

SPOKANE MIDWIVES

127 E. Euclid
Spokane, WA 99207
509-326-4366

EVALUATION OF THE SERVICE YOU RECEIVED

I know you are busy with a new little baby but I would greatly appreciate it if you would take a few minutes to fill out this evaluation. It will help us provide the best possible care. Please feel free to express your impressions of the care you received and any ways we can improve our service in the future. Your comments are listened to and valued. Thank you in advance.

Use this scale for rating the services.

- 1 – Not good because.....**
- 2 – Not good, but it didn't matter because.....**
- 3 – Fair, but could have been better by.....**
- 4 – Good, but could be improved by.....**
- 5 – Great**

	MOTHER	FATHER
Antepartum care and services overall:	1 2 3 4 5	1 2 3 4 5
COMMENTS: _____		
Qualifications of staff:	1 2 3 4 5	1 2 3 4 5
COMMENTS: _____		
Physical exams:	1 2 3 4 5	1 2 3 4 5
COMMENTS: _____		
Preparation for labor & birth:	1 2 3 4 5	1 2 3 4 5
Did you take a Bradley Class? Y N	COMMENTS: _____	
Demeanor of midwife at the birth:	1 2 3 4 5	1 2 3 4 5
COMMENTS: _____		
Feeling supported during labor/birth:	1 2 3 4 5	1 2 3 4 5
COMMENTS: _____		

Feeling safe during labor/birth: **1 2 3 4 5** **1 2 3 4 5**

COMMENTS: _____

Feeling in control of choices during labor/birth: **1 2 3 4 5** **1 2 3 4 5**

COMMENTS: _____

Assistant/Student involvement in your care: **1 2 3 4 5** **1 2 3 4 5**

COMMENTS: _____

Overall attitude of the midwife: **1 2 3 4 5** **1 2 3 4 5**

COMMENTS: _____

Would you have another child with Spokane Midwives?

Y (BECAUSE) _____

N (WHY NOT) _____

Would you recommend Spokane Midwives?

Y (BECAUSE) _____

N (WHY NOT) _____

The price was: **too high** **reasonable** **too low**

If too high, what services would you eliminate to reduce charges? _____

Use this space for further suggestions and comments:

CLIENTS NAME: _____ DATE: _____

Thank you

rev 12/01, 4/06, 11/10, 4/12, 1/13, 7/13, 12/13, 6/14, 8/22