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EVALUATION OF LABOR SUPPORT SERVICES

Mother's Name: _____

Baby's Date of Birth: _____

Hospital or Birth Location, including city and state: _____

Doula's Name: _____

DONA would appreciate your taking a moment to evaluate your perception of the doula's role. Please circle the number which most closely reflects your opinion of her contribution.

More harm than good Neither helped nor hurt Was a big help

- | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|
| 1. Were the techniques suggested by the doula helpful to the mother in handling the physical aspects of her labor? | 1 | 2 | 3 | 4 | 5 |
| 2. Were the techniques used by the doula helpful to the mother in handling the emotional aspects of her labor? | 1 | 2 | 3 | 4 | 5 |
| 3. Were the suggestions of the doula helpful for the father and/or other family members and friends present for the labor? | 1 | 2 | 3 | 4 | 5 |
| 4. Overall, how would you evaluate the usefulness of having the doula present? | 1 | 2 | 3 | 4 | 5 |

5. Do you have any other comments or suggestions?

What was your role?

- | | | | |
|----------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Midwife | <input type="checkbox"/> Nurse | <input type="checkbox"/> Other staff |
| <input type="checkbox"/> Baby's mother | <input type="checkbox"/> Father/Partner | <input type="checkbox"/> Other family | <input type="checkbox"/> Friend |

Your Name (optional): _____

Thank you very much for taking the time to complete this evaluation. Please return it to the doula so that she may use it for certification purposes.

Doula's address _____

If you have further comments or questions, feel free to contact us at the address printed on the letterhead.