

CLIENT EVALUATION FORM

Form One

Postpartum Doula's Full Name: _____

Mother's Full Name: _____ Total 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, 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?

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

What most impressed you about your Postpartum Doula?

Additional comments or suggestions:

Mother's Signature: _____ Date: _____

