

Georgia Department of Human Resources
Sensitive Issues Inventory

Children and adolescents in out of home placements may have been traumatized and exposed to multiple stressful events. These children can be experts at finding and exploiting the sensitive issues of their caretakers. In order to best match families and children, it is crucial that you and our staff be aware of any sensitive issues that you may have experienced.

DIRECTIONS: Read each item, and circle **Yes, No, or I don't know** for each. You may circle both "Yes" choices as appropriate: "Yes, when I was a child/teen" and "Yes, as an adult" where appropriate.

1. Have you ever been in a house fire?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
2. Have you ever been hurt in a fire or burned in an accident?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
3. Have you ever been in a house fire that caused major damage to your home?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
4. Have you ever been in a tornado, hurricane, or flood that caused major damage to your home?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
5. Have you ever been in a major car accident?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
6. Has a close family member (partner) ever been in a major car accident?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
7. Have you ever been mugged?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
8. Has a close family member (partner) been mugged?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
9. Have you ever been robbed at gunpoint?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
10. Has a close family member (partner) ever been robbed at gunpoint?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
11. Has your home ever been burglarized?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
12. Have you ever been raped?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
13. Has a close family member (partner) ever been raped?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
14. Have you ever been seriously hurt during a crime?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
15. Has a close family member (partner) ever been seriously hurt during a crime?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
16. Has a family member (partner) ever been murdered?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
17. Did your parents separate or divorce?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
18. Were you a member of a stepfamily?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
19. Did someone in your close family (partner) have a drinking problem?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know

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20. Did someone in your close family (partner) have a drug problem?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
21. Were you sexually abused?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
22. Was a close family member (partner) sexually abused?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
23. Were you physically abused?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
24. Was a close family member (partner) physically abused?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
25. Were you emotionally abused (severe criticism, verbal cruelty)?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
26. Was a close family member (partner) emotionally abused?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
27. Were you physically neglected (not enough food, poor shelter, etc.)?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
28. Have you ever been in a combat situation either as a member of the military or as a civilian?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
29. Have you suffered from a serious medical condition?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
30. Has a close family member (partner) suffered from a serious medical condition?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
31. Has a close family member (partner) died from a serious medical condition?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
32. Has a close family member (partner) been diagnosed with a serious mental illness?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
33. Have you struggled with a serious eating disorder (Bulimia, Anorexia Nervosa, Obesity)?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
34. Has a close family member (partner) struggled with a serious eating disorder (Bulimia, Anorexia Nervosa, Obesity)?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
35. Have you ever seriously attempted suicide?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
36. Has a family member (partner) ever seriously attempted suicide?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know
37. Has a family member (partner) successfully committed suicide?	Yes, when I was a child/teen	Yes, as an adult	No	I don't know