

Family FireRisk Evaluation Form
(Questions to be asked of parents of Children and Adolescents 3 to 18 Years of Age)

INTERVIEWER _____ INTERVIEWEE _____ DATE _____

JUVENILE'S NAME _____

SEX _____ DOB _____ ETHNICITY/RACE _____

ADDRESS _____ PHONE _____

PREVIOUS ADDRESS(ES)-5 YRS. _____

HAVE THERE BEEN FIRES AT THESE ADDRESSES? _____

SCHOOL _____ GRADE _____

SCHOOL ADDRESS _____

FEMALE CAREGIVER _____ RELATIONSHIP _____

MALE CAREGIVER _____ RELATIONSHIP _____

MOTHER _____ ADDRESS (If not caregiver) _____

FATHER _____ ADDRESS (If not caregiver) _____

EMPLOYERS of caregivers and parents _____

FEMALE CAREGIVER MARITAL STATUS: __Single__ Married__ Divorced__ Widow__ Seperated__ Remarried

MALE CAREGIVER MARITAL STATUS: __Single__ Married__ Divorced__ Widow__ Seperated__ Remarried

MOTHER'S MARITAL STATUS: __Single__ Married__ Divorced__ Widow__ Seperated__ Remarried

FATHER'S MARITAL STATUS: __Single__ Married__ Divorced__ Widow__ Seperated__ Remarried

LIST ALL IN THE FAMILY Give their ages and relationship to the child _____

RELATIONSHIP OF CHILD TO YOU Birth____ Foster____ Adopted____ Friend____ Step____ Other_____

CHILD LIVES WITH Birth Parents____ Single Birth Parent____ Birth Parent + Step Parent____ Which Other_____

CIRCLE ALL ANSWERS BELOW THAT APPLY

HEALTH HISTORY

1. What medical or physical problems does your child have? _____
Professionally diagnosed No Yes By whom _____
2. Has your child taken any medication in the past 3 months? If so, what? _____
3. Has your child been diagnosed with any impulse control conditions such as ADHD/ADD (hyperactivity)?
Yes No Diagnosis _____
4. Is your child currently in counseling or has he/she been seen by a counselor before? Yes (C-2) No (C-1)
For what _____ With whom: _____
5. Is any other family member currently in counseling or have they been seen before? Yes (P-2) No (P-1)
By whom _____ For what reason _____
6. Are there smokers in your home? Yes (P-2) No (P-1)

Health- Column 1		Health- Column 2		Health- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

FAMILY STRUCTURE/ISSUES

7. How long have you rented or owned at present location? ____ If less than 1 yr. score (P-2) if more than 5 yrs. score (P-1)
8. Do you think that you or your spouse/partner may be overprotective of the child?
always (P-3) usually (P-2) sometimes rarely never
9. Is Mother/female caregiver available to the child (not gone) as much as the child needs her?
always (P-1) usually (P-1) sometimes rarely (P-2) never (P-3)
10. Is Father/male caregiver available to the child (not gone) as much as the child needs him?
always (P-1) usually (P-1) sometimes rarely (P-2) never (P-3)
11. Do you feel you spend enough time with your child?
always (P-1) usually (P-1) sometimes rarely (P-2) never (P-3)
12. Are there significant conflicts between this child and other members of the family?
always (P-3) usually (P-2) sometimes rarely never
13. Do you believe that you have adequate influence and control over your child?
always (P-1) usually (P-1) sometimes rarely (P-2) never (P-3)

14. What do you discipline your child for? _____ How often? _____

15. How do you normally discipline your child? _____

16. Is there a history of emotional abuse in the family? Yes (P-2) or (P-3) No (P-1)

Who? _____ Relationship? _____ Currently in the home? _____

17. Is there a history of physical abuse in the family? Yes (P-2) or (P-3) No (P-1)

Who? _____ Relationship? _____ Currently in the home? _____

18. Is there a history of sexual abuse in the family? Yes (P-2) or (P-3) No (P-1)

Who? _____ Relationship? _____ Currently in the home? _____

Family- Column 1		Family- Column 2		Family- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

