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EVALUATION OF THE POSTPARTUM DOULA BY THE FATHER/ADULT IN THE HOME

Your Name: _____ Baby's Date of Birth: _____

Mother'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 the doula's contribution.

Do you feel you spent enough time with the doula to be able to complete this form? If no, please do not complete the rest of this form. ___Yes ___No

(1) Disagree (2) Somewhat Agree (3) Mostly Agree (4) Strongly Agree (5) Completely Agree

- 1 2 3 4 5 The doula offered coping strategies.
- 1 2 3 4 5 The doula was responsive to my needs.
- 1 2 3 4 5 The doula actively brought me into the infant care and nurturing role.
- 1 2 3 4 5 The doula offered suggestions in how to support the mother with breastfeeding.
- 1 2 3 4 5 The doula offered suggestions on how to support the mother in her new role.
- 1 2 3 4 5 The doula was able to answer my questions.
- 1 2 3 4 5 The doula demonstrated good listening skills.
- 1 2 3 4 5 The doula offered helpful suggestions regarding adjustment to my new role as a parent

What was the most valuable aspect of the doula's support? _____

What would you suggest the doula work on to improve her support? _____

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 Name and address: _____

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