

Labor Doula — Client Feedback Form

Labor Doula's Name: _____ Date: _____

Date of baby's birth: _____ Client ID: _____

Birthingway College of Midwifery would appreciate your help in evaluating the labor support services provided by our doulas.

Please use the scale to rate the doula on the following aspects:

	Excellent 5	Very Good 4	Satisfactory 3	Needs Work 2	Problem Area 1
Doula dressed appropriately	5	4	3	2	1
Was sensitive to my and my family's/ supporters' feelings and needs	5	4	3	2	1
Was helpful to me in handling the physical aspects of labor	5	4	3	2	1
Was helpful to me in handling the emotional aspects of labor	5	4	3	2	1
Helped me get the information I needed to make informed decisions	5	4	3	2	1
Projected an attitude of calmness and warmth	5	4	3	2	1
Supported my partner and other family or friends present for my labor	5	4	3	2	1
Supported my decisions and values	5	4	3	2	1
Assisted in communication with caregivers	5	4	3	2	1
Provided good support and encouragement during our prenatal and postpartum visits together	5	4	3	2	1

I would rate the doula's overall performance as :

5=excellent 4=very good 3=satisfactory 2=needs improvement 1=problem areas

I would choose this doula again. True False

Please add any comments or constructive criticisms you may have to the back of this form.

May we call you to clarify any comments? Yes No Phone _____

Your printed name: _____

Your signature: _____