

Philadelphia Alliance for Labor Support Client Satisfaction Survey

Please take a few minutes to help us make our services better! Thank You!

Doula Name: _____

Date: / /

How did you find out about the Doula Program?

L&D Nurse Doctor/Midwife Childbirth Class Family Member/Friend PEC/PETU
 Brochure Internet Other _____

Check the box below which best matches your feelings about each statement.

****Please evaluate the doula and not the hospital staff!****

comment	poor	fair	good	very good	excellent
How well did the doula help support and encourage you during labor?					
How well were your choices listened to and respected?					
How well were you helped to stay comfortable and manage your pain?					
How well were procedures about the birth explained to you?					
Overall, how would you rate your birth experience?					

Would you recommend a doula to others? Yes No Unsure

Comments: