

# Standardized Field Sobriety Test (SFST) Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. Which medical conditions can affect the performance of the SFST?**
  - A. Vision disorders, cardiovascular issues, and diabetes**
  - B. Inner ear disorders, neurological conditions, and injuries impacting balance**
  - C. Respiratory issues, skin conditions, and sleep disorders**
  - D. None of the above**
- 2. At what rate does BAC typically drop per hour after reaching its peak?**
  - A. 0.005**
  - B. 0.020**
  - C. 0.010**
  - D. 0.015**
- 3. How accurate is the One-Leg Stand (OLS) test when conducted by itself?**
  - A. 77%**
  - B. 68%**
  - C. 65%**
  - D. 80%**
- 4. Which of the following is NOT one of the three clues in the Horizontal Gaze Nystagmus test?**
  - A. The Lack of Smooth Pursuit**
  - B. Distinct and Sustained Nystagmus at Maximum Deviation**
  - C. Delayed Response Time**
  - D. Onset of Nystagmus Prior to 45 degrees**
- 5. What type of stimulation causes Caloric Nystagmus?**
  - A. Visual output**
  - B. Temperature differences**
  - C. Acceleration changes**
  - D. Rotational movement**

- 6. What is the maximum number of clues for the Horizontal Gaze Nystagmus that can appear in one eye?**
- A. 1**
  - B. 2**
  - C. 3**
  - D. 4**
- 7. How many times a year does the average DWI violator commit their violation?**
- A. 40**
  - B. 60**
  - C. 80**
  - D. 100**
- 8. What is required of the suspect's eyes during the HGN test instructions?**
- A. Focus on the examiner's face**
  - B. Follow the stimulus with eyes only**
  - C. Keep eyes closed**
  - D. Look straight ahead**
- 9. Why is documentation essential after administering the SFST?**
- A. It provides a personal record of the officer's observations**
  - B. It serves as an official record to support enforcement action and court procedures**
  - C. It is only needed if the subject is arrested**
  - D. It helps in generating statistics for the department**
- 10. In the context of SFST, which type of nystagmus is most commonly evaluated?**
- A. Resting Nystagmus**
  - B. Horizontal Gaze Nystagmus**
  - C. Post Rotational Nystagmus**
  - D. Caloric Nystagmus**

## **Answers**

SAMPLE

1. B
2. D
3. C
4. C
5. B
6. C
7. C
8. B
9. B
10. B

SAMPLE

## **Explanations**



**1. Which medical conditions can affect the performance of the SFST?**

- A. Vision disorders, cardiovascular issues, and diabetes**
- B. Inner ear disorders, neurological conditions, and injuries impacting balance**
- C. Respiratory issues, skin conditions, and sleep disorders**
- D. None of the above**

The performance of the Standardized Field Sobriety Test (SFST) can be significantly affected by medical conditions that impact a person's balance and coordination. Inner ear disorders can disrupt equilibrium, as the inner ear plays a crucial role in maintaining balance. Neurological conditions may impair motor skills, response times, and cognitive processing, all of which are vital for completing the tasks in the SFST. Additionally, injuries that affect stability, such as sprains or fractures, can hinder a person's ability to walk a straight line or maintain balance during the tests. In contrast, while vision disorders may seem relevant, they are less directly impactful on the specific tasks measured by the SFST compared to the balance and coordination issues that inner ear and neurological conditions cause. This highlights the importance of selecting medical conditions that directly impair the physical and cognitive abilities necessary for performing the tasks required in the SFST.

**2. At what rate does BAC typically drop per hour after reaching its peak?**

- A. 0.005**
- B. 0.020**
- C. 0.010**
- D. 0.015**

Blood Alcohol Concentration (BAC) typically drops at a rate of approximately 0.015 per hour after reaching its peak. This rate reflects the average metabolism of alcohol by the body, which varies from person to person based on factors such as weight, age, sex, and overall health. The rate of 0.015 is significant because it helps law enforcement and professionals to estimate how long it might take for an individual's BAC to return to zero after consumption. This understanding is crucial in assessing impairment and determining appropriate actions regarding driving and public safety. It reinforces the need for individuals to be responsible about their alcohol consumption, especially in relation to activities like driving. Understanding how BAC decreases can also provide insight into how long an individual might need to wait before they are no longer considered legally impaired.

