

EVALUATION OF LABOR SUPPORT SERVICES

Client's name _____

Baby's/babies' date of birth _____

Hospital or birth location, including city and state/province _____

Thank you for taking the time to evaluate your perception of the doula's role.

Complete this form only if you have been able to observe and interact with the doula during the labor and birth repeatedly and/or over a period of time.

Please circle the number which most closely reflects your opinion of the doula's contribution.

	More harmful than helpful	Not helpful	Neither helped nor hurt	Helpful	Very helpful
1. Were the techniques suggested by the doula helpful to the birthing person in handling the physical aspects of their labor/birth?	1	2	3	4	5
2. Were the techniques used by the doula helpful to the birthing person in handling the emotional aspects of their labor/birth?	1	2	3	4	5
3. Was the presence of the doula helpful for the partner and/or other family members and friends present for the labor/birth? -OR- If you are the partner and/or other family member or friend, was the presence of the doula helpful to you?	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?

☐ Client ☐ Partner ☐ Family ☐ Friend ☐ Doctor ☐ Midwife ☐ Nurse

Thank you very much for taking time to complete this evaluation. Please return it to the doula so that it may be used for certification purposes. If you have further comments or questions, feel free to contact us at the address printed on the letterhead.