

Practice Name, Program Name, Etc.

Time Period: _____

Summary Report of DSMES Patients' Behavior Goal Outcomes

Behavior Goals	Number Pts Who Chose Goal	Number Reporting Improvement	% Who Reported Improvement	Program Benchmark %	Average Degree of Improvement	Program Benchmark Degree
Healthy Eating			%	%		%
Being Active			%	%		%
Monitoring			%	%		%
Reducing Risks			%	%		%
Taking Meds			%	%		%
Problem Solving			%	%		%
Healthy Coping			%	%		%
			%	%		%

MARY ANN HODOROWICZ CONSULTING, LLC

Nutrition, Diabetes Care and Education, Health Promotion and Insurance Reimbursement for Professionals in the Healthcare and Food Industry
 12921 Sycamore • Palos Heights, IL 60463 • Ph: 708.359.3864 • Fax: 866.869.6279 • hodorowicz@comcast.net • www.maryannhodorowicz.com