

Session II

Standardized Field Sobriety Tests Update and Review

SESSION II

SFST Update and Review

Upon successfully completing this session, the participant will be able to:

1. Understand the results of selected SFST validation studies
2. Define and describe the SFSTs
3. Define nystagmus and distinguish between the different types
4. Describe and properly administer the three SFSTs
5. Recognize, document, and articulate the indicators and clues of the three SFSTs
6. Identify the limitations of the three SFSTs

Content Segments

Learning Activities

SFST Validation Studies	Instructor-led presentation
Overview of Selected Types of Nystagmus	Instructor-led presentation
Standardized Field Sobriety Tests	
Horizontal Gaze Nystagmus	Instructor-led presentation & demonstration
Practice HGN	Participant practice session
Walk-and-Turn	Instructor-led presentation & demonstration
Practice Walk-and-Turn	Participant practice session
One-Leg Stand	Instructor-led presentation & demonstration
Practice One-Leg Stand	Participant practice session

Overview of the SFST Validation Studies

For many years, law enforcement officers have utilized field sobriety tests to determine a person's impairment due to alcohol influence. The performance of the individual on those field sobriety tests was used by the officer to develop probable cause for an arrest and as evidence in court. A wide variety of field sobriety tests existed and there was a need to develop a battery of standardized and validated tests.

Beginning in late 1975, scientific research studies were sponsored by NHTSA through a contract with the Southern California Research Institute (SCRI) to identify roadside field sobriety tests which were accurate indicators of impairment. SCRI conducted several research projects and published the following three reports:

- California: 1977 (Lab)
- California: 1981 (Lab and Field)
- Maryland, DC, VA, NC: 1983 (Field)

SCRI traveled to law enforcement agencies throughout the United States to select the most commonly used field sobriety tests. Six tests were used in the initial stages of this study. Laboratory research indicated that three of these tests, when administered in a standardized manner, were a reliable test battery for identifying individuals under the influence of alcohol at BACs above 0.10. The recommended battery included the following SFSTs:

- Horizontal Gaze Nystagmus (HGN)
- Walk-and-Turn (WAT)
- One-Leg Stand (OLS)

SCRI analyzed the laboratory test data and determined that:

- HGN, alone, was 77% accurate
- WAT, alone, was 68% accurate
- OLS, alone, was 65% accurate
- Combination of HGN and WAT yield an accuracy rate of 80%

There were three additional research studies. These studies were conducted in the field by trained, experienced officers and validated the three test battery at 0.08. The SFST validation studies were conducted in Colorado (1995), Florida (1997) and San Diego (1998).

The Colorado SFST validation study was the first full field study that utilized law enforcement personnel experienced in the use of SFSTs. The results of this study indicated that correct arrests decisions were made 93% of the time based on the three test battery (HGN, WAT, OLS) which was substantially higher than the initial study results.

The Florida SFST field validation study examined whether SFSTs are valid and reliable indices of the presence of alcohol when used under present day traffic and law enforcement conditions. Correct decisions to arrest were made 95% of the time based on the three test battery (HGN, WAT, OLS).

The San Diego SFST validation field study was undertaken because of the nationwide trend towards lowering the BAC limits to 0.08. The research was done to investigate how well the SFSTs discriminate at BACs below 0.10. Based on the revised arrest and release criteria, the officers in the study made correct decisions 91% of the time based on the three test battery (HGN, WAT, OLS) at the 0.08 level and above.

In order to understand the results of the research studies discussed in this course, it is important to define what is meant by a correct arrest decision. A correct arrest decision is made when an officer, after completing the third phase of the detection process, decides to arrest an subject and that subject tested above the illegal per se limit for BAC or the officer decides to release an subject who is below the illegal per se limit for BAC.

	Arrested Subject	Did Not Arrest Subject
Above Illegal Per Se Limit	I Officer decided to arrest the subject <u>and</u> their BAC was <u>above</u> the illegal per se limit	II Officer decided <u>not</u> to arrest the subject and their BAC was <u>above</u> the illegal per se limit
Below Illegal Per Se Limit	III Officer decided to arrest the subject <u>but</u> their BAC was <u>below</u> the illegal per se limit	IV Officer decided <u>not</u> to arrest the subject and their BAC was <u>below</u> the illegal per se limit

Figure 1: Matrix of possible arrest decisions

Figure 1 illustrates the four different decisions which are present in all the validation studies. There are four quadrants, each representing a different decision. The quadrants (I & IV), shaded in gray, represent a correct arrest decision.

