

**The following information on field sobriety tests and drug recognition evaluation information was compiled from various sources, and should be evaluated and/or confirmed with appropriate scientific research.**

**SFST Instructions (Standardized Field Sobriety Tests)**

**Horizontal Gaze Nystagmus Instructions (HGN)**

1. I am going to check your eyes. (Please remove your glasses)
2. Keep your head still and follow the stimulus with your eyes only.
3. Do not move your head.
4. Do you understand the instructions?

**Walk and Turn Instructions (WAT)**

1. Put your left foot on the line and put your right foot in front of it with your right heel touching your left toe. Keep your hands at your side. (Demonstrate)
2. Do not start until I tell you to.
3. Do you understand the directions?
4. When I tell you to begin, take nine heel to toe steps on the line, turn around keeping one foot on the line, and return nine heel to toe steps. (Demonstrate heel-to-toe; three steps is sufficient)
5. On the ninth step, keep the front foot on the line and turn by taking several small steps with the other foot. (Demonstrate turn)
6. While walking, watch your feet at all times, keep arms at side, count steps out loud. Once you begin, do not stop until test is completed.
7. Do you understand the instructions?
8. You may begin the test.

**One-leg Stand Instructions (OLS)**

1. Stand with your heels together and your arms at your side. (Demonstrate)
2. Do not begin until I tell you to.
3. Do you understand?
4. When I tell you, I want you to raise one leg, either leg, approximately six inches off the ground, foot pointed out. Keep both legs straight and keep your eyes on the elevated foot.
5. While holding that position, count out loud; one thousand and one, one thousand and two, one thousand and three, and so forth until told to stop. (Demonstrate raised leg and count)
6. Do you understand the instructions?
7. You may begin the test.

## **Standardized FST Clues**

**1. Horizontal Gaze Nystagmus (HGN); Six clues, three for each eye. There are no specific clues for vertical nystagmus.**

Clues:

1. Lack of smooth pursuit
2. Distinct and sustained nystagmus and maximum deviation
3. Angle of onset prior to 45 degrees
2. Walk and Turn (WAT); (8 total clues, 2 in instruction phase, 6 in walking phase).

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Clues:

Instruction phase:

1. Cannot keep balance
2. Starts to soon

Walking Phase:

3. Stops while walking
4. Misses heel to toe
5. Steps off line
6. Uses arms to balance
7. Improper turn
8. Wrong number of steps

**3. One leg stand (OLS); (Four clues).**

1. Swaying
2. Uses arms to balance
3. Hopping
4. Puts foot down

## **Other Field Sobriety Tests (FST's):**

Romberg Balance; Test of balance and time perception. Feet together, arms at sides, head tilted back, eyes closed. Subject estimates 30 seconds.

Finger-to-Nose; Test of balance and coordination. Heels and toes together, arms at sides, eyes closed, head tilted back, touch tip of finger to nose with both right and left index finger.

## **DRE Process Components**

1. Breath Test
2. Interview Arresting Officer
3. Preliminary Examination (1st pulse)
4. Eye Examination
5. Divided Attention Psychophysical Tests
6. Vital Signs (2nd pulse)
7. Dark Room Examination
8. Check Muscle Tone
9. Check for Injection Sites (3rd pulse)
10. Interrogation
11. Opinion of Evaluator
12. Toxicological Examinations

### Normal Ranges

1. Pulse: 60-90 BPM
2. \*Pupil: 3.0-6.5 mm (no longer in use, see below)

\*Updated Pupil Criteria

Lighting Conditions	Mean (mm)	One Standard Deviation	Median (mm)
Room Light	3.86	0.93	3.62
Near Total Darkness	6.41	1.55	6.45
Direct Light	3.35	0.72	3.40

Source: Richman, J.E., et al, An evaluation of pupil size standards used by police officers for detecting drug impairment, *Clinical Research*, Volume 75, Number 3, March 2004.

3. Blood Pressure

120 -140 (systolic) mm/Hg  
70 - 90 (diastolic) mm/Hg

4. Body Temp: 98.6° ±1°

## **Visual Detection of DUI Motorists**

1. Problems in maintaining proper lane position.
2. Speed and braking problems.
3. Vigilance problems (paying attention to the task).
4. Judgment problems (taking risks, endangering others).

## Summary of DRE Components

<u>Step Number</u>	<u>Summary of Procedure</u>
1. Alcohol Test (Breath Alcohol, or BrAC)	If BrAC is below per se limit and impairment appears to exist, testing continues.
2. Interview Arresting Officer	The arresting officer may not have specialized DRE training; therefore, the arresting officer must communicate field observations, statements, and other information to the DRE officer.
3. Preliminary Examination (1st pulse)	DRE interview of subject about medical conditions, and generally observe subject behavior. The first pulse rate measurement is taken.
4. Eye Examination	Horizontal gaze nystagmus (HGN), vertical gaze nystagmus (VGN), and convergence tests performed.
5. Divided Attention Psychophysical Tests	Sobriety tests such as Romberg, walk-and-turn, one-leg-stand, and fingertip-to-nose tests performed.
6. Vital Signs (2nd pulse)	Body temperature, blood pressure, and a second pulse rate measure taken.
7. Dark Room Examination	Pupil size and responses recorded, and nose and mouth examined for evidence of drug use.
8. Check Muscle Tone	Muscle tone of arm (biceps, forearm) is determined.
9. Check for Injection Sites (3rd pulse)	Subject's arms, legs, and other body parts are examined for injection sites. The third pulse rate measurement is taken.
10. Interrogation	Subjects are allowed opportunity to make statements or confess to drug use, and may be presented with DRE observations at this time.
11. Opinion of Evaluator	DRE generates an opinion of drug impairment, and, if so, which categories are indicated.
12. Toxicological Examinations	Collection of a biological sample (blood, urine, breath) for forensic toxicological analysis.