

Birthing Person's Name  

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Baby's Date of Birth(s)  

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Hospital or Birth Location, including City and State/Province  

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Doula's Full Name  

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DONA International would appreciate your taking a moment to evaluate your perception of the doula's role.

Complete this form only if you have been able to observe and interact with the doula during the labor and birth repeatedly and/or over a period of time.

**Please circle the number which most closely reflects your opinion of her contribution.**

	More harm than good	Neither helped nor hurt	Was a big help		
1. Were the techniques suggested by the doula helpful to the birthing person in handling the physical aspects of her labor/birth?	1	2	3	4	5
2. Were the techniques used by the doula helpful to the birthing person in handling the emotional aspects of her labor/birth?	1	2	3	4	5
3. Were the suggestions of the doula helpful for the partner and/or other family members and friends present for the labor/birth?	1	2	3	4	5
4. Overall, how would you evaluate the usefulness of having the doula present?	1	2	3	4	5
5. Do you have any other comments or suggestions?					

What was your role?

 Birthing Person Doctor Midwife NurseYour Name (optional)  

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Thank you very much for taking the time to complete this evaluation. Please return it to the doula so that it may be used for certification purposes.

If you have further comments or questions, feel free to contact DONA International at [www.dona.org](http://www.dona.org)

**Doula's address**  

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