### Appendix O: Psychosis Screener (PS)

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In the past 12 months, have you felt that your thoughts were being directly interfered with or controlled by another person</td>
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<tr>
<td>1a</td>
<td>Did it come about in a way that many people would find hard to believe, for instance, through telepathy?</td>
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<td>2</td>
<td>In the past 12 months, have you had a feeling that people were too interested in you?</td>
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<tr>
<td>2a</td>
<td>In the past 12 months, have you had a feeling that things were arranged so as to have a special meaning for you, or even that harm might come to you?</td>
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<tr>
<td>3</td>
<td>Do you have any special powers that most people lack?</td>
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<tr>
<td>3a</td>
<td>Do you belong to a group of people who also have these special powers?</td>
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<tr>
<td>4</td>
<td>Has a doctor ever told you that you may have schizophrenia?</td>
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### Appendix P: Indigenous Risk Impact Screener (IRIS)

1. In the last 6 months have you needed to drink or use more to get the effects you want?
   - 1. No
   - 2. Yes, a bit more
   - 3. Yes, a lot more

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/runny gonna, feeling really down or worried, problems sleeping, aches and pains?
   - 1. Never
   - 2. Sometimes when I stop
   - 3. Yes, every time

3. How often do you feel that you end up drinking or using drugs much more than you expected?
   - 1. Never/Hardly ever
   - 2. Once a month
   - 3. Once a fortnight
   - 4. Once a week
   - 5. More than once a week
   - 6. Most days/Every day

4. Do you ever feel out of control with your drinking or drug use?
   - 1. Never/Hardly ever
   - 2. Sometimes
   - 3. Often
   - 4. Most days/Every day

5. How difficult would it be to stop cut down on your drinking or drug use?
   - 1. Not difficult at all
   - 2. Fairly easy
   - 3. Difficult
   - 4. I couldn’t stop or cut down

6. What time of the day do you usually start drinking or using drugs?
   - 1. At night
   - 2. In the afternoon
   - 3. Sometimes in the morning
   - 4. As soon as I wake up

7. How often do you find that your whole day has involved drinking or using drugs?
   - 1. Never/Hardly ever
   - 2. Sometimes
   - 3. Often
   - 4. Most days/Every day

8. How often do you feel down in the dumps, sad or slack?
   - 1. Never/Hardly ever
   - 2. Sometimes
   - 4. Most days/Every day

9. How often have you felt that life is hopeless?
   - 1. Never/Hardly ever
   - 2. Sometimes
   - 3. Most days/Every day

10. How often do you feel nervous or scared?
    - 1. Never/Hardly ever
    - 2. Sometimes
    - 3. Most days/Every day

11. Do you worry much?
    - 1. Never/Hardly ever
    - 2. Sometimes
    - 3. Most days/Every day

12. How often do you feel restless and that you can’t sit still?
    - 1. Never/Hardly ever
    - 2. Sometimes
    - 3. Most days/Every day

13. Do past events in your family still affect your wellbeing today (such as being taken away from family)?
    - 1. Never/Hardly ever
    - 2. Sometimes
    - 3. Most days/Every day