**Preliminary Questions**

1. Anything wrong with your vessel? Y | N
2. Are you sick or injured? Y | N
3. Are you diabetic or epileptic? Y | N
4. Do you take insulin? Y | N
5. Do you have any physical impairments? Y | N
6. Do you have any defects with your eyes? Y | N
7. Do you have acid reflux? Y | N
8. When did you sleep last? How long? 
9. When did you eat last? Describe? 
10. Were you operating the vessel? Y | N
11. When did you start operating? 
12. Where were you going? 
13. Where were you stopped? 
14. What have you been drinking? How much? How long? 
15. What time did you start drinking? 
16. What time did you stop drinking? 
17. Where were you drinking? 
18. Do you feel the effects of the drinks? Y | N
19. Did you bump your head? Y | N
20. Have you been drinking since the accident? What? Y | N
21. Are you under the care of a doctor or dentist? Y | N
22. Have you taken any medicine or drugs? Y | N
23. Do you feel the effects of the medicine/drugs? Y | N
24. Recent surgery performed? Y | N
25. Would you operate a car right now? Y | N
HORIZONTAL GAZE NYSTAGMUS

1. Have the subject remove eyeglasses (if worn).
2. Are you wearing contact lenses? Y | N
3. I am going to check your eyes.
4. 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)
5. Position the stimulus about 12 – 15 inches from the subject's nose
6. Check for equal pupil size, resting nystagmus, equal tracking
7. Check for lack of smooth pursuit
8. Check for distinct and sustained nystagmus at maximum deviation
9. Check for onset of nystagmus prior to 45-degrees
10. Check for vertical nystagmus

Vertical nystagmus? Yes | No

<table>
<thead>
<tr>
<th>Clues</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of smooth pursuit</td>
<td></td>
<td></td>
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<tr>
<td>Distinct &amp; sustained nystagmus at max deviation</td>
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<td></td>
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<tr>
<td>Onset of nystagmus prior to 45-degrees</td>
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</tbody>
</table>

Total Clues: _____
Evaluation Criteria: 4 or more clues

FINGER TO NOSE

1. Make a fist with both hands, extend your index fingers and turn your palms forward. (Demonstrate) Remain in this position while I explain the test. Do you understand? (Response)
2. When I say begin, tilt your head back to about a 45-degree angle and close your eyes. (Demonstrate)
3. 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 finger tip, pad and side, and demonstrate touching tip of nose)
4. 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)
5. Begin. (After head tilt) Left...Right...Left...Right...Right...Left
6. (After performance) Open your eyes and straighten your head

<table>
<thead>
<tr>
<th>Instruction Stage</th>
<th>Performance Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to follow instructions</td>
<td>Did not close eyes</td>
</tr>
<tr>
<td>Started at wrong time</td>
<td>Did not tilt head</td>
</tr>
<tr>
<td>Opened eyes during test</td>
<td>Moved head during test (1+* )</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clues</th>
<th>Left</th>
<th>Right</th>
<th>Left</th>
<th>Right</th>
<th>Right</th>
<th>Left</th>
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</thead>
<tbody>
<tr>
<td>Wrong hand</td>
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<td>Wrong finger</td>
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<tr>
<td>Hesitated</td>
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<td>Searched</td>
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<tr>
<td>Not fingertip</td>
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<tr>
<td>Missed nose (tip)</td>
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<tr>
<td>Did not bring down</td>
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Total Clues: _____
Evaluation Criteria: 9 or more clues