

**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 are 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. Circle Yes, No or I don't know for each item

You may circle both "Yes" choices as appropriate: "yes when I was a child/teen" and "yes as an adult".

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 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