**3. How accurate is the One-Leg Stand (OLS) test when conducted by itself?**

- A. 77%
- B. 68%
- C. 65%**
- D. 80%

The One-Leg Stand (OLS) test, when administered as a standalone assessment, demonstrates an accuracy of approximately 65%. This means that when the OLS test is conducted, it can correctly identify impaired individuals about two-thirds of the time. The OLS test involves asking the subject to stand on one leg for a period of time, typically around 30 seconds, while maintaining balance. Factors such as swaying, using arms for balance, and putting the foot down are indicators of impairment. The accuracy rate reflects the test's effectiveness on its own, emphasizing that while it can be a useful indicator of sobriety, it is not infallible. In practical applications, law enforcement officers often use the OLS in conjunction with other assessments to strengthen the reliability of the overall evaluation of an individual's level of intoxication. Understanding this statistic helps in recognizing the limitations of the OLS test when used alone, and highlights the importance of a comprehensive approach in sobriety testing.

**4. Which of the following is NOT one of the three clues in the Horizontal Gaze Nystagmus test?**

- A. The Lack of Smooth Pursuit
- B. Distinct and Sustained Nystagmus at Maximum Deviation
- C. Delayed Response Time**
- D. Onset of Nystagmus Prior to 45 degrees

The Horizontal Gaze Nystagmus (HGN) test is designed to detect signs of impairment by observing the eyes of an individual as they follow a moving object, typically a pen or a finger. The three established clues that indicate potential impairment during this test include: 1. The Lack of Smooth Pursuit: This clue refers to the inability of the eye to smoothly follow the object being observed, which can suggest a level of impairment. 2. Distinct and Sustained Nystagmus at Maximum Deviation: This occurs when the eyes exhibit noticeable jerking (nystagmus) when looking at the object at an extreme angle, indicating impairment. 3. Onset of Nystagmus Prior to 45 degrees: This clue involves the appearance of nystagmus before the eyes reach a 45-degree angle while tracking the object, which can also indicate intoxication or impairment. The identified option regarding Delayed Response Time is not one of the recognized clues in the HGN test. While a delay in response can be indicative of impairment in other contexts, it is not a specific criterion utilized in the standardized protocol of the HGN test. Thus, recognizing this distinction helps understand the specific focus of this assessment in evaluating sobriety.

**5. What type of stimulation causes Caloric Nystagmus?**

- A. Visual output
- B. Temperature differences**
- C. Acceleration changes
- D. Rotational movement

Caloric nystagmus is specifically caused by temperature differences that affect the inner ear. This phenomenon occurs when one ear is exposed to hot or cold water, leading to a temperature gradient that causes changes in fluid movement within the semicircular canals. The brain interprets this imbalance in fluid dynamics as motion, resulting in involuntary eye movements known as nystagmus. Understanding that caloric nystagmus relies on the principles of thermoregulation helps to distinguish it from other types of nystagmus, which might be influenced by visual input, acceleration changes, or rotational movement. Each of those factors is relevant to different types of vestibular responses but does not specifically invoke the thermal aspect that characterizes caloric nystagmus.

**6. What is the maximum number of clues for the Horizontal Gaze Nystagmus that can appear in one eye?**

- A. 1
- B. 2
- C. 3**
- D. 4

The maximum number of clues for the Horizontal Gaze Nystagmus (HGN) test that can appear in one eye is three. During the HGN test, the officer looks for specific clues related to eye movement in response to a stimulus (such as a pen light). These clues include the inability of the eye to follow a moving target smoothly, a distinct nystagmus at maximum deviation, and the onset of nystagmus prior to 45 degrees. Each of these indicators provides significant observations about the subject's level of impairment. When eyes are examined together, the maximum number of indicators or clues from both eyes cumulatively can help in assessing potential alcohol or drug impairment. The three clues per eye are critical for establishing a subjective measure that may support the officer's conclusion on the individual's sobriety.

