

PSYCHOSOCIAL STRESSORS

Did the child have difficulties with lactations? **Yes** **No** _____

Were there any problems with bonding? **Yes** **No** _____

Have any behavioural problems been noted? **Yes** **No** _____

Does your child experience night terrors, sleep walking, or difficulty sleeping? **Yes** **No**

If Yes, please explain: _____

What was the age of your child when he/she began attending daycare? _____

What is the average number of hours of television your child watches per week? _____

Do you feel that your child's social and emotional development is normal for his/her age? **Yes** **No**

If No, please explain: _____

Thank you for taking the time to complete this form. If there are any other comments, questions, or concerns which you'd like to address, please write them in the space provided below.