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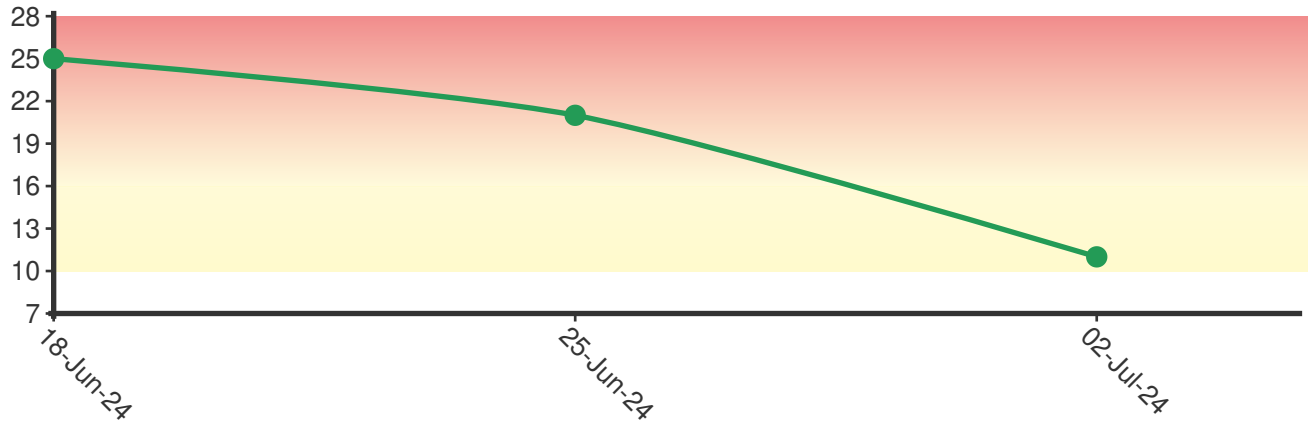
Indigenous Risk Impact Screen (IRIS)

Client Name	Generic Client	*Date administered*	2 Jul 2024
Date of birth (age)	1 Jan 1999 (25)	*Time taken*	17s
Assessor	Dr Emerson Bartholomew		

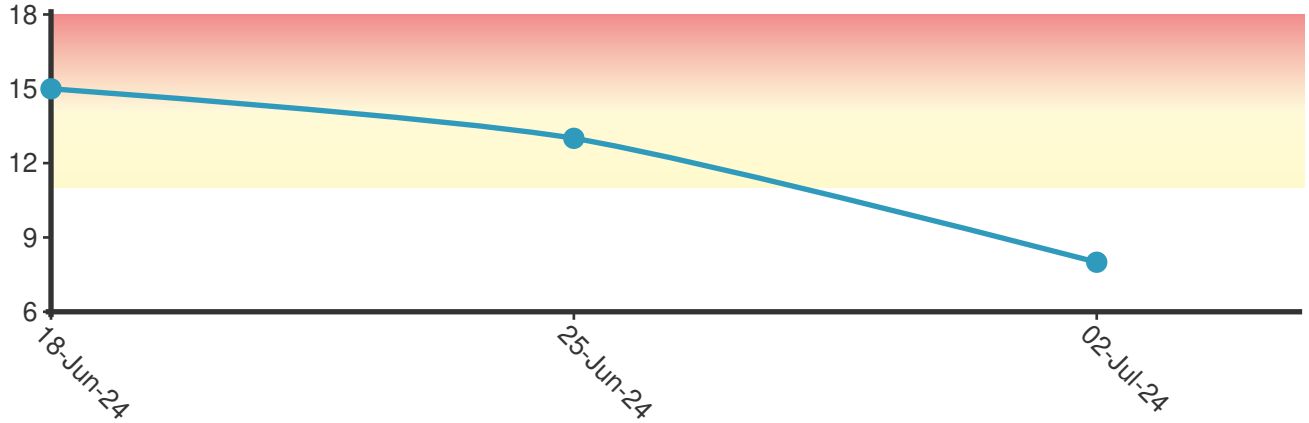
Results

	Score	Descriptor
Alcohol and Other Drug use (7-28)	11	High Risk
Mental and Emotional Risk (6-18)	8	Low Risk

Alcohol and Other Drug use



Mental and Emotional Risk



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Interpretation

Scores indicate this individual is at high risk of alcohol and other drug use issues, scoring above the subscale cut-off. This level of risk should prompt further clinical evaluation.

Since the client initially completed the IRIS on 18 June 2024, their score on the alcohol and other drug use subscale has improved. For the mental health and emotional well-being subscale, the client's score has improved and they have moved from the High Risk range to the Low Risk range.

Scoring and Interpretation Information

For comprehensive information on the IRIS, see here.

IRIS results are presented as two subscale scores: Alcohol and other drug risk: (items 1, 2, 3, 4, 5, 6, 7) The Alcohol and Other Drug risk subscale ranges from 7-28, with higher scores reflecting a greater likelihood of problematic alcohol and drug use as well as dependence. Scores of 10 or more represent clinically significant risk. Mental health and emotional well-being risk: (items 8, 9, 10, 11, 12, 13) The Mental Health risk subscale ranges from 6-18, with higher scores indicating increased risks of a psychological condition or functional impairment (Schlesinger et al., 2007; Marel et al., n.d.). Scores of 11 or more represent clinically significant risk, with the client being likely to have a ICD-10 depression or anxiety disorder (with a sensitivity of 83% and a specificity of 84% in relation to a psychiatric interview using ICD-10 diagnostic criteria for depression and anxiety disorders).

Client Responses

		No		Yes, a bit more		Yes, a lot more	
1	In the last 6 months have you needed to drink or use drugs more to get the effects you want?	**1**		**2**		**3**	
		Never		Sometimes when I stop		Yes, everytime	
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?	**1**		**2**		**3**	
		Never/Hardly ever	Once a month	Once a fortnight	Once a week	More than once a week	Most days/Every day
3	How often do you feel that you end up drinking or using drugs much more than you expected?	**1**	**2**	**3**	**4**	**5**	**6**
		Never/Hardly ever	Sometimes	Often	Most days/Every day		
4	Do you ever feel out of control with your drinking or drug use?	**1**	**2**	**3**	**4**		
		Not difficult at all	Fairly easy	Difficult	I couldn't stop or cut down		
5	How difficult would it be to stop or cut down on your drinking or drug use?	**1**	**2**	**3**	**4**		

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		At night	In the afternoon	Sometimes in the morning	As soon as I wake up
6	What time of the day do you usually start drinking or using drugs?	**1**	**2**	**3**	**4**
		Never/Hardly ever	Sometimes	Often	Most days/Every day
7	How often do you find that your whole day has involved drinking or using drugs?	**1**	**2**	**3**	**4**

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