The remaining subjects, incorrect arrest decisions, fall into two other categories. The first group were not arrested, but tested above the illegal per se limit for BAC (quadrant II). The Colorado Study noted that a number (approximately 33%) of these individuals were considered alcohol-tolerant and performed well on the SFSTs even though their BACs were above the illegal per se limit. The subjects in the second group were arrested, but their BAC was below the illegal per se limit.

Many states stipulate in their statute that a driver is considered DWI if they are either above the illegal per se limit for BAC or have lost the normal use of their mental or physical faculties.

Even though the arrests in quadrant III are legally justifiable according to an individual state's statute, these decisions are recorded as errors in the research based on the procedures outlined in the study.

Note: It is important for the officer who is trained in SFST to prepare themselves to understand and explain these statistics in layman terms in order to effectively articulate them to a jury in a courtroom.

Review of Selected Types of Nystagmus

Horizontal Gaze Nystagmus (HGN) is defined as the involuntary jerking of the eyes as they gaze toward the side. Nystagmus is normal and occurs naturally. There are over 40 different types of nystagmus, but during this course we will focus on two types of nystagmus: horizontal gaze nystagmus and vertical gaze nystagmus. The ability to recognize horizontal and vertical gaze nystagmus are important tools in impaired driving enforcement. Alcohol and certain other drugs have been shown, through research, to cause horizontal and vertical gaze nystagmus which is visible without the aide of specialized instrumentation.

Categories of Nystagmus

In order to understand HGN, it is helpful to review the broad categories of nystagmus.

Vestibular Nystagmus

Caused by movement or action to the vestibular system which can occur when an individual is spun around and the fluid in the inner ear is disturbed or there is a change in the fluid (temperature, foreign substance, etc.)

Pathological Nystagmus

Caused by the presence of specific pathological disorders which include brain tumors, other brain damage, or some diseases of the inner ear.

Neural Nystagmus

Caused by some disturbance to the neural system.

Gaze Nystagmus

Horizontal Gaze Nystagmus (HGN)

Is the involuntary jerking of the eyes as they gaze toward the side. Although this type of nystagmus is useful in determining alcohol influence, its presence may also indicate use of Dissociative Anesthetics, Inhalants, and other Central Nervous System (CNS) Depressants.

Vertical Gaze Nystagmus (VGN)

Is the involuntary jerking of the eyes (up and down) which occurs when the eyes gaze upward at a maximum elevation. The presence of this type of nystagmus is associated with a high dose of a CNS Depressant (including alcohol), an Inhalant, or a Dissociative Anesthetic in a particular individual. The drugs which cause VGN also cause HGN. VGN will not be present without HGN.

Important Note: In this course, we will only be concerned with gaze invoked nystagmus. Alcohol and/or specific types of drugs *cause* gaze nystagmus that may be observed by an officer during the proper administration of the HGN and VGN tests.

Resting Nystagmus

Is defined as the involuntary jerking of the eyes as they gaze straight ahead. This condition is not frequently seen. Its presence may indicate Dissociative Anesthetics usage, high levels of an impairing substance for that individual or some other medical problem. If detected, take precautions. As always, exercise sound officer safety techniques and consider calling for medical aid.

Horizontal Gaze Nystagmus (HGN) Test

HGN is the involuntary jerking of the eyes as they gaze toward the side. HGN may be observable when a person is under the influence of alcohol and as the individual's BAC increases, the jerking will appear sooner as their eyes gaze to the side. HGN may be observable when an individual is under the influence of specific drug categories.

In administering the HGN test, the officer has the subject follow the motion of a stimulus with the eyes only. This stimulus can be the tip of a pen or similar object with a specific focal point as long as it contrasts with the background.

Initiating the Test

Instruct the subject to remove eyeglasses if necessary, then to put their feet together, hands at their side, and look straight ahead. If the subject is taller than the officer or has very poor balance, they can be placed in a seated position to afford better observation of the eyes or improved stability. The subject should hold their head still during the entire procedure.

Prior to administration of HGN, the eyes are checked for equal pupil size, resting nystagmus, and equal tracking (can they follow an object together). If the eyes do not track together, or if the pupils are noticeably unequal in size, the chance of medical disorders or injuries causing the nystagmus is present.

Procedures of Horizontal Gaze Nystagmus Testing: The Three Clues

The test you will use at roadside is "Horizontal Gaze Nystagmus" -- an involuntary jerking of the eyes occurring as the eyes gaze toward the side. Some jerking will be seen if the eyes are moved far enough to the side.

