

Patient Name: _____

Date: _____

Abnormal Involuntary Movement Scale (AIMS)

Instructions

Complete the examination procedure before making ratings.

MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously.

Facial and Oral Movements

- Muscles of facial expression,
e.g., movements of forehead, eyebrows, periorbital area, cheeks.
Include frowning, blinking, grimacing of upper face.
0 1 2 3 4
- Lips and perioral area,
e.g., puckering, pouting, smacking.
0 1 2 3 4
- Jaw,
e.g., biting, clenching, chewing, mouth opening, lateral movement.
0 1 2 3 4
- Tongue.
Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.
0 1 2 3 4

Extremity Movements

- Upper (*arms, wrists, hands, fingers*).
Include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine).
Do NOT include tremor (repetitive, regular, rhythmic).
0 1 2 3 4
- Lower (*legs, knees, ankles, toes*),
e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.
0 1 2 3 4

Trunk Movements

- Neck, shoulders, hips,
e.g., rocking, twisting, squirming, pelvic gyrations.
0 1 2 3 4

Global Judgments

- Severity of abnormal movements.
0 1 2 3 4
 - Incapacitation due to abnormal movements.
0 = none, normal
1 = minimal
2 = mild
3 = moderate
4 = severe
 - Patient's awareness of abnormal movements. Rate only patient's report.
0 = no awareness
1 = aware, no distress
2 = aware, mild distress
3 = aware, moderate distress
4 = aware, severe distress
- ### Dental Status
- Current problems with teeth and/or dentures.
0 = no
1 = yes
 - Does patient usually wear dentures?
0 = no
1 = yes

Examination Procedure

Either before or after completing the examination procedure, observe the patient unobtrusively at rest (e.g., in the waiting room). The chair to be used in this examination should be a hard, firm one without arms.

- Ask patient whether there is anything in his/her mouth (i.e. gum, candy, etc.) and if there is, to remove it.
- Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?
- Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.
- Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at the entire body for movements while the patient is in this position.)
- Ask patient to sit with hands hanging unsupported. If male, between legs, if female and wearing a dress, hanging over knees. (Observe hands and other body areas.)
- Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.
- Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.
- Ask patient to tap thumb, with each finger, as rapidly as possible for 10–15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements.)
- Flex and extend patient's left and right arms (one at a time.)
- Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
- Ask patient to extend both arms outstretched in front, with palms down. (Observe trunk, legs, and mouth.)
- Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

Rater's initials: _____

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