



Supporting the birth that is right for you!

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Thanks for choosing a homebirth!

Please take a moment to fill out this questionnaire so that we may better serve you in the future.

How did you hear about us? _____

Is this your first homebirth? _____

Is this your first birth with this practice? _____ If not, how many? _____

Would you choose to birth with us again? _____ Why or why not? _____

If you could change one thing about your birth what would it have been? _____

Please list the staff members who attended your birth. _____
How did they help you? How did they affect your birth? (for better or for worse) _____

Did the staff answer your questions and serve you in a timely manner? _____

Was your prenatal care complete and thorough? How does it compare to past pregnancies? _____

Were you transported to a doctor's care during your pregnancy, labor, or birth for any reason? Was a doctor consulted regarding your health? _____

If so, what was your experience and how were you received? _____

Please list any concerns you have about your birth experience. _____