1. The Lack of Smooth Pursuit

(Clue Number One)

The eyes can be observed to jerk or "bounce" as they follow a smoothly moving stimulus, such as a pencil or penlight. The eyes of an unimpaired person will follow smoothly, i.e., a marble rolling across a smooth pane of glass, or windshield wipers moving across a wet windshield. The eyes of an impaired person will jerk as they move, similar to a marble rolling along sandpaper, or a windshield wiper on a dry windshield.

2. Distinct and Sustained Nystagmus at Maximum Deviation

(Clue Number Two)

Distinct and sustained nystagmus will be evident when the eye is held at maximum deviation for a minimum of four seconds. People exhibit slight jerking of the eye at maximum deviation, even when unimpaired, but this will not be evident or sustained for more than a few seconds. When impaired by alcohol, the jerking will be larger, more pronounced, sustained for more than four seconds, and easily observable.

3. Onset of Nystagmus Prior To 45 Degrees

(Clue Number Three)

The point at which the eye is first seen jerking. If the jerking begins prior to 45 degrees it is evident that the person has a BAC above 0.08, as shown by recent research. The higher the degree of impairment, the sooner the nystagmus will be observable.

Estimating a 45-Degree Angle

It is important to know how to estimate a 45-degree angle. How far you position the stimulus from the suspect's nose is a critical factor in estimating a 45-degree angle (i.e., if the stimulus is held 12" in front of the suspect's nose, it should be moved 12" to the side to reach 45 degrees; likewise, if the stimulus is held 15" in front of the suspect's nose, it should be moved 15" to the side to reach 45 degrees).

For practice, a 45-degree template can be prepared by making a 15"-square cardboard and connecting its opposite corners with a diagonal line. To use this device, hold it up so that the person's nose is above the diagonal line. Be certain that one edge of the template is centered on the nose and perpendicular to (or, at right angles to) the face. Have the person you are examining follow a penlight or some other object until suspect is looking down the 45-degree diagonal. Note the position of the eye. With practice, you should be able to recognize this angle without using the template.



Specific Procedures

If the suspect is wearing eyeglasses, have them removed.

Give the suspect the following instructions from a safe position.

(FOR OFFICER SAFETY KEEP YOUR WEAPON AWAY FROM THE SUSPECT)

- "I am going to check your eyes."
- "Keep your head still and follow this stimulus with your eyes only."
- "Keep following the stimulus with your eyes until I tell you to stop."

Position the stimulus approximately 12-15 inches from the suspect's nose and slightly above eye level. Check to see that both pupils are equal in size. If they are not, this may indicate a head injury. You may observe Resting Nystagmus at this time, then check the suspect's eyes for the ability to track together. Move the stimulus smoothly across the suspect's entire field of vision. Check to see if the eyes track the stimulus together or one lags behind the other. If the eyes don't track together it could indicate a possible medical disorder, injury, or blindness.

Lack of Smooth Pursuit

Check the suspect's left eye by moving the stimulus to your right. Move the stimulus smoothly, at a speed that requires approximately two seconds to bring the suspect's eye as far to the side as it can go. While moving the stimulus, look at the suspect's eye and determine whether it is able to pursue smoothly. Now, move the stimulus all the way to the left, back across suspect's face checking if the right eye pursues smoothly. Movement of the stimulus should take approximately two seconds out and two seconds back for each eye. Repeat the procedure.

Distinct and Sustained Nystagmus at Maximum Deviation

Check the eyes for distinct and sustained nystagmus at maximum deviation beginning with the suspect's left eye. Simply move the object to the suspect's left side until the eye has gone as far to the side as possible. Usually, no white will be showing in the corner of the eye at maximum deviation. Hold the eye at that position for a minimum of four seconds, and observe the eye for distinct and sustained nystagmus. Move the stimulus all the way across the suspect's face to check the right eye holding that position for a minimum of four seconds. Repeat the procedure.

Note: Fatigue Nystagmus. This type of nystagmus may begin if a subject's eyes are held at maximum deviation for more than 30 seconds.

Nystagmus Prior to 45°

Check for onset of nystagmus prior to 45 degrees. Start moving the stimulus towards the right (suspect's left eye) at a speed that would take approximately four seconds for the stimulus to reach the edge of the suspect's shoulder. Watch the eye carefully for any sign of jerking. When you see it, stop and verify that the jerking continues. Now, move the stimulus to the left (suspect's right eye) at a speed that would take approximately four seconds for the stimulus to reach the edge of the suspect's shoulder. Watch the eye carefully for any sign of jerking. When you see it, stop and verify that the jerking continues. Repeat the procedure.

