ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Public Health Service

Alcohol, Drug Abuse, and Mental Health Administration National Institute of Mental Health

DATE:

DATE: ______
Prescribing Practitioner: _____

| | | | CODE: $0 = None$ | | | | | | | | |
|---|------------|---|--|--|--|-------|-----------|-------|-----------|-------|--|
| INSTRUCTIONS: | | | | 1 = Minimal, may be extreme normal 2 = Mild | | | | | | | |
| Complete Examination Procedure (attachment d.) | | | | 2 = Mild 3 = Moderate | | | | | | | |
| before making | 4 - Severe | | | | | | | | | | |
| MOVEMENT RATINGS: Rate highest severity observed. Rate | | | RATE | | RATE | | RAT | FR | RATE | R | |
| movements that occur upon activation one less than those observed | | | IC/111 | 210 | IC/111 | 210 | | | 10/11 | | |
| spontaneously. Circle movement as well as code number that | | | Date | | Date | | Date | | Date | | |
| applies. | | | | | 2 | | | | | | |
| Facial and | 1. | Muscles of Facial Expression | 0 1 2 | 234 | 0 1 2 | 234 | 0 1 3 | 2 3 4 | 0 1 2 | 3 4 | |
| Oral | | e.g. movements of forehead, eyebrows | | | | | | | | • | |
| Movements | | periorbital area, cheeks, including frowning | | | | | | | | | |
| | | blinking, smiling, grimacing | | | | | | | | | |
| | 2. | Lips and Perioral Area | 0 1 2 | 234 | 0 1 2 | 2 3 4 | 0 1 2 | 234 | 0 1 2 | 3 4 | |
| | | e.g., puckering, pouting, smacking | | | | | | | | | |
| | 3. | Jaw e.g. biting, clenching, chewing, mouth | 0 1 2 | 234 | 0 1 2 | 234 | 0 1 2 | 234 | 0 1 2 | 3 4 | |
| | | opening, lateral movement | | | | | | | | | |
| | 4. | Tongue Rate only increases in movement | | | | | | | | | |
| | | both in and out of mouth. NOT inability to | 0 1 2 | 234 | 0 1 2 | 234 | 0 1 2 | 234 | O 1 2 | 234 | |
| | | sustain movement. Darting in and out of | | | | | | | | | |
| | | mouth. | | | | | | | | | |
| | 5. | Upper (arms, wrists,, hands, fingers) | | | | | | | | | |
| T (1) | | Include choreic movements (i.e., rapid, | | | | | | | | | |
| Extremity | | objectively purposeless, irregular, | 0.1.7 | | 0.1.7 | | 0.1 | | 0.1.2 | 2.4 | |
| Movements | | spontaneous) athetoid movements (i.e., slow, | 0 1 2 | 234 | 0 1 2 | 234 | 014 | 234 | 0 1 2 | . 3 4 | |
| | | irregular, complex, serpentine). DO NOT | | | | | | | | | |
| | | INCLUDE TREMOR (i.e., repetitive, | | | | | | | | | |
| | 6 | regular, rhythmic) Lower (legs, knees, ankles, toes) | | | | | | | | | |
| | υ. | e.g., lateral knee movement, foot tapping, | | | | | | | | | |
| | | heel dropping, foot squirming, inversion and | 0 1 2 | 234 | 0 1 2 | 234 | 0 1 3 | 234 | 0 1 2 | 3 4 | |
| | | eversion of foot. | | | | | | | | • | |
| Trunk | 7. | Neck, shoulders, hips e.g., rocking, | 0 1 | 2 3 4 | 0 1 2 | 2 3 4 | 0 1 2 | 2 3 4 | 0 1 2 | 3 4 | |
| Movements | | twisting, squirming, pelvic gyrations | | | | | | | | | |
| | 8. | Severity of abnormal movements overall | 0 1 2 | | 0 1 2 | | | 234 | 0 1 2 | | |
| Global | 9. | Incapacitation due to abnormal | 0 1 2 3 4 | | 0 1 2 3 4 | | 0 1 2 3 4 | | 0 1 2 3 4 | | |
| Judgments | | movements | | | | | | | | | |
| | 10. | Patient's awareness of abnormal | | | | | | | | | |
| | | movements. Rate only patient's report | | | | | | | | | |
| | | No awareness 0 | $\begin{bmatrix} 0 \\ 1 \\ 2 \\ 3 \end{bmatrix}$ | | $\begin{bmatrix} 0 \\ 1 \\ 2 \\ 2 \end{bmatrix}$ | | | | 0 | | |
| | | Aware, no distress 1 | | | | | | | 1 | • | |
| | | Aware, mild distress 2 | | | | | | | 2 | | |
| | | Aware, moderate distress3Aware, severe distress4 | | | | 3 | | 3 | | 3 | |
| l | 11 | Aware, severe distress4Current problems with teeth and/or | | 4 | | 4 | | 4 | | 4 | |
| Dental Status | 11. | dentures | No | Yes | No | Yes | No | Yes | No | Yes | |
| Dental Status | | utniui (5 | No | Yes | No | Yes | No | Yes | No | Yes | |
| | 12 | Are dentures usually worn? | 110 | 103 | 110 | 1 03 | 110 | 103 | 110 | 103 | |
| | 14. | montures usually work. | No | Yes | No | Yes | No | Yes | No | Yes | |
| | 13. | Edentia? | 110 | 1 00 | 110 | 1 00 | 110 | 1.05 | 1.0 | 1.05 | |
| <u> </u> | | | No | Yes | No | Yes | No | Yes | No | Yes | |
| | 14. | Do movements disappear in sleep? | | - •• | | - •0 | | - ••• | | | |
| L | | | | | | | | | | | |