



## Doula Certification Care Provider Evaluation

Birthing Person's Name \_\_\_\_\_

Baby(ies)'s Date of Birth \_\_\_\_\_

Place of Birth (Name & City/State/Province) \_\_\_\_\_

Doula's Name \_\_\_\_\_

We appreciate your taking a moment to share your observations. 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 the doula's contribution. 1=more harm than good, 3=neither helped nor hurt, 5=very helpful

1. Were the techniques suggested by the doula helpful to the birthing person in handling the physical aspects of their 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 their 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. Did the doula support the client according to their stated preferences? 1 2 3 4 5
5. Overall, how would you evaluate the usefulness of having the doula present? 1 2 3 4 5

Do you have any other comments or suggestions? *(feel free to use other side)*

What was your role? Doctor Midwife Nurse Other Your Name (optional) \_\_\_\_\_

*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 need to speak to Birthing From Within directly about your experience with the Doula, please reach out to [contact@birthingfromwithin.com](mailto:contact@birthingfromwithin.com).*

