



# Postpartum Doula Data Collection Form

Please answer each item by placing a check in the appropriate space. Use one form per postpartum client. Please make copies of this form for additional clients. Mail or fax the completed form to:

**DONA International, 1582 South Parker Road, Suite 201, Denver, CO 80231  
or fax to 303-755-7363**

Your signature implies that to the best of your knowledge you have supplied accurate information. Thank you for your efforts to collect data on postpartum doula support. Please check all applicable answers in each category. This form is for data only. Postpartum stories cannot be entered.

### Referral Source

- DONA International
- Healthcare provider
- Other \_\_\_\_\_

### Payment

- Private pay
- 3rd party reimbursement
- Volunteer
- Hospital/Agency
- Other \_\_\_\_\_

### Client Race

- African American/Black
- Asian
- Caucasian/White
- Native/Indigenous
- Mixed (2 or more)
- Other \_\_\_\_\_

### Client Ethnicity

- Hispanic or Latino (any race)
- Not Hispanic or Latino

### Mother Information

- Divorced
- Married
- Separated
- Single
- Single living with partner
- Widowed
- Age \_\_\_\_\_
- Pregnancy # \_\_\_\_\_/Birth # \_\_\_\_\_
- Other children in home: # \_\_\_\_\_

### Client Perception of Birth

- Highly Satisfied
- Satisfied
- Dissatisfied
- Highly dissatisfied

### Client Birth

- Vaginal
- Cesarean

### Baby Information

- Gestational age: \_\_\_\_\_
- Birth weight (1-3 babies):
- <3 lb 4 oz/1500 g
- <5 lb 8 oz/2500 g
- 5 lb 8 oz - 8 lb 14 oz/2500 - 4000 g
- >8 lb 14 oz/4000 g
- Intensive care (NICU) # \_\_\_\_\_ days
- Breastmilk
- Formula
- Both breastmilk and formula
- Age at onset of support \_\_\_\_\_

### Doula Services Provided

- Antepartum support
- Bottlefeeding support
- Breastfeeding support
- Education
- House tidying
- Meal preparation
- Nurturing
- Referrals
- Running errands
- Other \_\_\_\_\_

### Doula Provided Support To

- Mother
- Partner/father/companion(s)
- Older sibling(s)
- Extended family member(s)
- Baby(ies):  1  2  3  >3
- Other \_\_\_\_\_

### Doula Shifts

- Morning
- Afternoon
- Evening
- Overnight
- Days spent with family: \_\_\_\_\_ over \_\_\_\_\_ weeks
- Average # of hours spent per visit (rounded to the quarter hour): \_\_\_\_\_

### Referrals Provided

- Chiropractors
- Exercise/Yoga
- Healthcare provider
- Lactation professionals
- Massage therapists
- Mental health professionals
- Parenting education
- Special needs services
- Support groups
- Other \_\_\_\_\_

Doula's Name (print) \_\_\_\_\_ Doula's Zip/Postal Code \_\_\_\_\_

PCD(DONA) while working with this client?  Yes  No

Doula's Signature \_\_\_\_\_ Date \_\_\_\_\_