PEER ISSUES

19. Does your child interact normally with peers? Yes (C-1) No (C-2)

20. Does your child get into fights frequently? Yes (C-2) No (C-1)

21. Does your child frequently get picked on by other children? Yes (C-2) No (C-1)

22. Does your child frequently play/stay alone rather than with other children? Yes (C-2) No (C-1)

23. Do you think his/her friends are a bad influence? Yes (C-2) No (C-1)

Peers- Column 1		Peers- Column 2		Peers- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

SCHOOL ISSUES

24. Is your child in the age appropriate grade? Yes No [Is your child ahead (C-1) or behind (C-2)]

25. How does your child perform academically? Well (C-1) Average (C-1) Poorly or below expectation (C-2)

26. Have there been any recent negative changes in your child's academic performance? Yes (C-2) No (C-1)

27. Does your child have any special educational [special ed.] learning needs?

Yes [e.g., learning disabled, developmentally disabled (retarded)] (C-2) No (C-1)

28. Have there been any discipline problems at school? Yes (C-2) No (C-1)

School- Column 1		School- Column 2		School- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

BEHAVIOR ISSUES

29 Has your child been in trouble outside of school for non-fire related behaviors? Yes (C-2) No (C-1)

What _____

30. Does your child frequently say no when he is asked to do something? Yes (C-2) No (C-1)

31. Has your child ever stolen or shoplifted? Yes (C-2) No (C-1)

32. Has your child ever lied excessively? Yes (C-2) No (C-1)

33. Has your child ever used drugs/alcohol/inhalants? Yes (C-2) No (C-1)

34. Has your child ever beat up or hurt others? Yes (C-2) or (C-3) No (C-1)

Behavior- Column 1		Behavior- Column 2		Behavior- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

FIRE HISTORY

35. What were you doing when the fire occurred?

appropriate supervision (P-1) not home, asleep, or other indication of inappropriate supervision, score (P-2)

36. Are matches or lighters readily available to the child in the home? Yes (P-2) No (P-1)

37. How did you teach your child about fire? appropriate (P-1) inappropriate (P-2)

38. Have any of your child's siblings engaged in inappropriate fire behavior? Yes (P-2) No (C-1)

39. If you had to describe your child's curiosity about fire, would you say it was:

absent? (C-1) mild? (C-1) moderate? (C-2) extreme? (C-3)

40. How many times has your child used fire inappropriately? 1 time =(C-1), 2-3 times =(C-2) more than 3=(C-3).

If no other times, skip #41

41. Tell me what you know about all the fires that he started before this one. [Use a common time frame i.e. Christmas, school starting, etc. to help parent describe when fires were started or fireplay initiated]

What Set	Date Set	Where Set	With Whom	Ignition Source	Accelerant or used
1.					
2.					
3.					
4.					
5.					
6.					

Fire Hx- Column 1		Fire Hx- Column 2		Fire Hx- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

CRISIS OR TRAUMA

42. Has anything bad happened in the family or in your child's life in the last year? Yes (C-2) or (P-2) No (P-1)
 What _____

43. Has there been an ongoing (chronic) crisis/problem in your life or in the family? Yes (C-2) or (P-2) No (P-1)

44. Did the fire/fireplay occur after:

- family fight (C-2) being angry at sibling (C-2) being angry at boss (C-2)
- being angry with school authority (C-2) being angry with another (C-2)
- recent move (P-2) other crisis (C-2) or (C-3) or (P-2) or (P-3) None

C or T- Column 1		C or T- Column 2		C or T- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

CHARACTERISTICS OF FIRESTART OR FIREPLAY [circle all that apply but only score the most severe response for each question]

45. Materials used to set the fire or fireplay

- matches lighters flammable liquid/aerosol fireworks
- other (butane torch, flare, stove, pilot light) What? _____

46. How did child get material to start fire or engage in fireplay?

found it (C-1) went out of his way to acquire it (C-2) from his hidden/saved incendiary supplies (C-2)
was readily available at home (P-2) another child had material (C-1)

