

### Behavioural Checklist (guide only)

**Note:** altered behaviour may not necessarily be a result of the consumption of drugs and alcohol. Some of the behaviours below may be the result of a medical issue such as a Stroke or Diabetic episode and caution must be given when applying the checklist. This is to be used as a guide only to help understand observations.

<b>POINTS TO LOOK FOR COMPARED TO NORMAL BEHAVIOUR/APPEARANCE.....</b>		
<i>(Please tick appropriate boxes and complete where necessary)</i>		
<b>Breath (smell of):</b>	<input type="checkbox"/> Nil <input type="checkbox"/> Slight	<input type="checkbox"/> Strong <input type="checkbox"/> Other:
<b>Colour of Face:</b>	<input type="checkbox"/> Flushed <input type="checkbox"/> Pale	<input type="checkbox"/> Other:
<b>Skin:</b>	<input type="checkbox"/> Pale <input type="checkbox"/> Needle Marks <input type="checkbox"/> Ulcers	<input type="checkbox"/> Abscesses <input type="checkbox"/> Excessive Perspiration <input type="checkbox"/> Other:
<b>Clothing:</b>	<input type="checkbox"/> Orderly <input type="checkbox"/> Soiled	<input type="checkbox"/> Disarranged <input type="checkbox"/> Other:
<b>Attitude:</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Talkative <input type="checkbox"/> Anxious <input type="checkbox"/> Excited <input type="checkbox"/> Dreamy <input type="checkbox"/> Relaxed <input type="checkbox"/> Indifferent <input type="checkbox"/> Hallucinating	<input type="checkbox"/> Sedated <input type="checkbox"/> Hostile <input type="checkbox"/> Irritable <input type="checkbox"/> Cocky <input type="checkbox"/> Depressed <input type="checkbox"/> Antagonistic <input type="checkbox"/> Unable to follow instructions <input type="checkbox"/> Other:
<b>Actions:</b>	<input type="checkbox"/> Swearing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Drooling <input type="checkbox"/> Hiccupping <input type="checkbox"/> Nausea	<input type="checkbox"/> Restless <input type="checkbox"/> Runny Nose (sniffles) <input type="checkbox"/> Itching <input type="checkbox"/> Constant Scratching <input type="checkbox"/> Loss of emotional control <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Other:
<b>Eyes:</b>	<input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Glazed <input type="checkbox"/> Eyelids Drooping	<input type="checkbox"/> Dilated Pupils (enlarged) <input type="checkbox"/> Constricted Pupils (pinpoint) <input type="checkbox"/> Involuntary Eye Movements <input type="checkbox"/> Other:
<b>Breathing:</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Short <input type="checkbox"/> Jerky <input type="checkbox"/> Rapid	<input type="checkbox"/> Shallow <input type="checkbox"/> Slow <input type="checkbox"/> Other:
<b>Speech:</b>	<input type="checkbox"/> Incoherent <input type="checkbox"/> Slurred <input type="checkbox"/> Confused	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Other:



<b>Balance:</b>	<input type="checkbox"/> Unsteady <input type="checkbox"/> Swaying <input type="checkbox"/> Sagging	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Other:
<b>Movements:</b>	<input type="checkbox"/> Need for support to walk	
<b>Overall Performance of Actions:</b>	<input type="checkbox"/> Clumsy <input type="checkbox"/> Jerky <input type="checkbox"/> Sluggish	<input type="checkbox"/> Tremor <input type="checkbox"/> Other:
<b>Opinion:</b>	(Based on observations as to sobriety) <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Well affected	<input type="checkbox"/> Due to Drug <input type="checkbox"/> Due to Alcohol <input type="checkbox"/> Other:
<b>Additional Notes and Information</b>	<ul style="list-style-type: none"><li>• List type and quantity of substance consumed by subject (if known)</li><li>• At what time was this substance consumed (if known)</li><li>• List type and quantity of substance located on the individual or in workplace</li><li>• What paraphernalia has been located (e.g. alcohol bottle/can etc, syringe, bent spoon, metal bottle cap, medicine dropper, glassine bag, paint can, glue tube, nitrite bulb or aerosol can)</li><li>• Other relevant information</li></ul>	