## Certified Postpartum Doula Client Feedback Form

Certified Doula's Name:		Client ID:			
Date of Service: Hours present - From:		To:	Date of Baby's birth:		
Birthingway College of Midwifery would app	reciate your help in eval	luating the services p	provided by our cert	ified Postpartum D	oula.
Please use the scale to rate the doula on the fo	ollowing aspects:				
Amon	Excellent	Very Good	Satisfactory	Needs Work	Problem
Area	5	4	3	2	1
Doula dressed appropriately	5	4	3	2	1
Doula acted professionally	5	4	3	2	1
Was sensitive to me and my family's/ support feelings and needs	ers' 5	4	3	2	1
Was helpful to me in handling the emotional aspects of postpartum recovery	5	4	3	2	1
Was helpful to me in handling the physical aspects of postpartum recovery	5	4	3	2	1
Projected an attitude of calmness and warmth	5	4	3	2	1
Supported my partner and other family or frie present at the time of the visit	nds 5	4	3	2	1
Supported my parenting choices	5	4	3	2	1
Offered appropriate resources when necessary	5	4	3	2	1
Provided good support and encouragement du our visit together	uring 5	4	3	2	1
What was the particular need you had in calling support, cesarean section recovery)	ng a postpartum doula?	(i.e. General postpar	tum help, preterm b	aby, multiples, brea	astfeeding
Was the doula able to help you with this parti	cular need?				
Did you have any problems or concerns abou	t your experience with the	his postpartum doula	a?		
I would choose this postpartum doula again.	Yes	No			
May we call you to clarify any comments?	Yes	No Phone:			
Your printed name:		Your Signatur	re:		