

## Abnormal Involuntary Movement Scale (AIMS)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Code: 0 = None 1 = Minimal 2 = Mild 3 = Moderate 4 = Severe

**Movement Ratings:**

- Rate highest severity observed in category I, II, III.
- Rate movements that occur upon activation one point less than those observed spontaneously.
- Circle movements as well as code number that applies.

		RATER	RATER	RATER	RATER
		DATE	DATE	DATE	DATE
<b>I FACIAL &amp; ORAL MOVEMENTS</b>	1. Muscles of Facial Expression e.g. movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	2. Lips and Perioral Area e.g. puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	3. Jaw Biting, clenching, chewing, mouth opening , lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	4. Tongue Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<b>II EXTREMITY MOVEMENTS</b>	5. Upper (arms, wrists, hands, fingers) Include choreic movements (i.e. rapid objectively purposeless, irregular, spontaneous) athetoid movements. DO NOT INCLUDE TREMOR (i.e. repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	6. Lower (legs, knees, ankles, toes) Lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<b>III TRUNK MOVEMENTS</b>	7. Neck, shoulders and hips Rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<b>IV GLOBAL JUDGEMENT</b>	8. Severity of abnormal movements overall	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	9. Incapacitation due to abnormal movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	10. Patient's awareness of abnormal movements. Rate only patients report: No Awareness = 0 Aware, no distress = 1 Aware, mild distress = 2 Aware, moderate distress = 3 Aware, severe distress = 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<b>V DENTAL STATUS</b>	11. Current problems with teeth and/or dentures	YES	NO	YES	NO
	12. Are dentures usually worn	YES	NO	YES	NO
	13. Endentia?	YES	NO	YES	NO
	14. Do movements disappear with sleep?	YES	NO	YES	NO