

# 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: