

## Appendix O: Psychosis Screener (PS)

1.	In the past 12 months, have you felt that your thoughts were being directly interfered with or controlled by another person	<input type="checkbox"/> No	<input type="checkbox"/> Yes
1a.	Did it come about in a way that many people would find hard to believe, for instance, through telepathy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2.	In the past 12 months, have you had a feeling that people were too interested in you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2a.	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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.	Do you have any special powers that most people lack?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3a.	Do you belong to a group of people who also have these special powers?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4.	Has a doctor ever told you that you may have schizophrenia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**Source:** Degenhardt, L., Hall, W., Korten, A., & Jablensky, A. (2005). *Use of brief screening instrument for psychosis: Results of a ROC analysis. Technical report no. 210.* Sydney, Australia: National Drug and Alcohol Research Centre.

## Appendix P: Indigenous Risk Impact Screener (IRIS)

<b>1. In the last 6 months have you needed to drink or use more to get the effects you want?</b>			
1. No	2. Yes, a bit more	3. Yes, a lot more	
<b>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?</b>			
1. Never	2. Sometimes when I stop	3. Yes, every time	
<b>3. How often do you feel that you end up drinking or using drugs much more than you expected?</b>			
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	
<b>4. Do you ever feel out of control with your drinking or drug use?</b>			
1. Never/Hardly ever	2. Sometimes	3. Often	4. Most days/Every day
<b>5. How difficult would it be to stop cut down on your drinking or drug use?</b>			
1. Not difficult at all	2. Fairly easy	3. Difficult	4. I couldn't stop or cut down
<b>6. What time of the day do you usually start drinking or using drugs?</b>			
1. At night	2. In the afternoon	3. Sometimes in the morning	4. As soon as I wake up
<b>7. How often do you find that your whole day has involved drinking or using drugs?</b>			
1. Never/Hardly ever	2. Sometimes	3. Often	4. Most days/Every day
<b>8. How often do you feel down in the dumps, sad or slack?</b>			
1. Never/Hardly ever	2. Sometimes	4. Most days/Every day	
<b>9. How often have you felt that life is hopeless?</b>			
1. Never/Hardly ever	2. Sometimes	3. Most days/Every day	
<b>10. How often do you feel nervous or scared?</b>			
1. Never/Hardly ever	2. Sometimes	3. Most days/Every day	
<b>11. Do you worry much?</b>			
1. Never/Hardly ever	2. Sometimes	3. Most days/Every day	
<b>12. How often do you feel restless and that you can't sit still?</b>			
1. Never/Hardly ever	2. Sometimes	3. Most days/Every day	
<b>13. Do past events in your family still affect your wellbeing today (such as being taken away from family)?</b>			
1. Never/Hardly ever	2. Sometimes	3. Most days/Every day	

**Source:** Schlesinger, C. M., Ober, C., McCarthy, M. M., Watson, J. D., & Seinen, A. (2007). The development and validation of the Indigenous Risk Impact Screen (IRIS): A 13-item screening instrument for alcohol and drug and mental risk. *Drug and Alcohol Review*, 26, 109-117.