



Evaluation of the Postpartum Doula

Doula's Name: _____

Client's Name: _____

Client's Phone: _____ Client's Email: _____

Baby's Date of Birth: _____ Dates Worked w/Doula: _____

Please circle the number that most closely reflects your opinion of the doula's contribution.

N/A=Not Applicable, 1-Strongly Disagree, 2-Disagree, 3-Neither Disagree nor Agree, 4-Agree, 5- Strongly Agree

- | | | | | | |
|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | The doula acted in a professional manner. |
| 1 | 2 | 3 | 4 | 5 | The doula was responsive to my needs. |
| 1 | 2 | 3 | 4 | 5 | The doula was responsive to my baby's/babies' needs. |
| 1 | 2 | 3 | 4 | 5 | The doula was knowledgeable about newborn care and characteristics. |
| 1 | 2 | 3 | 4 | 5 | The doula was able to answer my questions. |
| 1 | 2 | 3 | 4 | 5 | The doula could explain the changes of the postpartum period. |
| 1 | 2 | 3 | 4 | 5 | The doula provided assistance, reassurance, & guidance during feeding. |
| 1 | 2 | 3 | 4 | 5 | The doula demonstrated good listening skills. |
| 1 | 2 | 3 | 4 | 5 | N/A The doula was responsive to other family member's needs. |
| 1 | 2 | 3 | 4 | 5 | N/A The doula was able to provide information regarding resources such as lactation support, daycare providers, etc. |
| 1 | 2 | 3 | 4 | 5 | N/A The doula was able to explain some coping strategies that were helpful. |

What was the most valuable aspect of your doula's support? _____

How could your doula improve her support? _____

Thank you for taking the time to complete this evaluation. Please mail this form to NAPS or return directly to your doula. This form will be used for your doula's certification/re-certification. You may be contacted by a NAPS representative to discuss this evaluation. If you do not feel comfortable being contacted, please do not complete and return this form. If you have further comments or questions, please feel free to contact NAPS at (206) 956-1955 or visit our website at www.napsdoulas.com.