Note: It is important to use the full four seconds when checking for onset of nystagmus. If you move the stimulus too fast, you may go past the point of onset or miss it altogether.

If the suspect's eyes start jerking before they reach 45 degrees, check to see that some white of the eye is still showing on the side closest to the ear. If no white of the eye is showing, you either have taken the eye too far to the side (that is more than 45 degrees) or the person has unusual eyes that will not deviate very far to the side.

Note: Nystagmus may be due to causes other than alcohol. These other causes include medical conditions and certain other drugs (CNS Depressants, Inhalants, and Dissociative Anesthetics). A large disparity between the performance of the right and left eye may indicate a medical condition.

Test Interpretation

You should look for three clues of nystagmus in each eye:

1. The eye cannot follow a moving object smoothly.
2. Nystagmus is distinct and sustained when the eye is held at maximum deviation or a minimum of four seconds.
3. The angle of onset of nystagmus is prior to 45 degrees.

Based on the original research, if you observe four or more clues it is likely that the suspect's BAC is above 0.10. Using this criterion you will be able to classify about 77% of your suspects accurately. This was determined during laboratory and field testing and helps you weigh the various field sobriety tests in this battery as you make your arrest decision.

Based on the 1997 San Diego field validation study, if four or more clues are observed, it is likely that the individual's BAC is at or above 0.08. If two or three clues are observed, it is likely that the individual's blood alcohol concentration (BAC) is at or above 0.04 but under 0.08. Document the results of the HGN test on an assessment form as they are completed. It is a good practice to use an assessment form that also lists the administrative procedures.

Vertical Gaze Nystagmus (VGN) Test

The Vertical Gaze Nystagmus (VGN) test is simple to administer. During the VGN test, look for jerking as the eyes move up and are held for approximately four seconds at maximum elevation. (Reminder: glasses will remain off during this test)

1. Position the stimulus horizontally, about 12-15 inches in front of the suspect's nose.
2. Instruct the suspect to hold the head still, and follow the object with the eyes only.
3. Raise the object until the suspect's eyes are elevated as far as possible.
4. Hold for approximately four seconds.
5. Watch closely for evidence of jerking.
6. Repeat the procedure.

Horizontal and Vertical Gaze Nystagmus can be observed directly and does not require special equipment. You will need a contrasting stimulus for the suspect to follow with their eyes. The stimulus used should be held slightly above eye level, so that the eyes are wide open when they look directly at it. It should be held approximately 12-15 inches in front of the nose. Remain aware of your position in relation to the suspect at all times.

Walk-and-Turn Test

This test requires the individual to walk nine steps heel-to-toe down a real or imaginary line, turn in a prescribed manner, and take nine heel-to-toe steps back, counting each step out loud while watching their feet and without using arms for balance.

The Walk-and-Turn (WAT) test is divided into two stages, instructional stage and walking stage.

The Instructional Stage divides the subject's attention between balancing (standing in the heel-to-toe position with their hands at their sides) and information processing (listening to and remembering instructions). The Walking Stage divides the subject's attention between balancing (walking heel-to-toe and turning), small muscle control (counting out loud) and short-term memory (recalling the number of steps required, turning as instructed and counting correctly).

Administrative Procedures:

Instructional Stage: Initial Positioning and Verbal Instructions

For standardization in the performance of this test, have the individual assume the heel-to-toe stance by giving the following verbal instructions, accompanied by demonstrations:

Procedures for Walk-and-Turn Testing

1. Instructional Stage - Initial Positioning and Verbal Instructions

For standardization in the performance of this test, have the suspect assume the heel-to-toe stance by giving the following verbal instructions, accompanied by demonstrations:

- "Place your left foot on the line" (real or imaginary) (Demonstrate.)
- "Place your right foot on the line ahead of the left foot, with heel of right foot against toe of left foot." (Demonstrate.)
- "Place your arms down at your sides." (Demonstrate.)
- "Maintain this position until I have completed the instructions. Do not start to walk until told to do so."

- "Do you understand the instructions so far?" (Make sure suspect indicates understanding.)

