

# DOULAS CARE DOULA EVALUATION FORM

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Is the above contact information correct?  YES If no, please make any changes above.

**Baby's birth date:** \_\_\_\_\_

**Name of the Doula** you had for this pregnancy: \_\_\_\_\_

**Name of the Doula** you had for the birth (if different from above): \_\_\_\_\_

**Please answer yes or no to each of these questions about your financial situation:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Comfortable, with enough money to cover my needs            | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Very tight, hard to make ends meet                          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. I worry about money and expenses a lot                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. I do not really think about it a lot but watch what I spend | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Money is not really an issue of concern for me              | <input type="checkbox"/> yes | <input type="checkbox"/> no |

**Prenatal Visits**

**6. Number of prenatal visits with your Doula:**

(If less than three, please comment on reason.)

- None    One    Two    Three    Four    Five    More Than Five

**7. Please check any of the following EXTRA services provided by your Doula:**

- Attended prenatal appointments
- Attended birth classes
- Pamphlets on birth information (procedures, medications, alternatives, etc...)
- Information on breathing and relaxation techniques
- Nutrition and exercise information
- Information on patient rights and hospital protocols
- Created a birth plan
- Other (Please specify any other ways your doula helped you before your birth.)

**8. Please rate how you felt before your birth:**

<i>Very Afraid</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Very Confident</i>
<i>Very Negative</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Very Positive</i>
<i>Unprepared</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Very Well Prepared</i>

**Labor and Birth**

**9a. Please check any of the following ways in which your Doula provided labor and birth support:**

Emotional Support

- Boosted my confidence
- Helped me feel empowered
- Lessened my fears
- Lessened my desire for pain medication
- Helped me to rest
- Kept me informed
- Supported my other family members

Physical Support

- Massage
- Changing of Position
- Walking
- Food and Drink
- Breathing
- Hot/Cold Compresses
- Herbal or Aroma Therapy
- Bath or Shower

**9b. Anything else that was done that is not addressed above:**

**10a.** Do you feel your Doula helped you prepare for your birth?  yes  no

**10b.** Do you feel your Doula had a lot of knowledge about pregnancy and birth?  yes  no

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**11. How did your Doula help you during pregnancy?**

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**12. How did your Doula help you during birth?**

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**13. How did your Doula help you after birth?**

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**14. Please comment on any ways in which you feel your doula did not help with your birth experience.**

**Postpartum**

**15. Number of postpartum visits with your Doula:**

None    One    Two    Three    Four    Five    More Than Five

**Location** (check all that apply):    Home    Hospital    Other \_\_\_\_\_

**16a. Please check any ways in which your Doula helped you after your baby was born:**

- Baby Care
- Bottlefeeding
- Breastfeeding
- Community Resources
- Emotional Recovery
- Household needs
- Information
- Other Children's needs
- Physical Recovery

**16b. Anything else that was done that is not addressed above?**

**17. Please rate how well your Doula helped with the following areas (1=Poor, 5=Excellent)**

	<b>Poor</b>			<b>Excellent</b>	
Availability and commitment	1	2	3	4	5
Knowledge of normal labor	1	2	3	4	5
Assistance with comfort measures	1	2	3	4	5
Cooperation with mother's partner	1	2	3	4	5
Communication with staff	1	2	3	4	5
Support for mother's wishes	1	2	3	4	5
Suggestions for comfort/progress	1	2	3	4	5
Physical support measures	1	2	3	4	5
Emotional support/reassurance	1	2	3	4	5
Professional image	1	2	3	4	5
Overall performance/care	1	2	3	4	5

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**18. What was the most helpful about having a Doula?**

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**19. What was the least helpful about having a Doula?**

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**20. Were there any areas in which you thought your Doula needed improvement?**

**21. If you were to have another baby, would you want a Doula to help you again?**

- YES
- NO
- Maybe / Unsure
- Other:

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**22. Do you have any suggestions for improving our doula services?**

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**23. When you called our office did we....**

- a) handle your call in a timely manner?  yes  no
- b) answer all your questions?  yes  no
- c) send you a letter about your Doula?  yes  no

Anything else we did not do that you wished we had done?

**24. Can we contact you if we need a testimonial (such as being interviewed, or speaking in front of a group) or use a photo of you and your doula?  yes  no**

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**Please return this form to:**

**Douglas Care  
2500 Packard  
Suite 101  
Ann Arbor, Michigan 48104**

*If you would like to speak to someone in person about your experience with the Douglas Care Program, please call the Program Director, Marylee Scherdt at 734-332-8070.*

