Abnormal Involuntary Movement Scale (AIMS)									
Name:		Account #:		Date:					
Please indicate staff preforming so Select Dr.:  Goldstein	-	□Kim	□Periolat	□Popli	□Verma				
🗆 Gupta	□John	□Munson	Or other staff:						

**INSTRUCTIONS** – There are two parallel procedures, the <u>examination procedure</u> –**ON BACK PAGE**– (which tells patient what to do) and the <u>scoring procedure</u> (which tell clinician how to rate what he/she observes.

**SCORING PROCEDURE** – Complete examination procedure <u>before</u> making ratings. For the movement ratings (the first three categories), rate the highest severity observed. According to the <u>original</u> AIMS instructions, one point is subtracted if movements are seen **only on activation**, but not all investigators follow that convention.

0 = NONE 1 = MINIMAL (may be extreme normal) 2 = MILD 3 = MODERATE 4 = SEVERE

## FACIAL AND ORAL MOVEMENTS

1.	0	1	2	3	4	<b>Muscles of facial expression</b> (e.g. movements of forehead, eyebrows, periorbital area, cheeks. Include frowning, blinking, grimacing of upper face)					
2.	0	1	2	3	4	Lips and perioral area (e.g. puckering, pouting, smacking)					
3.	0	1	2	3	4	Jaw (e.g. biting, clenching, chewing, mouth opening, lateral movement)					
4.	0	1	2	3	4	Tongue - Only rate movement increase in/out of mouth, not inability to sustain movement					
EXTREMITY MOVEMENTS											
5.	0	1	2	3	4	<b>Upper</b> (arms, wrists, hands, fingers). Include movements that are choreic (rapid, objectively purposeless, irregular, spontaneous), or athetoid (slow, irregular, complex, serpentine). Do not include tremor (repetitive, regular, rhythmic movements)					
6.	0	1	2	3	4	<b>Lower</b> (legs, knees, ankles, toes: e.g. lateral knee movement, foot tapping, heel dropping, foot squirming, inversion/eversion of foot)					
TRU	NK	M	SV	ΕN	1ENT	5					
7.	0	1	2	3	4	Neck, shoulders, hips (rocking, twisting, squirming, pelvic gyrations) Include					
GLOBAL JUDGMENTS											
8.	0	1	2	3	4	Severity of abnormal movements.					
9.	0	1	2	3	4	Incapacitation due to abnormal movements					
<b>10.</b> Patient's awareness of abnormal movements: 0 1 2 3 4											
						no aware, no aware, mild aware, moderate aware, severe awareness distress distress distress distress					
DENTAL STATUS <b>11. Current problems with teeth and/or dentures?</b> 0 No 1 Yes											
12. D	oes	pa	tie	nt ı	usuall	y wear dentures? 0 No 1 Yes					

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## Abnormal Involuntary Movement Scale (AIMS) cont.

## **EXAMINATION PROCEDURE:**

- Either before or after completing the examination procedure, observe patient unobtrusively (e.g., in waiting room).

- The chair to be used in the examination should be a hard, firm one without arms.
- 1. Ask the patient whether there is anything in his or her mouth (e.g. gum or candy) and if so, to remove it.
- 2. Ask about 'current' condition of the patient's teeth. Ask if he/she wears dentures. Ask whether teeth/dentures bother the patient 'now.'
- 3. Ask whether the patient notices any movements in his/her mouth, face, hands, or feet. If yes, ask patient to describe them and to indicate to what extent they 'currently' bother him/her or interfere with activities.
- 4. Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements.)
- 5. Ask patient to sit with hands hanging unsupported if males, between legs, if female and wearing a dress, hanging over her knees. (Observe hands and other body areas).
- 6. Ask patient to open his/her mouth. (Observe tongue at rest within mouth.) Do this twice.
- 7. 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 10-20 secs, first with right hand, then with left. (Observe facial and leg movements.) [<u>±activated</u>]
- 9. Flex and extend the patient's left and right arms, one at a time.
- 10. Ask patient to stand up. (Observe patient in profiles. Observe all body areas again, hips included.)
- 11. Ask patient to extend both arms out in front, palms down. (Observe trunk, legs, and mouth.) [activated]
- 12. Have patient walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice. [activated]