

Fort Wainwright Leisure Needs Survey 2021

1. Which of the following BEST describes your status?
2. What is your age group?
3. What is your gender?
4. Are you currently married?
5. Do you have school age children living in your home?
6. How satisfied are you with the quality and availability of:
 - a. Social events & dancing areas (bars, clubs, etc.)?
 - b. Sporting events, movies, and concerts?
 - c. Entertainment areas (casinos, amusement parks, video arcades, etc.)?
 - d. Areas for the arts and museums?
 - e. Dining areas and restaurants?
 - f. Golf courses, driving ranges, & putting greens
 - g. Outdoor athletic fields & courts (soccer, softball, tennis, etc)
 - h. Outdoor shooting and adventure areas (mountain climbing, skiing, horseback riding, Shooting, BMX courses, etc.)
 - i. Camping, hunting, and fishing areas
 - j. Outdoor swimming and water related facilities
 - k. Parks, playgrounds, and picnic areas
 - l. Walking, hiking, and biking trails
 - m. Fitness facilities (walking tracks, weightlifting equipment)
 - n. Indoor swimming facilities
 - o. Indoor facilities for team sports (gymnasiums, hockey rinks, indoor soccer fields, etc.)
 - p. Facilities for individual sports and activities (martial arts, dance, gymnastics, boxing, etc)
 - q. Areas for hobbies/personal interests (do it yourself activities, libraries, etc.)
 - r. Game and leisure activity areas (bowling, billiards, etc)

Which FOUR of the types of facilities and activities listed above do you think should receive the highest priority for improvement or new funding from Fort Wainwright or the community where you live? (Select your top four choices below using the menu items from the list in in each choice below)

Choice #1.

Choice #2.

Choice #3.

Choice #4.

7. Overall, how would you rate the quality and availability of recreation and leisure facilities, programs and services that are offered ON-POST at Fort Wainwright?
8. How would you rate Fort Wainwright:
 - a. As a place to live?
 - b. As a place to raise children?
 - c. As a place that promotes a healthy lifestyle?
 - d. Overall appearance?
 - e. Your overall feeling of safety?
 - f. The overall quality of life?
 - g. Availability of information about installation leisure programs and services?
 - h. Overall quality of services provided by Fort Wainwright?
9. Please indicate if you have a need for the following facility or regarding SOCIAL LEISURE & RECREATION NEEDS:
 - a. Social clubs (BOSS, Kiwanis, Spouses Club, etc)
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
 - b. Night clubs/lounges
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
 - c. Dancing places
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
 - d. Community centers
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
 - e. Sports bars
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
 - f. Sporting events
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
 - g. Movie theaters
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
 - h. Movie rentals (Redbox)
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
 - i. Music concerts
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?

- iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- j. Variety shows (comedy clubs, dinner theater, etc.)
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- k. Casinos and bingo halls
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- l. Amusement parks
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- m. Video arcades, internet gaming areas, lazer tag
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- n. Theater, ballet, plays
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- o. Museums
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- p. Fast food restaurants
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- q. Family dining
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- r. Fine dining
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- s. Cafes/coffee shops
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)

Which FOUR of the types of facilities and activities listed above do you think should receive the highest priority for improvement or new funding from Fort Wainwright or the community where you live? (Select your top four choices below using the menu items from the list in in each choice below)

Choice #1.

Choice #2.

Choice #3.

Choice #4.

10. Please indicate if you have a need for the following facility or regarding OUTDOOR LEISURE & RECREATION NEEDS:

- a. 18-hole golf courses
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)

- b. Golf driving ranges
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- c. Miniature golf
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- d. Baseball fields
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- e. Batting cages
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- f. Outdoor basketball courts
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- g. Soccer fields
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- h. Softball fields
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- i. Tennis courts
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- j. Outdoor volleyball courts
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- k. Outdoor Ice skating/hockey rinks/roller derby
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- l. Archery areas
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- m. Trap/target shooting areas
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- n. Paintball facilities
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- o. Off-road areas (4WD, ATVs)
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)

- p. Mountain/rock climbing areas
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- q. Snow ski rentals and trips
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- r. BMX courses
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- s. In-line skating/skateboard areas
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- t. Horseback riding facilities
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- u. Camping areas
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- v. Cabins and cottages
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- w. Fishing areas & equipment
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- x. Hunting areas & equipment
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- y. Outdoor swimming pools
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- z. Paddle boarding/surfing/boogie boarding
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- aa. Motor boating and sailing
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- bb. Jet skiing
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- cc. Canoeing, kayaking, rafting
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)

- dd. Beaches (river, lake, or ocean)
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- ee. Picnic areas and shelters
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- ff. Playgrounds for children
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- gg. Paved walking/biking trails
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- hh. Unpaved hiking trails
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- ii. Mountain bike trails
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- jj. Dog parks
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)

Which FOUR of the types of facilities and activities listed above do you think should receive the highest priority for improvement or new funding from Fort Wainwright or the community where you live? (Select your top four choices below using the menu items from the list in in each choice below)

Choice #1.

