

### Evaluation of Labor Support Services

Mother's Name: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

Hospital or Birth Location, including City and State/Province: \_\_\_\_\_

Doula's Name: \_\_\_\_\_

DONA International 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.

	1	2	3	4	5
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.