### 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

### Mental Health and Emotional Well Being 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) __________
**Indigenous Risk Impact Screen (IRIS)**

**INDIGENOUS RISK IMPACT SCREEN RESPONSE ALTERNATIVES & SCORE**

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**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.

<table>
<thead>
<tr>
<th>RISK</th>
<th>CALCULATING THE SCORE</th>
<th>RISK CUT-OFF SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL &amp; OTHER DRUG RISK</td>
<td>Add scores for questions 1-7</td>
<td>Cut off Score = 10</td>
</tr>
<tr>
<td></td>
<td>Total Score: _______</td>
<td></td>
</tr>
<tr>
<td>MENTAL HEALTH &amp; EMOTIONAL WELL-BEING RISK</td>
<td>Add scores for questions 8-13</td>
<td>Cut off Score = 11</td>
</tr>
<tr>
<td></td>
<td>Total Score: _______</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- If client falls above risk cut off scores proceed to Brief Intervention.
- If client falls above risk cut off scores proceed to Brief Intervention and recommended referral to Mental Health Service.
RISK CARD

High Risk

Low Risk

MENTAL HEALTH
Emotional well-being Risk cut off score = 11

ALCOHOL AND OTHER DRUGS
Risk cut off score = 10