

Indigenous Risk Impact Screen (IRIS)

Client name: _____

Date: _____

Worker name: _____

Time: _____

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 <input type="checkbox"/> 1 Yes, a bit more <input type="checkbox"/> 2 Yes, a lot more <input type="checkbox"/> 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 <input type="checkbox"/> 1 Sometimes when I stop <input type="checkbox"/> 2 Yes, every time <input type="checkbox"/> 3
3	How often do you feel that you end up drinking or using drugs much more than you expected?	Never/Hardly ever <input type="checkbox"/> 1 Once a month <input type="checkbox"/> 2 Once a fortnight <input type="checkbox"/> 3 Once a week <input type="checkbox"/> 4 More than once a week <input type="checkbox"/> 5 Most days/Every day <input type="checkbox"/> 6
4	Do you ever feel out of control with your drinking or drug use?	Never/Hardly ever <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Often <input type="checkbox"/> 3 Most days/Every day <input type="checkbox"/> 4
5	How difficult would it be to stop or cut down on your drinking or drug use?	Not difficult at all <input type="checkbox"/> 1 Fairly easy <input type="checkbox"/> 2 Difficult <input type="checkbox"/> 3 I couldn't stop or cut down <input type="checkbox"/> 4
6	What time of the day do you usually start drinking or using drugs?	At night <input type="checkbox"/> 1 In the afternoon <input type="checkbox"/> 2 Sometimes in the morning <input type="checkbox"/> 3 As soon as I wake up <input type="checkbox"/> 4
7	How often do you find that your whole day has involved drinking or using drugs?	Never/Hardly ever <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Often <input type="checkbox"/> 3 Most days/Every day <input type="checkbox"/> 4

Alcohol and Other Drug Risk Score (Questions 1 – 7)

Emotional Wellbeing Risk (Mental Health Risk)

8	How often do you feel down-in-the-dumps, sad or slack?	Never/Hardly ever <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Most days/Every day <input type="checkbox"/> 3
9	How often have you felt that life is hopeless?	Never/Hardly ever <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Most days/Every day <input type="checkbox"/> 3
10	How often do you feel nervous or scared?	Never/Hardly ever <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Most days/Every day <input type="checkbox"/> 3
11	Do you worry much?	Never/Hardly ever <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Most days/Every day <input type="checkbox"/> 3
12	How often do you feel restless and that you can't sit still?	Never/Hardly ever <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Most days/Every day <input type="checkbox"/> 3
13	Do past events in your family still affect your wellbeing today (such as being taken away from family)?	Never/Hardly ever <input type="checkbox"/> 1 Sometimes <input type="checkbox"/> 2 Most days/Every day <input type="checkbox"/> 3

Emotional Wellbeing Risk Score (Questions 8 – 13)

Indigenous Risk Impact Screen (IRIS)

IRIS Response Alternatives and Score

Instructions for scoring

1. Calculate the scores from the IRIS Screen Instrument pertaining to each risk
2. Compare the client's scores against the risk cut-off scores below
3. Proceed to Brief Intervention if indicated.

Risk	Calculating the score	Risk cut-off score
Alcohol and Other Drug Risk	Add scores for questions 1-7 Total Score: <input type="text"/>	Cut off Score = 10 Note: If client falls above risk cut-off scores proceed to Brief Intervention.
Mental Health and Emotional Wellbeing Risk	Add scores for questions 8-13 Total Score: <input type="text"/>	Cut off Score = 11 Note: If client falls above risk cut-off scores proceed to Brief Intervention.

