

Participant First Name	Participant Last Name	Participant ID	If Hospitalized, What Record Code or Hospitalization (MVA/DOY)?	If Participant Went to the Emergency Room, What Record Code of Emergency Room Visit (MVA/DOY)?	Type of Documentation Was Provided to the Participant's Medical Record (e.g. plan of care, Progress Notes, Lab Results, etc.)	Date of VAP Completion/ Hospitalization/ etc. (MVA/DOY)?	Reason the Information Was Not Documented	Staff Member Responsible for Entering the Documentation into the Medical Record	Was the Information Lost, Deleted, Destroyed, etc.? (Y/N)	If Yes, Date of Incident?	Action Taken by ID to Recover Info, if Any? (Y/N)	Were There Any Negative Outcomes? (Y/N)	If Yes, What Were the Negative Outcomes?	(Date Data Requested)	(Date Data Requested)	(Date Data Requested)
------------------------	-----------------------	----------------	---	--	---	--	---	---	---	---------------------------	---	---	--	-----------------------	-----------------------	-----------------------