



# 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, 35 East Wacker Drive, Suite 850, Chicago, IL 60601 or fax to 312-644-8557**

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'S 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 - 4000g
  - > 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
- Bottle feeding support
- Breast/Chest feeding 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 \_\_\_\_\_