Choice #2.

Choice #3.

Choice #4.

12. Please indicate if you have a need for the following facility or regarding INDOOR LEISURE & RECREATION NEEDS:

- a. Cardiovascular equipment
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- b. Aerobics/fitness areas
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- c. Indoor walking/jogging track
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- d. Weightlifting exercise areas
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- e. Lap pools for exercise
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)

- f. Leisure pools
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- g. Indoor water parks
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- h. Gyms (basketball/volleyball)
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- i. Ice skating/hockey rinks/roller derby
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- j. Indoor soccer fields
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- k. Dance studios
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- l. Martial arts studios
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- m. Indoor pistol/rifle ranges
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- n. Rock climbing walls
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- o. Boxing training facilities
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- p. Racquetball/handball courts
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- q. Performance stages/music areas
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- r. Arts and crafts shops
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- s. Computer labs
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)

- u. Libraries
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- v. Do it yourself auto repair
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- w. Photography studios
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- x. Rooms for classes/activities
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- y. Woodworking shops
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- z. Bowling centers
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- aa. Areas for table tennis/billiards
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- bb. Roller skating rinks
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- cc. Mobile pet grooming services
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- cci. Pet boarding
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- ee. Pet grooming
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- ff. Basketball/Volleyball courts
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)
- gg. Cardio/Weightlifting equipment
 - i. If Yes, how well are your needs being met?
 - ii. If Yes, would you prefer to use this Facility on or off post?
 - iii. If Yes, How many times did you use this type of facility? (Past 12 Months)

Which FOUR of the types of facilities and activities listed above do you think should receive the highest priority for improvement or new funding from Fort Wainwright or the community where you live? (Select your top four choices below using the menu items from the list in in each choice below)

Choice #1.

Choice #2.

Choice #3.

Choice #4.

13. What is the maximum amount you would be willing to pay for a DAY TRIP?

14. What is the maximum amount you would be willing to pay for an OVERNIGHT TRIP?

15. What is the maximum amount you would be willing to pay for a MULTI-DAY (3 days, 2 nights or longer)?

16. Which of the following would be the best ways to keep you informed about Fort Wainwright leisure programs and services? (Check all that apply) ___(01) MWR website (Wainwrightmwr.com) ___(02) Fort Wainwright website (Wainwright.army.mil) ___(03) Direct mailings ___(04) Radio ___(05) Flyers/brochures ___(06) Social networking sites (Facebook, Twitter) ___(07) Billboards and digital signs ___(08) Garrison INFO-X (Information Exchange) event ___(09) Post newspaper ___(10) Other:

17. Which of the following organizations provide recreation services or facilities that you use most FREQUENTLY?(Check all that apply) ___(1) Family and Morale, Welfare, & Recreation (MWR) ___(4) Non-profit organizations (YMCA, etc.) ___(2) A city or county government ___(5) Church or religious organizations ___(3) Private clubs ___(6) Other:

18. Which of the following BEST describes your housing?

Other:

a. [If OFF-POST] Approximately, how far is Fort Wainwright from your home?

19. How long have you (or your spouse) been assigned to Fort Wainwright?

20. Indicate which activity you are most likely to pursue and how on the table below. i.e. Would you prefer to rent a boat to go fishing or join an MWR fishing trip?

a. **Activity**

b. **How**

- ___ Hunting
- ___ Fishing
- ___ Winter Trail use
- ___ Summer Trail use
- ___ Motorized travel (on land)
- ___ Motorized travel (on water)
- ___ Camping
- ___ Fairs and Festivals

21. Alaska Department of Fish and Game offers Hunter's Education certification online and in Fairbanks, Would you like MWR to conduct it on-post for a fee, if allowed?

This survey will allow us to gather information from you, our customers, in order to deliver the most effective programs and services to the Fort Wainwright community! Your feedback will help us gain insight into our quality of life programs in order to better meet the needs of our customers and community. Your opinions are very important to us. We thank you for taking the time to complete the survey!

The next page is all yours! Let us know of any additional comments you would like to make regarding your Leisure Needs.

22. Are there any additional comments you would like to make regarding your Leisure Needs? (Cont)