**Audit Period Ending Date:** 12/31/2016

**Facility Name:** ______________________

**REVIEWER initials:** __________

**STATE of residence:** ________

**Month/Year of Birth:** ________/________

**SEX:** □ Male  □ Female  □ Unknown

**DATE of Diabetes Diagnosis:** _______/_____/_______

**DM TYPE:** □ 1 Type 1  □ 2 Type 2

**Tobacco/Nicotine Use**
Screened for tobacco use during Audit period:
□ 1 Yes  □ 2 No

Tobacco use status:
□ 1 Current user  □ 2 Not a current user  □ 3 Not documented

Screened for electronic nicotine delivery system (ENDS) use during Audit period:
□ 1 Yes  □ 2 No

ENDS use status:
□ 1 Current user  □ 2 Not a current user  □ 3 Not documented

**Vital Statistics**

**HEIGHT (last ever):** ______ft ______ in

**Last WEIGHT in Audit period:** ______lbs

**HTN (documented diagnosis):**
□ 1 Yes  □ 2 No

**Last 3 BLOOD PRESSURES during Audit period:**

|   | mmHg | mmHg | mmHg |
|---|
| 1 |     |     |     |
| 2 |     |     |     |

**Examinations during Audit period**

**FOOT EXAM - complete:**
□ 1 Yes  □ 2 No

**EYE EXAM (dilated or retinal imaging):**
□ 1 Yes  □ 2 No

**DENTAL EXAM:**
□ 1 Yes  □ 2 No

**Mental Health**
Depression an active problem:
□ 1 Yes  □ 2 No

Screened for depression during Audit period:
□ 1 Yes  □ 2 No

**Education during Audit period**

**NUTRITION INSTRUCTION:**
□ 1 RD  □ 2 Other  □ 3 Both  □ 4 None

**PHYSICAL ACTIVITY INSTRUCTION:**
□ 1 Yes  □ 2 No

**DM Education (Other):**
□ 1 Yes  □ 2 No

**Diabetes Therapy**
Select all prescribed, as of the end of the Audit period:

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<td>1</td>
<td>Diet &amp; Exercise Alone</td>
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<td>Insulin</td>
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<td>Sulfonylurea (glyburide, glipizide, others)</td>
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<td>Glinide (Prandin, Starlix)</td>
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<td>Metformin (Glucophage, others)</td>
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<td>6</td>
<td>Acarbose (Precose) or miglitol (Glyset)</td>
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<td>7</td>
<td>Pioglitazone (Actos) or rosiglitazone (Avandia)</td>
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<td>8</td>
<td>GLP-1 med (Byetta, Bydureon, Victoza, Tanzeum, Trulicity)</td>
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<td>DPP4 inhibitor (Januvia, Onglyza, Tradjenta, Nesina)</td>
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<td>Amylin analog (Symlin)</td>
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<td>Bromocriptine (Cycloset)</td>
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<td>Colesevelam (Welchol)</td>
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<td>SGLT-2 inhibitor (Invokana, Farxiga, Jardiance)</td>
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**ACE Inhibitor or ARB**
Prescribed, as of the end of the Audit period:
□ 1 Yes  □ 2 No

**Aspirin or Other Antiplatelet/ Anticoagulant Therapy**
Prescribed, as of the end of the Audit period:
□ 1 Yes  □ 2 No

**Statin Therapy**
Prescribed, as of the end of the Audit period:
□ 1 Yes  □ 2 No

**CVD**
Cardiovascular disease diagnosed:
□ 1 Yes  □ 2 No

**TB Testing**

TB test done:
□ 1 Skin test (PPD)  □ 2 Blood test (QFT-GIT, T-SPOT)  □ 3 Unknown/not offered

TB test result:
□ 1 Positive  □ 2 Negative  □ 3 Unknown

If TB result positive, isoniazid tx complete:
□ 1 Yes  □ 2 No  □ 3 Unknown

**Immunizations**

Influenza vaccine during Audit period:
□ 1 Yes  □ 2 No  □ 3 Refused

Pneumococcal vaccine - ever:
□ 1 Yes  □ 2 No  □ 3 Refused

Td or Tdap in past 10 years:
□ 1 Yes  □ 2 No  □ 3 Refused

HEP B 3 dose series complete - ever:
□ 1 Yes  □ 2 No  □ 3 Refused

**Laboratory Data - most recent result during Audit period**

A1C: _____.___ %

A1C Date obtained: _______/_____/_______

Total Cholesterol: ________ mg/dl

HDL Cholesterol: ________ mg/dl

LDL Cholesterol: ________ mg/dl

Triglycerides: ________ mg/dl

Serum Creatinine: ________ mg/dl

eGFR: __________

Quantitative Urine Albumin: Creatinine Ratio (UACR) value: ________ mg/g

**Local Questions [Optional]**

Select one:

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**TB Testing**

TB test done:

TB test result:

If TB result positive, isoniazid tx complete:

Date: ______/_____/_____

**Immunizations**

Influenza vaccine during Audit period:

Pneumococcal vaccine - ever:

Td or Tdap in past 10 years:

HEP B 3 dose series complete - ever:

**Laboratory Data - most recent result during Audit period**

A1C: ________%

A1C Date obtained: _______/_____/_______

Total Cholesterol: ________ mg/dl

HDL Cholesterol: ________ mg/dl

LDL Cholesterol: ________ mg/dl

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