

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)	STUDY	PATIENT	PERIOD	RATER	HOSPITAL
	PATIENT'S NAME				
	RATER				
	DATE				

INSTRUCTIONS: Complete Examination Procedure (next page) before making ratings. Code: 0 = None
1 = Minimal, may be extreme normal
2 = Mild
3 = moderate
4 = severe
MOVEMENT RATINGS: Rate highest severity observed.
Rate movements that occur upon activation one less than those observed spontaneously.

		(Check One)				
		0	1	2	3	4
FACIAL AND ORAL MOVEMENTS:	1. Muscles of Facial Expression: e.g., movements of forehead, eyebrow, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	0	1	2	3	4
	2. Lips and Perioral Area e.g., puckering, pouting, smacking	0	1	2	3	4
	3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement	0	1	2	3	4
	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:	5. Upper (<i>arms, wrists, hands, fingers</i>) Include choreic movements, (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do NOT include tremor (i.e., repetitive, regular, rhythmic)	0	1	2	3	4
	6. Lower (<i>legs, knees, ankles, toes</i>) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0	1	2	3	4
TRUNK MOVEMENTS:	7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	0	1	2	3	4
GLOBAL JUDGEMENTS:	8. Severity of abnormal movements	None, normal Minimal Mild Moderate Severe				0 1 2 3 4
	9. Incapacitation due to abnormal movements	None, normal Minimal Mild Moderate Severe				0 1 2 3 4
	10. Patient's awareness of abnormal movements Rate only patient's report	No awareness Aware, no distress Aware, mild distress Aware, moderate distress Aware, severe distress				0 1 2 3 4
DENTAL STATUS:	11. Current problems with teeth and/or dentures?				No Yes	0 1
	12. Does patient usually wear dentures?				No Yes	0 1

Date _____

Signature & Title _____

Identification Data

AIMS EXAMINATION PROCEDURE

Either before or after completing the Examination Procedure observe the patient unobtrusively at rest (e.g., in waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

1. Ask patient whether there is anything in mouth (i.e. gum, candy, etc.) and if there is, to remove it.
2. Ask patient about the *current* condition of his/her teeth. Ask if patient wears dentures. Do teeth or dentures bother patient *now*?
3. Ask whether patient 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 activities.
4. Have patient to sit with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position.)
5. 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.)
6. Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.
7. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.
- * 8. 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.)
9. Flex and extend patient's left and right arms (one at a time). (Note any rigidity separately.)
10. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
- * 11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
- * 12. Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

* Activated movements