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: ________________________________