



International Childbirth Education Association

## ICEA Postpartum Doula Certification Program CLIENT EVALUATION

Doula's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Total # of Job Hours: \_\_\_\_\_

Please rate the following statements using the following scale.

- 1 = Outstanding
- 2 = Above my expectations
- 3 = What I expected
- 4 = Below my expectations
- 5 = Unacceptable

- \_\_\_ Doula was knowledgeable about the postpartum period for me.
- \_\_\_ Doula was knowledgeable about the needs and care of my newborn/infant.
- \_\_\_ Doula was knowledgeable about the postpartum period for my family.
- \_\_\_ Doula was a good listener.
- \_\_\_ Doula answered my questions satisfactorily.
- \_\_\_ Doula was tuned into my needs.
- \_\_\_ Doula was tuned into my baby's needs.
- \_\_\_ Doula was tuned into my family's needs.
- \_\_\_ Doula provided practical help (light house work, organizing, etc.) to my satisfaction.
- \_\_\_ Doula provided reassurance and support about my choices (feeding the baby, parenting style, etc...).
- \_\_\_ Doula was professional and courteous.
- \_\_\_ Doula was punctual and accommodating.

Would you use the services of the Postpartum Doula again and why/why not?

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What forms of support did you find to be most helpful?

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What most impressed you about your Postpartum Doula?

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Additional comments or suggestions:

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date