



FIRE F.R.I.E.N.D.S.
HEALTH HISTORY / YOUTH INFORMATION



Child's Name (First and Last)

Date of Birth

Medical Condition or Mental Health Diagnosis (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Impulse Control (Aggression) Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Obsessive/Compulsive Disorder |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Oppositional Defiance Disorder |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Sleep Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Specific Learning Disorder |
| <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> Trauma/Stress Related Disorder (PTSD) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Developmental (Intellectual) Disability | |

☐ Other (Please state): _____

Current Medical or Mental Health Treatments Being Provided (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Counseling/Therapy | <input type="checkbox"/> Youth Law Enforcement History |
| <input type="checkbox"/> Abuse / Neglect History | <input type="checkbox"/> Family Law Enforcement History |
| <input type="checkbox"/> Child Protective Services History | <input type="checkbox"/> School Performance or Behavioral History |

Other Agencies Working with Family (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child/Family Services Division | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Juvenile Justice Law Enforcement | <input type="checkbox"/> Other: _____ |

Recent (within 6 months) Stressful Event in Family (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Move/Relocation |
| <input type="checkbox"/> Bullying/Teasing-Victim or Perpetrator | <input type="checkbox"/> New Child/Family Member |
| <input type="checkbox"/> Death of Family Member | <input type="checkbox"/> Parental Separation/Divorce |
| <input type="checkbox"/> Economic Change in Family Income | <input type="checkbox"/> School Change |
| <input type="checkbox"/> Loss/Death of Friend/Pet | <input type="checkbox"/> Unknown |

☐ Other (please list): _____

Youth / Family Residence:

Number of Children in Primary Family/Residence: _____ Smokers in Household? ☐ Yes ☐ No

Name of Sibling: _____ Age: _____ Gender: _____

Name of Sibling: _____ Age: _____ Gender: _____

Name of Sibling: _____ Age: _____ Gender: _____

Name of Sibling: _____ Age: _____ Gender: _____

Comments:



FIRE F.R.I.E.N.D.S.

JUVENILE EXPLOSIVES AND FIREWORKS SCREENING SCALE



Interviewer Name (First and Last)	Date of Interview
Child's Name (First and Last)	Date of Birth

YES NO

- ☐ ☐ Q1 - Was a "safe and sane" firework used in this current event?
- ☐ ☐ Q2 - Was a "modified safe and sane", "non safe and sane", or "explosive device" used in this current event?

----- Only complete the remainder of the form if the **answer of Q2** above is **YES** -----

With regard to **all past and current use** of explosives or fireworks by the juvenile, indicate the type of explosives or fireworks behavior in which the juvenile has engaged (*mark all that apply*).

YES NO

- ☐ ☐ Used "safe and sane" fireworks within appropriate guidelines set forth by the manufacturer
- ☐ ☐ Used "safe and sane" fireworks in a way other than that set forth by the manufacturer (such as altering or using the fireworks in a way that creates a more compelling effect)
- ☐ ☐ Used exploding fireworks or rocket fireworks (such as firecrackers, bottle rockets, m-80s, roman candles, etc.) for noisemaking and visual display
- ☐ ☐ Used fireworks or an explosive device to inflict property damage or destruction
- ☐ ☐ Made a bomb threat
- ☐ ☐ Possessed instructions for constructing an explosive device
- ☐ ☐ Possessed material for constructing an explosive device (e.g., blasting caps, fuses, powder, pipes, or known reactants)
- ☐ ☐ Constructed an explosive device but did not use it
- ☐ ☐ Constructed and used an explosive device
- ☐ ☐ Constructed an explosive device that employed a timing device
- ☐ ☐ Constructed or used an explosive device with the intent to injure or harm an animal or person

Outcome

With regard to **all past and current use** of explosives or fireworks by the juvenile, indicate the outcomes of the juvenile's use of explosives or fireworks (*mark all that apply*).

- ☐ No damage, no fire started, no injury
- ☐ Minor property damage
- ☐ Minor injury (no medical intervention necessary)
- ☐ Started a small fire (extinguished quickly without fire department involvement)
- ☐ Significant property damage
- ☐ Started a significant fire that caused major property damage or that required fire department intervention
- ☐ Significant injury or death of an animal or person

Safe and sane fireworks: consumer fireworks that do not leave the ground, shoot projectiles into the air, or explode in any way.



FIRE F.R.I.E.N.D.S. PEDIATRIC SYMPTOM CHECKLIST



Interviewer Name (First and Last)	Date of Interview
Child's Name (First and Last)	Date of Birth

Please mark under the heading that best fits your child:

- | | Never | Sometimes | Often |
|---|--------------------------|--------------------------|--------------------------|
| 1. Complains of aches/pains | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Spends more time alone..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tires easily, little energy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Fidgety, unable to sit still..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has trouble with a teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Less interested in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Acts as if driven by a motor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Daydreams too much | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Distracted easily..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is afraid of new situations..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Feels sad, unhappy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is irritable, angry..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Feels hopeless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has trouble concentrating..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Less interest in friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Fights with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Absent from school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. School grades dropping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is down on him or herself..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Visits doctor with frequency finding nothing wrong..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has trouble sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Worries a lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Wants to be with you more than before..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Feels he or she is bad..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Takes unnecessary risks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Gets hurt frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Seems to be having less fun..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Acts younger than children his or her age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Does not listen to rules..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Does not show feelings..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Does not understand other people's feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Teases others..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Blames others for his or her troubles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Takes things that do not belong to him or her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Refuses to share | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments