



## Postpartum Doula Evaluation Form

Thank you for taking the time to complete this evaluation form! We know life with a newborn is hectic, but we sincerely appreciate your feedback.

**Your name:** \_\_\_\_\_

**Doula's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Date(s) of service:** \_\_\_\_\_ **Total number of hours:** \_\_\_\_\_

Please rate the following on a scale of 1-10 with 1 being less than optimal and 10 being excellent

1) The doula arrived when expected, was polite and acted in an overall professional manner.

1    2    3    4    5    6    7    8    9    10

2) The doula was supportive of my decisions as a parent.

1    2    3    4    5    6    7    8    9    10

3) The doula was able to answer my questions regarding infant care and postpartum recovery, or she was able to recommend a resource to find an answer about which she was uncertain.

1    2    3    4    5    6    7    8    9    10

4) My family and I felt comfortable having the doula in our home.

1    2    3    4    5    6    7    8    9    10

5) She was able to confidently care for the infant when I was out of the room.

1    2    3    4    5    6    7    8    9    10

6) She encouraged and/or facilitated me practicing self-care (shower, rest, meal, etc).

1    2    3    4    5    6    7    8    9    10

**Comments:**

---

---

---