

IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the [Audit 2026 Instructions](#) prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2025

Facility Name: _____

Reviewer initials: _____

State of residence: _____

Month/Year of Birth: _____/_____/_____

Sex: ☐1 Male
☐2 Female
☐3 Unknown

Date of Diabetes Diagnosis: _____/_____/_____

DM Type: ☐1 Type 1
☐2 Type 2

Tobacco/Nicotine Use (during Audit period)

Tobacco

Screened for tobacco use:

- ☐1 Yes
☐2 No

→ Tobacco user:

- ☐1 Yes
☐2 No

→ Tobacco cessation counseling/education received:

- ☐1 Yes
☐2 No

→ **Electronic Nicotine Delivery Systems (ENDS)***

Screened for ENDS use:

- ☐1 Yes
☐2 No

→ ENDS user:

- ☐1 Yes
☐2 No

*ENDS include: vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes which contain nicotine.

Vital Statistics

Height (last recorded) : _____ ft _____ in

Weight (last in Audit period): _____ lbs

Hypertension (documented diagnosis ever):

- ☐1 Yes
☐2 No

Blood pressure (last 3 during Audit period):

Systolic Diastolic

1. _____ / _____ mmHg
2. _____ / _____ mmHg
3. _____ / _____ mmHg

Examinations (during Audit period)

Foot (comprehensive or "complete", including evaluation of sensation and vascular status):

- ☐1 Yes
☐2 No

Eye (dilated exam or retinal imaging):

- ☐1 Yes
☐2 No

Dental:

- ☐1 Yes
☐2 No

Depression

Screened for depression (during Audit period):

- ☐1 Yes
☐2 No

Depression an active diagnosis (during Audit period):

- ☐1 Yes
☐2 No

Education (during Audit period)

Nutrition:

- ☐1 RD } ☐3 Both RD and Other
☐2 Other }
☐4 None

Physical activity:

- ☐1 Yes
☐2 No

Other diabetes:

- ☐1 Yes
☐2 No

Diabetes Therapy

Select all prescribed (as of the end of the Audit period):

- ☐1 None of the following
☐2 Insulin
☐3 Metformin [*Glucophage*, others]
☐4 Sulfonylurea [glipizide, glyburide, glimepiride]
☐5 DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]
☐6 GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta*, *Bydureon*), liraglutide (*Victoza*, *Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic*, *Rybelsus*, *Wegovy*)]
☐7 SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]
☐8 Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]
☐9 Tirzepatide [*Mounjaro*, *Zepbound*]
☐10 Acarbose [*Precose*] or miglitol [*Glyset*]
☐11 Repaglinide [*Prandin*] or nateglinide [*Starlix*]
☐12 Pramlintide [*Symlin*]
☐13 Bromocriptine [*Cycloset*]
☐14 Colesevelam [*Welchol*]

CONTINUED ON PAGE 2. Be sure to complete both pages for all Audited patients.

ACE Inhibitor or ARB

Prescribed (as of the end of the Audit period):

- ☐1 Yes
☐2 No

Commonly prescribed medications include:

ACE Inhibitors: benazepril, captopril, enalapril, fosinopril, lisinopril, ramipril
ARBs: candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan

Aspirin or Other Antiplatelet/Anticoagulant Therapy

Prescribed (as of the end of the Audit period):

- ☐1 Yes
☐2 No

Commonly prescribed medications include:

Anticoagulants: apixaban (*Eliquis*), dabigatran (*Pradaxa*), edoxaban (*Savaysa*), enoxaparin (*Lovenox*), rivaroxaban (*Xarelto*), warfarin (*Coumadin*)
Antiplatelets: aspirin, aspirin/dipyridamole (*Aggrenox*), cilostazol (*Pletal*), clopidogrel (*Plavix*), prasugrel (*Effient*), ticagrelor (*Brilinta*)

Statin Therapy

Prescribed (as of the end of the Audit period):

- ☐1 Yes
☐2 No
☐3 Allergy/intolerance/contraindication

Commonly prescribed medications include: atorvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin

Cardiovascular Disease (CVD)

Diagnosed (ever):

- ☐1 Yes
☐2 No

Tuberculosis (TB)

TB diagnosis (latent or active) documented (ever):

- ☐1 Yes
☐2 No

TB test done (most recent):

- ☐1 Skin test (PPD)
☐2 Blood test (QFT-GIT, T-SPOT)
☐3 No test documented

TB test result:

- ☐1 Positive
☐2 Negative
☐3 No result documented

If TB diagnosed and/or test result positive, treatment initiated (e.g., isoniazid, rifampin, rifapentine, others):

- ☐1 Yes
☐2 No
☐3 Unknown

If TB result negative, test date:

Date: ____/____/____

Hepatitis C (HCV)

HCV diagnosed (ever):

- ☐1 Yes
☐2 No

If not diagnosed with HCV, screened at least once (ever):

- ☐1 Yes
☐2 No

Retinopathy

Diagnosed (ever):

- ☐1 Yes
☐2 No

Amputation

Lower extremity (ever), any type (e.g., toe, partial foot, above or below knee):

- ☐1 Yes
☐2 No

Immunizations

Influenza vaccine (during Audit period):

- ☐1 Yes
☐2 No

Pneumococcal [PCV15, PCV20, PCV21, or PPSV23] (ever):

- ☐1 Yes
☐2 No

Td, Tdap, DTaP, or DT (in past 10 years):

- ☐1 Yes
☐2 No

Tdap (ever):

- ☐1 Yes
☐2 No

Hepatitis B complete series (ever):

- ☐1 Yes
☐2 No
☐3 Immune (based on lab report)

Shingrix/recombinant zoster vaccine [RZV] complete series (ever):

- ☐1 Yes
☐2 No

Respiratory syncytial virus [RSV] vaccine (ever):

- ☐1 Yes
☐2 No

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

eGFR: ____ mL/min/1.73 m²

Quant UACR*: ____ mg/g

(*Quantitative urine albumin-to-creatinine ratio)

Local Questions [Optional]

Select one:

- ☐1 _____ ☐3 _____ ☐5 _____
☐2 _____ ☐4 _____ ☐6 _____

Text: _____