

PALM PAT

1. Place your hands palm to palm with one hand up and one hand down, like this. *(Demonstrate)*
2. Remain in this position while I explain the test. Do you understand?
(Response)
3. When I tell you to begin, turn the top hand over and count out loud "one," then turn the top hand back over and count out loud "two," counting only when the hands make contact, like this. *(Demonstrate)*
4. Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. *(Demonstrate)*
5. Do you understand? *(Response)*
6. Begin. *(If necessary, tell to speed up...)*

Instruction Stage

- Unable to follow instructions
- Started at wrong time

Performance Stage

- Did not count as instructed
- Rolled hands
- Double pat
- Chopped pat
- Other improper pat (document)
- Did not increase speed
- Rotated hands
- Stopped before told

Total Clues: _____

Evaluation Criteria: 2 or more clues

HAND COORDINATION

1. Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this *(Demonstrate)*.
2. Remain in this position while I explain the test. Do you understand?
(Response)
3. When I say begin, you must perform four tasks
 - The **first** task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step *(Demonstrate while counting out loud 1, 2, 3, 4)*
 - The **second** task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position *(Demonstrate)*
 - The **third** task is to move your fists in a step-like fashion in reverse order, counting out loud from five to eight and returning your left fist to your chest *(Demonstrate while counting out loud 5, 6, 7, 8)*
 - The **fourth** task is to open your hands with palms down and place them in your lap *(Demonstrate)*
4. Do you understand? *(Response)*
5. Begin

Instruction Stage

- Unable to follow instructions
- Started at wrong time

Performance Stage

Task 1 – Forward Steps

- Improper count
- Improper touch
- Did not perform

Task 3 – Return Steps

- Improper count
- Improper touch
- Did not return left fist to chest
- Did not perform

Task 2 – Hand Clapping

- Improper count
- Improper touch
- Improper return
- Did not perform

Task 4 – End Position

- Improper position
- Did not perform

Total Clues: _____

Evaluation Criteria: 3 or more clues



Division of Boating & Waterways Standardize FIELD SOBRIETY TESTING

Instructions and Clues

Subject Name _____

PRELIMINARY QUESTIONS

1. Anything wrong with your vessel? Y | N
2. Are you sick or injured? Y | N
3. Are you diabetic or epileptic? Y | N
4. Do you take insulin? Y | N
5. Do you have any physical impairments? Y | N
6. Do you have any defects with your eyes? Y | N
7. Do you have acid reflux? Y | N
8. When did you sleep last? How long?
9. When did you eat last? Describe?
10. Were you operating the vessel? Y | N
11. When did you start operating?
12. Where were you going?
13. Where were you stopped?
14. What have you been drinking? How much? How long?
15. What time did you start drinking?
16. What time did you stop drinking?
17. Where were you drinking?
18. Do you feel the effects of the drinks? Y | N
19. Did you bump your head? Y | N
20. Have you been drinking since the accident? What? Y | N
21. Are you under the care of a doctor or dentist? Y | N
22. Have you taken any medicine or drugs? Y | N
23. Do you feel the effects of the medicine/drugs? Y | N
24. Recent surgery performed? Y | N
25. Would you operate a car right now? Y | N

GENERAL INSTRUCTIONS

Please sit straight at the front edge of your seat.
 Put your arms down at your sides.
 Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? *(Response)*
 Do not move your feet until the tests are over.
 Stay in this position, do not do anything else until I tell you to do so.
 Do you understand? *(Response)*

Notes: _____

HORIZONTAL GAZE NYSTAGMUS

1. Have the subject remove eyeglasses *(if worn)*.
2. Are you wearing contact lenses? Y | N
3. I am going to check your eyes.
4. Keep your head still and look at the stimulus. Follow the movement of the stimulus with your eyes only. Keep looking at the stimulus until told the test is over. Do you understand? *(Response)*
5. Position the stimulus about 12 – 15 inches from the subject's nose
6. **Check for equal pupil size, resting nystagmus, equal tracking**
7. **Check for lack of smooth pursuit**
8. **Check for distinct and sustained nystagmus at maximum deviation**
9. **Check for onset of nystagmus prior to 45-degrees**
10. Check for vertical nystagmus

Clues	Left	Right
Lack of smooth pursuit		
Distinct & sustained nystagmus at max deviation		
Onset of nystagmus prior to 45-degrees		

Vertical nystagmus? Yes | No

Total Clues: _____
Evaluation Criteria: 4 or more clues

FINGER TO NOSE

1. Make a fist with both hands, extend your index fingers and turn your palms forward. *(Demonstrate)* Remain in this position while I explain the test. Do you understand? *(Response)*
2. When I say begin, tilt your head back to about a 45-degree angle and close your eyes. *(Demonstrate)*
3. When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. *(Demonstrate and explain the finger tip, pad and side, and demonstrate touching tip of nose)*
4. When I say left, you must touch your right index finger to your nose; when I say right, you must touch your left index finger to your nose. Do you understand? *(Response)*
5. Begin. (After head tilt) **Left...Right...Left...Right...Right...Left**
6. *(After performance)* Open your eyes and straighten your head

Instruction Stage	Performance Stage
Unable to follow instructions <input type="checkbox"/>	Did not close eyes <input type="checkbox"/>
Started at wrong time <input type="checkbox"/>	Did not tilt head <input type="checkbox"/>
	Opened eyes during test <input type="checkbox"/>
	Moved head during test (1"+) <input type="checkbox"/>

Clues	Left	Right	Left	Right	Right	Left
Wrong hand						
Wrong finger						
Hesitated						
Searched						
Not fingertip						
Missed nose (tip)						
Did not bring down						

Total Clues: _____
Evaluation Criteria: 9 or more clues