

**CHB BIRTH DOULA EVALUATION FORM**

Carriage House Birth would appreciate you taking a moment to evaluate the performance of your Birth Doula.

Client's Name:

Partners Name (if applicable):

Birth Doula's Name:

Place of Delivery:

Care Provider:

Baby's Date of Birth:

Baby's Name:

Was this a Vaginal Birth or a Cesarean Birth:

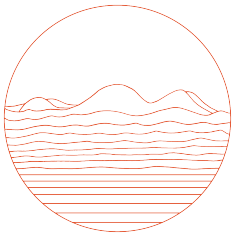
VBAC?                    Y        N

Approximate length of time doula spent with laboring client:

Was the birth doula in attendance for the birth of your baby/babies?        Y        N

# Prenatal Visits:

# Postpartum Visits:



Carriage House  
**BIRTH**

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Please rate the support your postpartum doula provided from 1-5  
(1 = UNSATISFACTORY - 5 = OUTSTANDING)

*Please Circle the number which most closely reflects your opinion of their contribution.*

The doula was knowledgeable and skillful: 1 2 3 4 5

The doula was helpful to you/your partner/family/friends: 1 2 3 4 5

The doula communicated well with your care provider: 1 2 3 4 5

The doula improved your birthing experience: 1 2 3 4 5

I would recommend this doula to a friend: 1 2 3 4 5

Please describe anything that your doula did that you specifically DID NOT like:

Anything else that you would like to share/mention regarding your doula experience?

Please Sign: