

Field Sobriety Test Performance Report

Subject Name _____ Start time _____

PRE-TEST QUESTIONS

Do you have any physical defects or disabilities? Y N
 Do you have any defects with your eyes? Y N
 Are you sick or injured? Y N
 Are you under the care of a doctor or dentist? Y N
 Are you taking any medication or drugs? Y N

Notes:

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 and do not do anything else until I tell you to do so. Do you understand? (Response)

HORIZONTAL GAZE NYSTAGMUS

Have the subject remove their eyeglasses, if worn.
Are you wearing contact lenses? ___ Yes ___ No
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)
 Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.

Clues	Left	Right
Lack of smooth pursuit		
Distinct & sustained nystagmus at max. deviation		
Onset of nystagmus prior to 45-degrees		
Total Clues		
Vertical nystagmus: Yes___ No___	Evaluation Criteria: 4 or more clues	

FINGER TO NOSE

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

Instruction Stage	Performance Stage		Left	Right	Left	Right	Right	Left	
Unable to follow instructions	Did not close eyes	Wrong hand							Wrong hand
	Did not tilt head	Wrong finger							Wrong finger
Started at wrong time	Opened eyes during test	Hesitated							Hesitated
		Searched							Searched
	Moved head during test (1"+)	Not fingertip							Not fingertip
		Missed nose							Missed nose
		Did not bring down							Did not bring down
		Total Clues							
		Evaluation Criteria: 9 or more clues							

PALM PAT

- Place your hands palm to palm with one hand up and one hand down, like this. (Demonstrate) Remain in this position while I explain the test. Do you understand? (Response)
- When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. (Demonstrate at least two sets)
- 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)
- Do you understand? (Response) 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

- 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)
- Remain in this position while I explain the test. Do you understand? (Response)
- 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)
- Do you understand? (Response) 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 2 – Hand Clapping	
Improper count	
Improper touch	
Improper return	
Did not perform	
Task 3 – Return Steps	
Improper count	
Improper touch	
Did not return left fist to chest	
Did not perform	
Task 4 – End Position	
Improper position	
Did not perform	
Total Clues	
Evaluation Criteria: 3 or more clues	

Field Sobriety Test Performance Report

Subject Name _____

<p>WALK AND TURN</p> <ul style="list-style-type: none"> ● Place your left foot on the line. Place your right foot on the line in front of the left foot, with the heel of the right foot against the toe of the left. <i>(Demonstrate)</i> ● Place your arms at your sides. Maintain this position until I have completed the instructions. Do not start to walk until I tell you to do so. Do you understand? <i>(Response)</i> ● When I tell you to start, take nine heel-to-toe steps on the line, turn, and take nine heel-to-toe steps down the line. <i>(Demonstrate 3 heel-to-toe steps)</i> ● When you turn, keep the front foot on the line and turn by taking a series of small steps with the other foot, like this. <i>(Demonstrate turn and 3 steps back)</i> ● While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud. Once you start walking, do not stop until you have completed the test. Do you understand? <i>(Response)</i> ● Begin. 		<table border="1" style="width:100%; border-collapse: collapse;"> <tr style="background-color: #f2f2f2;"><th colspan="2">Instruction Stage</th></tr> <tr><td>Cannot keep balance</td><td></td></tr> <tr><td>Starts too soon</td><td></td></tr> <tr style="background-color: #f2f2f2;"><th colspan="2">Performance Stage</th></tr> <tr><td>Stops while walking</td><td></td></tr> <tr><td>Does not touch heel-to-toe (1/2"+)</td><td></td></tr> <tr><td>Steps off the line</td><td></td></tr> <tr><td>Uses arms to balance (6"+)</td><td></td></tr> <tr><td>Improper turn</td><td></td></tr> <tr><td>Incorrect number of steps</td><td></td></tr> <tr style="background-color: #f2f2f2;"><th colspan="2">Total Clues</th></tr> <tr><td>Cannot perform test (explain)</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr style="background-color: #f2f2f2;"><th colspan="2">Evaluation Criteria: 2 or more clues</th></tr> </table>	Instruction Stage		Cannot keep balance		Starts too soon		Performance Stage		Stops while walking		Does not touch heel-to-toe (1/2"+)		Steps off the line		Uses arms to balance (6"+)		Improper turn		Incorrect number of steps		Total Clues		Cannot perform test (explain)				Evaluation Criteria: 2 or more clues	
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<p>ONE LEG STAND</p> <ul style="list-style-type: none"> ● Stand with your feet together and your arms at your sides, like this. <i>(Demonstrate)</i> ● Do not start until I tell you to do so. Do you understand? <i>(Response)</i> ● When I tell you to start, raise either leg with the foot approximately six inches off the ground with your raised foot parallel to the ground. <i>(Demonstrate)</i> ● You must keep both legs straight, arms at your sides. While holding that position, count out loud in the following manner: one thousand one, one thousand two, one thousand three, and so on until told to stop. ● Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? <i>(Response)</i> ● Begin. <i>(30 seconds)</i> 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr style="background-color: #f2f2f2;"><th colspan="2">Clues</th></tr> <tr><td>Sways while balancing</td><td></td></tr> <tr><td>Uses arms to balance (6"+)</td><td></td></tr> <tr><td>Hopping</td><td></td></tr> <tr><td>Puts foot down</td><td></td></tr> <tr style="background-color: #f2f2f2;"><th colspan="2">Total Clues</th></tr> <tr><td>Cannot perform test (explain)</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr style="background-color: #f2f2f2;"><th colspan="2">Evaluation Criteria: 2 or more clues</th></tr> </table>	Clues		Sways while balancing		Uses arms to balance (6"+)		Hopping		Puts foot down		Total Clues		Cannot perform test (explain)				Evaluation Criteria: 2 or more clues	
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Phase I: Vessel in Motion – Document initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

Phase II: Personal Contact – Document observations made during face-to-face contact with the operator.

<p>Operator Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot find registration/wallet <input type="checkbox"/> Tries to conceal something <input type="checkbox"/> Produces wrong documents <input type="checkbox"/> Fumbles items <input type="checkbox"/> Excessive movement <input type="checkbox"/> Forgets to respond to request <input type="checkbox"/> Incorrect answers <input type="checkbox"/> Problem using fingertips <input type="checkbox"/> Avoids eye contact <input type="checkbox"/> Ignores questions <input type="checkbox"/> Lights cigarette or eats/chews <input type="checkbox"/> Angry/abusive language <input type="checkbox"/> Admits to drinking <input type="checkbox"/> Difficulty with safety equip. <input type="checkbox"/> Unusual statements 	<p>Breath</p> <p>Alcoholic beverage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Breath mint/cover odor</p>	<p>Eyes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Constricted pupils <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Normal <p>Unusual Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hiccapping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Gagging/dry heaves <input type="checkbox"/> Fighting <input type="checkbox"/> Laughing <input type="checkbox"/> Crying 	<p>Attitude</p> <ul style="list-style-type: none"> <input type="checkbox"/> Jovial <input type="checkbox"/> Talkative <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Belligerent <input type="checkbox"/> Insulting <p>Clothing <i>(describe)</i></p>	<p>Balance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Normal <input type="checkbox"/> Falling <input type="checkbox"/> Supports against object <input type="checkbox"/> Staggering <input type="checkbox"/> Wide stance <input type="checkbox"/> Swaying <input type="checkbox"/> Sits down <input type="checkbox"/> Unsteady <input type="checkbox"/> Needs assistance <p>Notes:</p>
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Phase III – Pre-Arrest Screening – Document any other observations made during field sobriety testing to describe finding of probable cause to place subject under arrest for operating while impaired.

Officer:	Agency:	Case #:
Date:	Location:	
Subject Name:		D/O/B:
Height:	Weight:	Eyes:
		Hair:
PBT results:	@	hrs.
Evidentiary breath test results:	@	hrs.
Time of arrest:		hrs.