2. Demonstrations and Instructions for the Walking Stage

Explain the test requirements, using the following verbal instructions, accompanied by demonstrations:

- "When I tell you to start, take nine heel-to-toe steps, turn, and take nine heel-to-toe steps back." (Demonstrate 3 heel-to-toe steps)
- "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." (Demonstrate)
- "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, don't stop until you have completed the test."
- "Do you understand the instructions?" (Make sure suspect understands)
- "Begin, and count your first step from the heel-to-toe position as One."

3. Test Interpretation

You may observe a number of different behaviors when a suspect performs this test. Original research demonstrated that the behaviors listed below are likely to be observed in someone with a BAC above 0.10. Look for the following clues each time this test is administered:

- Cannot keep balance while listening to the instructions. Two tasks are required at the beginning of this test. The suspect must balance heel-to-toe on the line, and at the same time, listen carefully to the instructions. Typically, the person who is impaired can do only one of these things. The suspect may listen to the instructions, but not keep balance. Record this clue if the suspect does not maintain the heel-to-toe position throughout the instructions. (Feet must actually break apart.) Do not record this clue if the suspect sways or uses the arms to balance but maintains the heel-to-toe position.
- Starts before the instructions are finished. The impaired person may also keep balance, but not listen to the instructions. Since you specifically instructed the suspect not to start walking "until I tell you to begin," record this clue if the suspect does not wait.

- Stops while walking. The suspect pauses for several seconds. Do not record this clue if the suspect is merely walking slowly.
- Does not touch heel-to-toe. The suspect leaves a space of more than one-half inch between the heel and toe on any step.
- Steps off the line. The suspect steps so that one foot is entirely off the line.
- Uses arms to balance. The suspect raises one or both arms more than 6 inches from the sides in order to maintain balance.
- Improper turn. The suspect removes the front foot from the line while turning. Also record this clue if the suspect has not followed directions as demonstrated, i.e., spins or pivots around.
- Incorrect number of steps. Record this clue if the suspect takes more or fewer than nine steps in either direction.

Note: If suspect can't do the test, record observed clues and document the reason for not completing the test, e.g. suspect's safety.

If the suspect has difficulty with the test (for example, steps off the line), continue from that point, not from the beginning. This test may lose its sensitivity if it is repeated several times. Observe the suspect from a safe distance and limit your movement which may distract the suspect during the test. **Always consider officer safety.**

Based on original research, if the suspect exhibits two or more clues on this test or fails to complete it, classify the suspect's BAC as above 0.10. Using this criterion, you will be able to accurately classify 68% of your suspects.

4. Test Conditions

Walk-and-Turn test requires a designated straight line, and should be conducted on a reasonably dry, hard, level, non-slippery surface. There should be sufficient room for suspects to complete nine heel-to-toe steps.

Note: Recent field validation studies have indicated that varying environmental conditions have not affected a suspect's ability to perform this test. The original research indicated that individuals over 65 years of age, back, leg or inner ear problems had difficulty performing this test. Individuals wearing heels more than 2 inches high should be given the opportunity to remove their shoes.

5. Combined Interpretation:

Horizontal Gaze Nystagmus and Walk-and-Turn Tests

Based on the original research, combining four or more clues of HGN and two or more clues of the Walk-and-Turn, suspects can be classified as above 0.10 BAC 80% of the time.

Documentation

Each clue is noted by placing a slash in the appropriate place on the assessment form. For example, if the individual raised their arms twice and stepped off the line three times, they would be considered to have demonstrated “two” clues. It is a good practice to use an assessment form that documents the administrative procedures.

One Leg Stand Test

This test requires the individual to balance on one leg for thirty seconds. The other leg is to be extended in front of the subject, legs straight, with the foot held approximately six inches above and parallel to the ground. The individual is to stare at the elevated foot and count aloud, in this fashion: “one thousand one, one thousand two, one thousand three ...” and so on until told to stop.

The One-Leg-Stand (OLS) test is divided into two stages: instructions stage and balance and counting stage.

The Instructions Stage divides the subject’s attention between balancing (standing in the heel-to-toe position with their hands at their sides) and information processing (listening to and remembering instructions). The Balance and Counting Stage divides the subject’s attention between balancing (leg raised), small muscle control (counting out loud) and short-term memory (recalling the length of time to maintain leg in raised position and counting correctly).

Administrative Procedures:

For standardization in the performance of this test have the subject initiate the test by giving the following verbal instructions, accompanied by demonstrations.

1. Instructions Stage: Initial Positioning and Verbal Instructions

- "Please stand with your feet together and your arms down at the sides, like this." (Demonstrate)
- "Do not start to perform the test until I tell you to do so."
- "Do you understand the instructions so far?" (Make sure suspect indicates understanding.)

