



The House of La Matrona

Holistic Midwifery & Doula Training Programs ~ Family Wisdom & Women's Arts
Asheville, NC (828) 242-2188

HOLISTIC DOULA EVALUATION FOR CLIENTS

Doula's name _____ Phone number _____

Doula's address _____ City, State, Zip _____

Email _____

Client's name(s) _____ Phone number _____

Address _____ City, State, Zip _____

Email _____

Date of baby's birth _____ Place of birth _____
(day/month/year)

Caregiver _____ OB/GYN CNM CPM Traditional Midwife Other _____

Please evaluate your doula with regard to the support she provided. Thank you!

	Poor	Good	Excellent
The doula was knowledgeable and skillful.	0 1	2 3	4 5
My family benefited from the doula's assistance.	0 1	2 3	4 5
The doula answered my/our questions.	0 1	2 3	4 5
The doula upheld her primary duty (service to the mother).	0 1	2 3	4 5
The doula interacted appropriately with my caregiver(s).	0 1	2 3	4 5
The doula was kind and compassionate.	0 1	2 3	4 5
The doula provided postpartum care and assistance.	0 1	2 3	4 5

I am the: Mother Father Partner Other _____

Approximate length of time your doula was present in labor: _____

Approximate length of time your doula was present postpartum: _____

Additional comments: _____

(Please feel free to continue on the back of this form)

How could your doula have done better?

Client's signature: _____