

Participant First Name	Participant Last Name	Participant ID	Type(s) of Infection(s)	Date(s) the Infection(s) Were Identified, (MM/DD/YY)	Source of the Infection(s) (e.g. Food Source, Illness, Hospital Acquired, Outbreak in PACE Center)	Where Did the Participant Contract the Illness (e.g. PACE Center, Home, Hospital Facility, etc.)?	Measure(s) Taken Prior to the Date(s) the Infection(s) Were Identified to Prevent Infection(s)	Measure(s) Taken After the Date(s) the Infection(s) Were Identified to Control the Infection(s)	Were Any Local, State, or Federal Agencies Notified of the Infection(s)? (Y/N)	Were Incident(s) of Infection Investigated? (Y/N)	Were Incident(s) of Infection Analyzed? (Y/N)	Were Any Trends Identified? (Y/N)	Were There Any Negative Outcomes? (Y/N)	If Yes, What Were the Negative Outcomes?	(Other Data Requested)	(Other Data Requested)	(Other Data Requested)
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