



EVALUATION OF LABOR SUPPORT SERVICES

Name of Birthing Parent: _____

Date of birth attended: _____ Location: _____

Doula's Name(s): _____

We would appreciate if you could take a moment to evaluate your perception of the doula's role. Please circle the number that most closely reflects your opinion of the doula's contribution.

Please consider the suggestions of the support person (doula) for each of the following:

	Harmful		Neutral		Helpful
1. Helping the birthing parent cope with the physical aspects of labor?	1	2	3	4	5
2. Helping the birthing parent cope with the emotional aspects of labor?	1	2	3	4	5
3. Helping the partner/family/friends present for the labor?	1	2	3	4	5
4. Overall, how would you evaluate the usefulness of the doula present?	1	2	3	4	5
5. Do you have comments or suggestions? _____					

What was your role at the birth? Birthing Parent Father/Partner Friend
 Doctor Midwife Labor & Delivery Staff Family Member Nurse

Approximately how long were you with the laboring parent? _____ hours

Your name (optional): _____

Thank you for taking the time to complete this evaluation. Please return it to the doula or send it to the PALS office in the attached, self-addressed envelope:

PALS Doulas
2524 16th Ave. S, Suite 207B
Seattle, WA 98144