

**YOUTH INTERVENTION
Parent/Caregiver Questionnaire**

Date: _____ File # _____
y m d

Name of Child: _____
last first initial

Name of Parent(s)/Caregiver(s): _____

Address: _____ Res. ☎ _____
unit # street city postal code

How long at this address? _____ Bus. ☎ _____

- Type of Residence: Single Family Apartment/Townhouse Duplex/Triplex
 Mobile Home Hotel Other

1. Biological parents' present marital status:
 Married Divorced Separated Single Widowed Common Law

2. Who is the custodial parent and/or primary caregiver?
 Mother Father Both Other: _____

3. Does anyone in your home smoke? Yes No

4. Has your child ever had previous counselling? Yes (C2) No

5. Is your child presently taking any medications? Yes (C2) No
(if for ADD-Attention Deficit Disorder, or ADHD-Attention Deficit Hyperactivity Disorder)

If yes, what for? _____

6. Was this your child's first fireplay **or** firesetting incident?
 Yes No Not Sure

If no, how many other incidents has your child been involved in? _____

7. What did your child set on fire?
 Nothing Paper products Grass/Leaves
 Other flammable materials Flammable liquids Own property Others property

Explain:

8. What ignition source was used in this incident?

- Matches Lighter Both Other: _____

9. Where did your child get the materials used in this incident?

- A. Home School Store Friend Other: _____
B. Found it easily Went out of the way to acquire

10. Where did this fireplay **or** firesetting incident occur?

- A. Home School Wood/Bush Other: _____
B. Indoors Outdoors

Explain:

11. Do you believe that this fireplay **or** firesetting incident was intentional?

- Yes (C2) No (C1)

If yes,

A. Do you believe your child was attempting to do harm or destroy property?

- Yes (C2/C3) No

B. Do you believe your child planned to set a fire **or** play with matches/lighter?

- Yes (C2) No

12. This fire resulted in:

- No damage
 Minor property damage (explain)
 Extensive property damage (explain)
 Personal injury (explain)
 Death (explain)
 Other: _____

13. As a result of this incident:

- Fire Department attended
- Police attended
- There was parental or other adult intervention
- Other: _____

14. Has your child expressed an interest in fire?

- Yes
- No

If yes,

- A. At what age was your child when he/she first showed an interest in fire? _____
- B. Would you describe your child's interest in fire as:

- Mild(C1)
- Moderate(C2)
- Extreme(C3)

15. Do you believe your child was pressured or coerced into fireplay **or** firesetting behaviour by peers?

- Yes(C2)
- No

16. Was your child with a group or with another child(ren) when this incident occurred?

- Yes(C2)
- No

If yes, how many other children were involved? _____

17. Within the last 6 months has there been an event in your child's life that could be attributed to this behaviour?

- Yes
- No

If yes, please specify:

- Family problems (P3)
- Parent/child disagreement (P2)
- Geographical move
- Death (P2)
- Problem at school (C2)
- Angry at self or another (C2)
- Other: _____
(P1/P2/P3 if negative)

Explain:

18. What was your child's behaviour after this fireplay **or** firesetting incident?

- Denied or lied about involvement (C2)
- Hid (C2)
- Extinguished the fire (C1/C2)
- Sought help (C1/C2)
- Did nothing (C2)
- Was embarrassed (C1)
- Not Sure
- Other: _____

19. Have you previously taught your child proper use of matches and lighters?

- Yes No(P2)

20. Is there any indication that your child is fascinated by fire? (i.e. your child is overly-interested in fire, eager to participate in fire related activities such as campfires or lighting candles).

- Yes (C2) No Not Sure

21. Does fireplay **or** firesetting behaviour appear to be a cry for help from your child?

- Yes (C2) No Not Sure

22. Does fire seem thrilling or funny to your child?

- Yes (C2) No Not Sure

23. Does your child usually do what you ask?

- Yes No (P1/P2) Sometimes (P1)

24. Does your child have difficulty expressing his/her feeling and emotions?

- Yes (C2) No Sometimes

25. Has fireplay **or** firesetting behaviour been previously addressed?

- Yes (C2) No(P1) Not Sure

If yes, by whom:

- School Parent Fire Department Clinical Other: _____

Comments:
