



Postpartum Doula Data Collection Form

Please answer all applicable items in each category. Use one form per postpartum client. Make copies of this form for additional clients. Mail or fax the completed form to:

DONA International, P.O. Box 626, Jasper, IN 47547 or fax to (812) 634-1491

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. 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 THE CLIENT? YES NO

DOULA'S SIGNATURE _____

DATE _____