ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

STUDY	PATIENT	PERIOD	RATER	HOSPITAL

PATIENT'S NAME

RATER

DATE

INSTRUCTIONS: Complete Examination Procedure (next page) before making ratings.
MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously.

Code: 0 = None
1 = Minimal, may be extreme normal
2 = Mild
3 = moderate
4 = severe

		(Check One)
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 *(arms, wrists, hands, fingers)* 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 *(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:	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

Total AIMS score:
Comments:

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