**7. How many times a year does the average DWI violator commit their violation?**

- A. 40**
- B. 60**
- C. 80**
- D. 100**

The average DWI (Driving While Intoxicated) violator typically engages in their behavior around 80 times a year before being apprehended. This number reflects patterns of alcohol consumption and driving habits that can be dangerous and problematic. Understanding this frequency is crucial for law enforcement and public safety officials, as it highlights the severity of the issue of impaired driving among a significant portion of the population. It underscores the importance of preventative measures and intervention strategies aimed at reducing the incidence of impaired driving and protecting public safety. Other choices may misrepresent the realities of DWI violations, but 80 serves as a statistically significant figure within related research on the topic.

**8. What is required of the suspect's eyes during the HGN test instructions?**

- A. Focus on the examiner's face**
- B. Follow the stimulus with eyes only**
- C. Keep eyes closed**
- D. Look straight ahead**

During the Horizontal Gaze Nystagmus (HGN) test, it is essential for the suspect to follow the examiner's stimulus, usually a pen or flashlight, with their eyes only. This means that the suspect should not move their head but rather keep their head still while tracking the stimulus. This instruction is crucial because it allows the examiner to observe the way the eyes move and any indicators of nystagmus, which can be affected by alcohol or other drugs. Focusing solely with the eyes ensures that any involuntary eye movements are clearly visible, allowing for a proper assessment of impairment. Other instructions or actions like focusing on the examiner's face or looking straight ahead do not accommodate the specific requirements of the HGN test, as they do not allow for the necessary observation of eye movement patterns. Closing the eyes would completely eliminate the ability to conduct the test effectively, making it impossible for the examiner to assess nystagmus.

**9. Why is documentation essential after administering the SFST?**

- A. It provides a personal record of the officer's observations**
- B. It serves as an official record to support enforcement action and court procedures**
- C. It is only needed if the subject is arrested**
- D. It helps in generating statistics for the department**

Documentation after administering the Standardized Field Sobriety Test (SFST) is essential because it serves as an official record that supports enforcement actions and court procedures. When an officer documents the results of the test, they create a detailed account that can be used in legal contexts, such as during court proceedings. This official documentation includes the officer's observations, the conditions under which the tests were conducted, and the performance of the subject, all of which contribute to establishing the basis for the arrest or any charges that may be filed. Having a well-documented record enhances the credibility of the officer's testimony and provides essential elements that can be reviewed by the court. In contrast, while a personal record of the officer's observations might seem valuable, it lacks the formal legal standing of an official record. Documentation is not limited to situations where an arrest occurs; it is critical regardless of the outcome. While generating statistics for the department could be beneficial, it does not capture the primary purpose of thorough documentation in the context of the SFST, which is to support legal proceedings.

**10. In the context of SFST, which type of nystagmus is most commonly evaluated?**

- A. Resting Nystagmus**
- B. Horizontal Gaze Nystagmus**
- C. Post Rotational Nystagmus**
- D. Caloric Nystagmus**

The assessment of Horizontal Gaze Nystagmus (HGN) is a crucial component of the Standardized Field Sobriety Test. This type of nystagmus is specifically evaluated because it is highly indicative of impairment due to alcohol consumption. During the HGN test, an officer observes the subject's eyes as they follow a moving stimulus, typically a pen or flashlight, to determine if an involuntary jerking motion occurs at certain angles. Research has shown that at heightened levels of blood alcohol concentration, the presence of HGN increases, making it a reliable indicator for assessing a person's level of impairment. HGN provides measurable evidence which can be used in a legal context, enhancing the validity of the sobriety assessment when compared to other types of nystagmus which may not correlate as strongly with intoxication. While resting nystagmus, post-rotational nystagmus, and caloric nystagmus exist, they are not commonly utilized in the field sobriety testing context. Resting nystagmus may indicate a potential medical condition unrelated to alcohol, while post-rotational and caloric nystagmus are typically studied in clinical or laboratory settings, making them less applicable in roadside sobriety evaluations.