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### DOULA EVALUATION FOR CAREGIVERS

Doula's name \_\_\_\_\_ Phone number \_\_\_\_\_

Doula's address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Client's name \_\_\_\_\_

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

Caregiver \_\_\_\_\_ OB/GYN CNM CPM Traditional Midwife Other \_\_\_\_\_

***Please evaluate the doula with regard to the support she provided at this birth.***

	Poor	Good	Excellent
The doula was helpful to the laboring mother.	0 1 2 3 4 5		
The family benefited from the doula's assistance.	0 1 2 3 4 5		
The doula was skillful and knowledgeable.	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 staff.	0 1 2 3 4 5		
The doula conducted herself in a professional manner.	0 1 2 3 4 5		

My role at this birth was: Nurse Midwife Physician Other \_\_\_\_\_

Approximate length of time you observed the doula: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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

How could the doula have done better? \_\_\_\_\_

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

Your signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

***Thank you for your honest feedback. It is greatly appreciated!***