47. Where was the fire set or did the fireplay occur?

home-occupied (C-3) other structure-occupied (C-3)
home-unoccupied at time (C-2) other structure-unoccupied at time (C-2)
other residence-occupied (C-3) vacant structure (C-2)
other residence-unoccupied at time (C-2) vehicle (C-2)
school-occupied (C-3) dumpster (C-2)
school-unoccupied at time (C-2) wildland (C-2) or (C-3)
outside (C-2)

48. List room or specific place of fire origin _____

49. Address and time of fire or fireplay incident _____

50. What was set on fire?

object of little or no value (C-2) object of value to child (C-2)
object of value to others (C-2) part of a building (C-2)
people, self (C-3) flammable liquids/aerosols (C-3)
fireworks (C-2) wildland (C-2) or (C-3) [intentional = C-3]
paper, tissue, cardboard, twigs (C-1) bedding/bed-child's own (C-2)
bedding/bed-someone elses (C-2) clothing-child's own (C-2)
clothing-someone elses (C-2) toys (C-2)
furniture (C-2) trash, leaves, grass (C-2)
animals (C-3) insects (C-2)
matches only (C-1) Lighter only (C-)

51. What did he do after the fire started?

put it out (C-1) or (C-2) called for help (C-1) ran away [if appropriate] C-1 if not (C-2)
stayed and watched (C-2) or (C-3) panicked (C-1) tried to extinguish (C-1) or (C-2)
other (C-1) or (C-2) or (C-3)

52. Did child lie about involvement? total denial, minimizing, score (C-2) denial at first and then confessed, score (C-1)
no denial (C-1)

53. Did child act alone?

List names _____

54. Was child pressured or coerced into firesetting or fireplay behavior by his peers? Yes (C-2) No (C-2)

Child was instigator (C-3)

55. Did the child respond to the fire or fireplay as if it were a positive or humorous experience? (C-2)

or as a negative (remorseful) experience? (C-1)

56. Does the child believe that fire has spiritual qualities or extraordinary powers? Yes (C-2) or (C-3) No (C-1)

57. Is there an impulsive quality to the child's firesetting or fireplay? Yes (C-2) No (C-1)

58. Did your child set the fire or play with fire in an intentional, deliberate or planned manner? Yes (C-2) No (C-1)

59. What did you do to the child in response to the fire or fireplay?

grounded him/her (P-1)

physical punishment (P-1) or (P-2)

nothing (P-2)

talked/lectured (P-1) or (P-2)

sought outside help (P-1)

yelled (P-1) or (P-2)

other (P-1) or (P-2)

abused (P-2) or (P-3)

Explain _____

C.O.F.- Column 1

C.O.F.- Column 2

C.O.F.- Column 3

C-1	P-1	C-2	P-2	C-3	P-3
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Comments: _____

OBSERVATIONS

60. How does the mother act toward the child?

Appropriately concerned (P-1) inappropriately concerned (P-2) indifferent or hostile (P-3)

61. How does the father act toward the child?

Appropriately concerned (P-1) inappropriately concerned (P-2) indifferent or hostile (P-3)

62. Does the mother show appropriate self-care? Yes (P-1) No (P-2)

63. Does the father show appropriate self-care? Yes (P-1) No (P-2)

Observ.- Column 1		Observ.- Column 2		Observ.- Column 3	
C-1	P-1	C-2	P-2	C-3	P-3

Comments: _____

Transfer the information you placed in Summary Boxes 1-8 to the Summary of Child Interview Form below. Then total each column and put the sum at the bottom.

SUMMARY OF FAMILY INTERVIEW						
	C-1	P-1	C-2	P-2	C-3	P-3
Health History						
Family Structure/Issues						
Peer Issues						
School Issues						
Behavior Issues						
Fire History						
Crisis or Trauma						
Characteristics of Firestart/play						
Observations						
TOTAL						

Now that you have all the totals, use the totals to compute the percentages according to the formulae below.

Child Risk

$C-2 + C-3 = \text{_____} \%$

$C-1 + C-2 + C-3$

Total Risk

$C-2 + P-2 + C-3 + P-3 = \text{_____} \%$

$C-1 + P-1 + C-2 + P-2 + C-3 + P-3$

Family Risk

$P-2 + P-3 = \text{_____} \%$

$P-1 + P-2 + P-3$