina or chest pain” had on your work/job activities?** (ONE RESPONSE ONLY)   * I’ve had to change my job / type of work activities 1 * I’ve had to reduce the amount of time/ hours I work 2 * I’ve had to stop working and quit my job 3 * It hasn’t impacted my job/ work activities at all 4 * I have been unemployed/retired since I began to suffer from the condition 5 * I was already unemployed/retired when I began to suffer from the condition 6   **QW1a. How has the repercussion on your work activity impacted your overall quality of life?**  **Please reply using the 5-point scale where** 5=very positively; 4=positively; 3=no impact at all; 2=negatively; 1=very negatively. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QW2. How often are you on sick leave at work because of “angina or chest pain”?**   * Never 1 * Less than once a month 2 * 1-3 times a month 3 * More than 3 times a month 4   **ASK ALL**  **QL1. To what extent does “angina or chest pain” limit you in the following activities? Please reply using the 5-point scale where** 5 = extremely, 4=very, 3=somewhat, 2= only a little, 1=not at all. **You can use half points to express this more precisely. (SHOW IN RANDOM ORDER)** Score 5->1, with 0.5 fraction + D.K.   * Climbing stairs * Walking long distances or in a hurried manner * Exercise / physical activity * Sexual activity * Spirited discussion/Arguments * Coping with stressful situations * Carrying weights (shopping bags, children, etc.) * Carrying out occupational activity * Carrying out work activity * Doing housework * Playing Sport (e.g. golf, football, tennis, hunting etc) * Hobbies (e.g. dancing, gardening etc.) * Playing with children   **QL1a. Think about the impact “angina or chest pain” has had on your leisure time activities. Overall, how has this affected your quality of life? Please reply using the 5-point scale where** 5=completely, 4=very much, 3=somewhat, 2=only a little, 1=not at all. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **SYMPTOMS**  **Earlier you reported that you have experienced/experience the following symptoms when you perform certain activities:**  **PROGRAMMER: SHOW SYMPTOMS AT S4 CODES 1 TO 5, 7 TO 8, 11 TO 13, 16 TO 17 IF SELECTED**  **QS1. To what extent do you find these bothersome? Please reply using the 5-point scale where** 5 = extremely, 4=very, 3=somewhat, 2 = only a little, 1=not at all. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QS2. To what extent do you find them hard to control with medication? Please reply using the 5-point scale where** 5 = extremely, 4=very, 3=somewhat, only a little, 1=not at all**. You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QS3. To what extent do they affect your day to day life? Please reply using the 5-point scale where** 5=completely, 4=very much, 3=somewhat, 2=only a little, 1=not at all. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QS4. How worried are you about having a possible “angina or chest pain” attack? Please reply using the 5-point scale where** 5 = extremely, 4=very, 3=somewhat, 2=only a little, 1=not at all**. You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QS5. When did you experience your last “angina or chest pain” attack?**   * Today 1 * Yesterday 2 * This week 3 * Last week 4 * This month 5 * More than 1 month ago 6 * I do not remember 99   **QS6. Which were the trigger factors?** (TICK ALL THAT APPLY)   * Exercise / physical activities 1 * After eating 2 * Cold 3 * Emotional or stress 4 * Smoking 5 * At rest 6 * I do not remember 99 **(STAND ALONE OPTION)**   **QS6.A Approximately, how long did it last?**   * Minutes \_\_\_\_\_\_\_\_\_\_\_ 1 * I do not remember 2   **QS6.B Was the pain relieved with a sublingual nitrate?**   * Yes, I used it 1 * No, even if I used it 2 * No I did not use it 3   **QS6.C Did you report this “angina or chest pain”** **attack to the doctor / specialist?** (TICK ALL THAT APPLY)   * Yes to my Family doctor or GP 1 * Yes to my cardiologist 2 * Yes to my internist 3 * Yes to another specialist 4 * No I did not report it 5 **(STAND ALONE OPTION)**   **QS6.D On average, how many “angina or chest pain” attacks do you experience in a month?**   * Less than one 1 * One 2 * Two 3 * Three 4 * Four 5 * Five-Seven 6 * Eight-Ten 7 * More Than ten 8 * I do not know 9   **QS6.E In general, what proportion of attacks do you report to the doctor/specialist? \_\_\_\_\_\_\_\_\_\_ %**  **QS6.F1 Did you speak with your physicians about the number of attacks and quality of life?** (TICK ALL THAT APPLY)  **IF MORE THAN ONE CODE AT QS6.F ASK:**  **QS6.F2 Who is the main physician you discussed this with?