2. Demonstrations and Instructions for the Balance and Counting Stage

Explain the test requirements, using the following verbal instructions, accompanied by demonstrations:

- "When I tell you to start, raise one leg, either leg, with the foot approximately six inches off the ground, keeping your raised foot parallel to the ground." (Demonstrate one-leg-stand)
- "You must keep both legs straight, arms at your side."
- "While holding that position, count out loud in the following manner: "one thousand and one, one thousand and two, one thousand and three, until told to stop." (Demonstrate a count, as follows: "one thousand and one, one thousand and two, one thousand and three, etc." Officer should not look at his foot when conducting the demonstration - OFFICER SAFETY)
- "Keep your arms at your sides at all times and keep watching the raised foot."
- "Do you understand?" (Make sure suspect indicates understanding)
- "Go ahead and perform the test." (Officer should always time the 30 seconds. Test should be discontinued after 30 seconds.)

Observe the suspect from a safe distance. If the suspect puts the foot down, give instructions to pick the foot up again and continue counting from the point at which the foot touched the ground. If the suspect counts very slowly, terminate the test after 30 seconds.

3. Test Interpretation

You may observe a number of different behaviors when a suspect performs this test. The original research found the behaviors listed below are the most likely to be observed in someone with a BAC above 0.10. Look for the following clues each time the One-Leg-Stand test is administered.

- The suspect sways while balancing. This refers to side-to-side or back-and-forth motion while the suspect maintains the one-leg-stand position
- Uses arms for balance. Suspect moves arms 6 or more inches from the side of the body in order to keep balance
- Hopping. Suspect is able to keep one foot off the ground, but resorts to hopping in order to maintain balance
- Puts foot down. The suspect is not able to maintain the one-leg-stand position, putting the foot down one or more times during the 30-second count

Note: If suspect can't do the test, record observed clues and document the reason for not completing the test, e.g. suspect's safety. Remember that time is critical in this test. The original research has shown a person with a BAC above 0.10 can maintain balance for up to 25 seconds, but seldom as long as 30. Based on original research, if an individual shows two or more clues or fails to complete the One-Leg-Stand, there is a good chance the BAC is above 0.10. Using that criterion, you will accurately classify 65% of the people you test as to whether their BAC's are above 0.10.

Observe the suspect from a safe distance and remain as motionless as possible during the test so as not to interfere. If the suspect puts the foot down, give instructions to pick the foot up again and continue counting from the point at which the foot touched the ground. If the suspect counts very slowly, terminate the test after 30 seconds.

4. Test Conditions

One-Leg-Stand requires a reasonably dry, hard, level, and non-slippery surface. Suspect's safety should be considered at all times. The original research indicated that certain individuals over 65 years of age, back, leg or inner ear problems, or people who are overweight by 50 or more pounds had difficulty performing this test. Individuals wearing heels more than 2 inches high should be given the opportunity to remove their shoes.

5. Documentation of Field Sobriety Tests

For purposes of the arrest report and courtroom testimony, it is not enough to record the total number of clues on the three tests. The number of clues is important to the police officer in the field because it helps determine whether there is probable cause to arrest. But to secure a conviction, more descriptive evidence is needed. The officer must be able to describe how the suspect performed on the tests, and exactly what the suspect did. The standard note taking guide provided in this Manual is designed to help you develop a clear description of the suspect's performance on the tests.

Documentation

Each clue is noted by placing a slash in the appropriate place on the assessment form. For example, if the individual used their arms twice and swayed three times, they would be considered to have demonstrated "two" clues. It is a good practice to use an assessment form that documents the administrative procedures.

Difference between a "Clue" and a general observation:

A clue is a specific observation of the behavior of a suspected impaired driver by a law enforcement officer that occurs during a standardized field sobriety test. The clues are detailed in the test interpretation part of the training. A general observation is also associated with a suspected impaired driver's behavior, but does not have to be during the SFSTs and is NOT considered a specific clue (Example: During OLS, putting the foot down is a clue while tremors are a general observation).

Test your Knowledge:

1. Name the eight major clues associated with the Walk-and-Turn test.
2. Name at least three other indicators of impairment that you may observe during the Walk-and-Turn.
3. Name the four major clues associated with the One-Leg Stand test.
4. Name at least three other indicators of impairment that you may observe during the One-Leg Stand test.
5. What is the difference between a clue and a general observation in the context of this course?