STANDARD FIELD SOBRIETY TEST GUIDELINES

1 Horizontal Gaze Nystagmus

When I tell you:

a. Remove glasses/note contacts
b. Head still
c. Follow stimulus with eyes

OBSERVATION

- ☐ Left eye does not follow smoothly
- ☐ Distinct nystagmus at maximum deviation of the left eye
- ☐ Left eye onset before 45°
- ☐ Right eye does not follow smoothly
- ☐ Distinct nystagmus at maximum deviation of the right eye
- ☐ Right eye onset before 45°
- ☐ Vertical nystagmus

NAME

ID NUMBER

A certified HGN Technician

2 Walk & Turn

When I tell you:

a. Right foot in front of left foot
b. Hands at sides
c. Don't move
d. **Understand**

When I tell you:

a. 9 heel/toe steps
b. Count out loud, look at feet
c. Turn as shown
d. Do not stop until completed
e. **Understand**

OBSERVATION

- ☐ Cannot keep balance while listening to instructions
- ☐ Starts before instructions are finished
- ☐ Stops while walking
- ☐ Does not touch heel to toe
- ☐ Steps off line
- ☐ Raises arms
- ☐ Loses balance while turning
- ☐ Incorrect number of steps

1 2 3 4 5 6 7 8 9 — 9 8 7 6 5 4 3 2 1

Shoes/Type

3 One Leg Stand (30 seconds)

When I tell you:

a. Feet together
b. Arms at sides
c. Lift leg six inches
d. Count 1001, 1002, etc. until told to stop
e. **Understand**

OBSERVATION

- ☐ Sways while balancing
- ☐ Uses arms to balance
- ☐ Hopping
- ☐ Puts foot down

SWAY

Back to front	Side to side
☐ 1-2"	☐ 1-2"
☐ 3-4"	☐ 3-4"
☐ 5" +	☐ 5" +

4 Rhomberg-Modified (30 seconds)

When I tell you:

a. Feet together
b. Arms at sides
c. Eyes closed, head back
d. **Understand**

OBSERVATION

- ☐ Required additional instruction during testing
- ☐ Opened eyes during testing
- ☐ Failed to keep heels together throughout
- ☐ Failed to keep head back
- ☐ Swayed front to back or side to side (Record below)
- ☐ Error in alphabet (Record below)
- ☐ Error in backward count (Record below)

SWAY

Back to front	Side to side
☐ 1-2"	☐ 1-2"
☐ 3-4"	☐ 3-4"
☐ 5" +	☐ 5" +

Alphabet:
A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

Count:_____________

5 Finger to Nose

When I tell you:

a. Feet together
b. Arms at sides
c. Point index finger
d. Eyes closed, head back
e. Tip of finger to tip of nose then return
f. **Understand**

OBSERVATION

- ☐ Required additional instruction during testing
- ☐ Opened eyes during testing
- ☐ Failed to keep heels together throughout
- ☐ Failed to keep head tilted back
- ☐ Used hand other than the one designated
- ☐ Missed nose with fingertip (Record miss locations below)
- ☐ Touched nose with other than fingertip
- ☐ Swayed front to back or side to side

RIGHT		LEFT	
2			1
4			3
5			6

Mark Positions Touched

6 Finger Count

When I tell you:

a. Feet together
b. Arms at sides
c. Count out loud
d. Proper finger to thumb
e. Exactly 1-2-3-4-4-3-2-1
f. **Understand**

OBSERVATION

- ☐ Required additional instruction during testing
- ☐ Used hand other than the one designated
- ☐ Missed touching all the proper fingers (Record below)
- ☐ Counted incorrectly (Record below)

4 3 2 1 — 1 2 3 4

F.S.T. COMMENTS

TYPE OF SURFACE USED FOR FIELD TEST

☐ LEVEL ☐ UNEVEN ☐ CEMENT ☐ ASPHALT ☐ DRY ☐ OTHER: ____________
☐ DIRT ☐ GRAVEL ☐ STREET ☐ SIDEWALK ☐ WET

TRAFFIC CONDITIONS
☐ LIGHT ☐ MODERATE ☐ HEAVY

WEATHER CONDITIONS
☐ CLEAR ☐ WINDY ☐ RAIN ☐ OTHER