Queensland Government
Queensland Health

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?	☐ No = 1 ☐ Yes, a bit more = 2 ☐ 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?	☐ Never = 1 ☐ Sometimes when I stop = 2 ☐ Yes, every time = 3
3. How often do you feel that you end up drinking or using drugs much more than you expected?	☐ Never/Hardly ever = 1 ☐ Once a month = 2 ☐ Once a fortnight = 3 ☐ Once a week = 4 ☐ More than once a week = 5 ☐ Most days/Every day = 6
4. Do you ever feel out of control with your drinking or drug use?	☐ Never/Hardly ever = 1 ☐ Sometimes = 2 ☐ Often = 3 ☐ Most days/Every day = 4
5. How difficult would it be to stop or cut down on your drinking or drug use?	☐ Not difficult at all = 1 ☐ Fairly Easy = 2 ☐ Difficult = 3 ☐ I couldn't stop or cut down = 4
6. What time of the day do you usually start drinking or using drugs?	☐ At night = 1 ☐ In the afternoon = 2 ☐ Sometime in the morning = 3 ☐ As soon as I wake up = 4
7. How often do you find that your whole day has involved drinking or using drugs?	☐ Never/Hardly ever = 1 ☐ Sometimes = 2 ☐ Often = 3 ☐ 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?	☐ Never/Hardly ever = 1 ☐ Sometimes = 2 ☐ Most days/Every day = 3
9. How often have you felt that life is hopeless?	☐ Never/Hardly ever = 1 ☐ Sometimes = 2 ☐ Most days/Every day = 3
10. How often do you feel nervous or scared?	☐ Never/Hardly ever = 1 ☐ Sometimes = 2 ☐ Most days/Every day = 3
11. Do you worry much?	☐ Never/Hardly ever = 1 ☐ Sometimes = 2 ☐ Most days/Every day = 3
12. How often do you feel restless and that you can't sit still?	☐ Never/Hardly ever = 1 ☐ Sometimes = 2 ☐ 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)?	☐ Never/Hardly ever = 1 ☐ Sometimes = 2 ☐ Most days/Every day = 3
Mental Health and Emotional Well Being Risk Score (Questions 8 – 13) _____	

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Indigenous Risk Impact Screen (IRIS)

INDIGENOUS RISK IMPACT SCREEN RESPONSE ALTERATVES & 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
ALCOHOL & OTHER DRUG RISK	Add scores for questions 1-7 Total Score: _____	Cut off Score = 10 **Note:** If client falls above risk cut off scores proceed to Brief Intervention.
MENTAL HEALTH & EMOTIONAL WELL- BEING RISK	Add scores for questions 8-13 Total Score: _____	Cut off Score = 11 **Note:** If client falls above risk cut off scores proceed to Brief Intervention and recommended referral to Mental Health Service