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| **Item#** | **Type of Question** | **Your Answer** | **Questions you have** |
| 1 | *Who? Positive/Negative?* |  |  |
| 2 | *What?* |  |  |
| 3 | *When?* |  |  |
| 4 | *Where?* |  |  |
| 5 | *Why?* |  |  |