** (ONE RESPONSE ONLY)   |  |  |  | | --- | --- | --- | |  | **QS6.F1** | **QS6.F2** | |  | **Spoke about attacks and QoL with…** | **Main Physician** | | 1. Yes to my Family doctor or GP |  |  | | 1. Yes to my cardiologist |  |  | | 1. Yes to my internist |  |  | | 1. Yes to another specialist |  |  | | 1. No | **(STAND ALONE OPTION) 🡪 GO TO QS6.H** |  | | 1. I do not remember | **(STAND ALONE OPTION) 🡪 GO TO QS6.H** |  |   **ASK CODES a), b), c) or d) AT QS6.F2**  **Q.S6.G** **Have you ever spoken with this one physician about the number of attacks and their impact on the quality of life considering each of the following activities?** **Please reply using the 5-point scale where** 5 = extremely, 4=very, 3=somewhat, only a little, 1=not at all**. You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K. (random order)   * Climbing stairs * Walking long distances or in a hurried manner * Exercise / physical activity * Sexual activity * Spirited discussion/Arguments * Coping with stressful situations * Carrying weights (shopping bags, children, etc.) * Carrying out occupational activity * Carrying out work activity * Doing housework * Playing Sport (e.g. golf, football, tennis, hunting etc) * Hobbies (e.g. dancing, gardening etc.) * Playing with children   **ASK ALL**  **QS6.H In your opinion, how many “angina or chest pain” attacks per month can be considered acceptable to have a good quality of life? (average number)**   * Less than one 1 * One 2 * Two 3 * Three 4 * Four 5 * Five-Seven 6 * Eight-Ten 7 * More Than ten 8 * I do not know 99   **KNOWLEDGE & INFORMATION**  **QS7. Where do you get information from about your “angina or chest pain”?** (TICK ALL THAT APPLY)   * My family doctor / GP 1 * Cardiologist 2 * Chest physician 3 * Nurse 4 * Pharmacist 5 * Internet search engines, e.g. google 6 * Social networks, e.g. facebook, twitter 7 * Other websites 8 * Newspapers / journals 9 * Television 10 * Radio 11 * Other patients 12 * Friends/relatives 13 * Patient associations 14 * Other (specify) 15   **3PA) RELATIONSHIP W/ HCPs AND PHYSICIAN**  **ROLE OF HCPs**  **QR1. Which doctors and/or healthcare professional do you see for your “angina or chest pain”?** (TICK ALL THAT APPLY)   * Family doctor or GP 1 * Cardiologist 2 * Internist 3 * Pharmacist 4 * Nurse 5 * Other Specialist (please specify) 9   **[PROGRAMMER: IF MORE THAN ONE CODE, ASK FOR EACH CHOSEN CODE]**  **QR1a. How important would you say the role of this healthcare professional is in helping you to manage your “angina or chest pain”, in particular with regard to each of the following topics? Please reply using the 5-point scale where** 5=extremely important, 4=very important, 3=somewhat important, 2=only slightly important, 1=not at all important**. You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K. (random order)   * … information about the illness * … information about lifestyle changes that can improve the condition * … treatments and strategies for quitting smoking **[if cod. 4 at Q4]** * …information about available treatment choices or options * …the different dosing regimens * …the different procedures * …how and when to take your medicine * …risks in relation to not taking your treatment properly * …problems you may have with drugs you take for your “angina or chest pain” (e.g. tolerability, interactions with food or with other drugs)   **IF MORE THAN ONE CODE FROM 1, 2, 3 AT QR1. ASK:**  **QR1b. Which is the one doctor that you consider your main point of reference for your “angina or chest pain”?** (ONE RESPONSE ONLY)   * Family doctor or GP 1 * Cardiologist 2 * Internist 3 * Other Specialist 4   **ASK ALL**  **QR1c. Overall how satisfied are you with this HCP? Please reply using the 5-point scale where** 5=extremely satisfied; 4=very satisfied; 3= indifferent; 2=somewhat unsatisfied,1= very unsatisfied. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QR1d. How satisfied are you with your relationship with this HCP? Please reply using the 5-point scale where** 5=extremely satisfied; 4=very satisfied; 3= indifferent; 2=somewhat unsatisfied,1= very unsatisfied. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QR1e. How satisfied are you with his / her ability to engage you in treatment decisions? Please reply using the 5-point scale where** 5=extremely satisfied; 4=very satisfied; 3= indifferent; 2=somewhat unsatisfied,1= very unsatisfied **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QR1f. How satisfied are you with his / her ability to explain all the aspects? Please reply using the 5-point scale where** 5=extremely satisfied; 4=very satisfied; 3= indifferent; 2=somewhat unsatisfied,1= very unsatisfied. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QR1g. In your opinion, how does this impact how you manage your “angina or chest pain”? Please reply using the 5-point scale where** 5=completely, 4=very much, 3=somewhat, 2=only a little, 1=not at all. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QR1h. Is this physician (your main treating physician) male or female?**   * Male 1 * Female 2 * I prefer not to answer 3   **COMMUNICATION & INTERACTION W/PHYSICIAN**  **QR2. To what extent are your expectations fulfilled with reference to the visits for “angina or chest pain”? Please reply using the 5-point scale where** 5=completely, 4=very, 3=somewhat, 2=only slightly, 1=not at all. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K.  **QR3. Thinking of this healthcare professional, on average how often do you visit this doctor in a year specifically for “angina or chest pain”?**  n. times/YEAR**\_\_\_\_\_\_\_\_\_\_\_\_**  **QR4. Thinking of an typical visit for “angina or chest pain”, how long does this last on average?**   * Up to 15 minutes 1 * About 20 minutes 2 * About 30 minutes 3 * More than 30 minutes 4   **QR5. How satisfied are you with the information provided during the visits on each of the following topics? Please reply using the 5-point scale where** 5=completely satisfied, 4=very satisfied, 3=somewhat satisfied, 2=only slightly satisfied, 1=not at all satisfied. **You can use half points to express this more precisely.** Score 5->1, with 0.5 fraction + D.K. (random order)   * …the illness 1 * …how changes in life style can help the condition/improve symptoms 2 * …the treatment choices or options that are available 3 * …the different dosing regimens 4 * …the risks of new “angina or chest pain**”** attacks 5 * …the follow-up plan 6 * ….how and when to take your medicine 7 * …importance of taking your treatment properly 8 * … aspects in relation with tolerability 9 * …additional educational or information sources (e.g. web sites, support groups, etc.) 10   **QR7 Which statement best describes how you see your doctor when you discuss “angina or chest pain” with him / her?** (ONE RESPONSE ONLY)   * He / She is completely frank and open when He / She explains, or I ask his/her questions 1 * He / She is mostly frank and open with me, but He / She sometimes may hide something, omitting information or even lying about some things 2 * Most of the time He / She is not frank and open with me, and He / She is mostly hiding something/omitting information or even lying 3   **QR8. Which statement best describes how you reply to your doctor or provide information when asked about “angina or chest pain”** (ONE RESPONSE ONLY)   * I am completely frank and open when I answers his/her questions 1 * I am mostly frank and open with him/her, but I sometimes may hide something, omitting information or even lying about some things 2 * Most of the time I am not frank and open with the doctor, and I am mostly hiding something/omitting information or even lying 3   **QR9. In your opinion, which of the following aspects about your “angina or chest pain” are the three most important to be improved?** Max 3 answers   * Receive more information regarding “angina or chest pain” 1 * Receive more info on possible drugs / therapies 2 * Receive user friendly information 3 * Counseling (e.g. professional psychological support) 4 * Improve your everyday life 5 * Have the possibility to carry out activities as before the illness 6 * Have more support from doctors 7 * Need for support from caregivers (e.g. more time dedicated ) 8 * Have less pill burden 9 * Have lower costs linked to “angina or chest pain” 10 * Have drugs with better tolerability 11 * Need for support in taking treatment 12 * NOTHING (STAND ALONE OPTION) 13   **4PA) GENERAL ASPECTS**  **Let’s now talk about cardiovascular risk.**  **QGA1. Did the one doctor that you consider your main point of reference introduce the concept of Cardiovascular Risk to you?**   * Yes 1 * No 2 * I do not remember 3   **IF CODE 1 AT QGA1**  **QGA2. When the doctor spoke to you about the concept of Cardiovascular Risk, he or she described… (**TICK ALL THAT APPLY)   * Life time Risk 1 * 10 years Risk 2 * Factors which need to be controlled 3 * He/ she uses some printed or electronic materials 4 * He/ she speaks in general terms 5 * Importance of therapy 6 * Importance of life style 7 * Importance of exercise 8 * NONE OF THE ABOVE **(STAND ALONE)** 9     **ASK ALL**  **QGA3. Did you have the chance to speak about this concept with any other HCPS (**TICK ALL THAT APPLY)   * Yes, with my GP / Family doctor 1 * Yes, with my Cardiologist 2 * Yes, with my Internist 3 * Yes, another specialist 4 * Yes, with a nurse 5 * Yes, with a pharmacist 6 * No, I did not 7 **(STAND ALONE)**   **QGA4. When was the last time you underwent each of the following interventions / invasive tests?**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Never | 1)      Less than 1 year ago | 2)    1-2 years ago | 3) 3-5 years ago | 4)  6-10 years ago | 5)   More than 10 years ago | | 1. Coronary angiography |  |  |  |  |  |  | | 1. Angioplasty (PCI/Stent) |  |  |  |  |  |  | | 1. Coronary bypass |  |  |  |  |  |  |   **6PA) DOCTOR GENDER AND PATIENT MANAGEMENT**  **QN1. Finally, do you think it would be better if the main treating physician for your “angina or chest pain” was of the opposite gender than the current one?**     * Yes 1 * No 2 * Indifferent 3   **THANK AND CLOSE** |