



Indigenous Risk Impact Screen and Brief Intervention Project

Client file Number.....

Alcohol and Other Drug Risk	
1. In the last 6 months have you needed to drink or use drugs more to get the effects you want?	<input type="checkbox"/> No = 1 <input type="checkbox"/> Yes, a bit more = 2 <input type="checkbox"/> Yes, a lot more = 3
2. When you have cut down or stopped drinking or using drugs in the past, have you experienced any symptoms, such as sweating, shaking, feeling sick in the tummy/vomiting, diarrhoea, feeling really down or worried, problems sleeping, aches and pains?	<input type="checkbox"/> Never = 1 <input type="checkbox"/> Sometimes when I stop = 2 <input type="checkbox"/> Yes, every time = 3
3. How often do you feel that you end up drinking or using drugs much more than you expected?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Once a month = 2 <input type="checkbox"/> Once a fortnight = 3 <input type="checkbox"/> Once a week = 4 <input type="checkbox"/> More than once a week = 5 <input type="checkbox"/> Most days/Every day = 6
4. Do you ever feel out of control with your drinking or drug use?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Often = 3 <input type="checkbox"/> Most days/Every day = 4
5. How difficult would it be to stop or cut down on your drinking or drug use?	<input type="checkbox"/> Not difficult at all = 1 <input type="checkbox"/> Fairly Easy = 2 <input type="checkbox"/> Difficult = 3 <input type="checkbox"/> I couldn't stop or cut down = 4
6. What time of the day do you usually start drinking or using drugs?	<input type="checkbox"/> At night = 1 <input type="checkbox"/> In the afternoon = 2 <input type="checkbox"/> Sometime in the morning = 3 <input type="checkbox"/> As soon as I wake up = 4
7. How often do you find that your whole day has involved drinking or using drugs?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Often = 3 <input type="checkbox"/> Most days/Every day = 4
Alcohol and Other Drug Risk Score (Questions 1 – 7) _____	
Emotional Well Being Risk (Mental Health Risk)	
8. How often do you feel down in the dumps, sad or slack?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
9. How often have you felt that life is hopeless?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
10. How often do you feel nervous or scared?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
11. Do you worry much?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
12. How often do you feel restless and that you can't sit still?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
13. Do past events in your family, still affect your well-being today (such as being taken away from family)?	<input type="checkbox"/> Never/Hardly ever = 1 <input type="checkbox"/> Sometimes = 2 <input type="checkbox"/> Most days/Every day = 3
Mental Health and Emotional Well Being Risk Score (Questions 8 – 13) _____	

Indigenous Risk Impact Screen (IRIS)

INDIGENOUS RISK IMPACT SCREEN RESPONSE ALTERNATIVES & SCORE

Instructions for scoring

1. Calculate the scores from the IRIS Screen Instrument pertaining to each risk
2. Compare the client's scores for Alcohol and Other Drug against the risk cut-off scores
3. Proceed to Brief Intervention.

RISK	CALCULATING THE SCORE	RISK CUT-OFF SCORE
<p>ALCOHOL & OTHER DRUG RISK</p>	<p>Add scores for questions 1-7</p> <p>Total Score: _____</p>	<p>Cut off Score = 10</p> <p>Note: If client falls above risk cut off scores proceed to Brief Intervention.</p>
<p>MENTAL HEALTH & EMOTIONAL WELL- BEING RISK</p>	<p>Add scores for questions 8-13</p> <p>Total Score: _____</p>	<p>Cut off Score = 11</p> <p>Note: If client falls above risk cut off scores proceed to Brief Intervention and recommended referral to Mental Health Service</p>

