ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Patient's Name (Please print) _____   Patient's ID information _____

Examiner's Name _____

CURRENT MEDICATIONS AND TOTAL MG/DAY

Medication #1 _____Total mg/Day _____   Medication #2 _____Total mg/Day _____

INSTRUCTIONS: COMPLETE THE EXAMINATION PROCEDURE BEFORE ENTERING THESE RATINGS.

	None, normal	Minimal (may be extreme normal)	Mild	Moderate	Severe
Facial and Oral Movements					
1. Muscles of Facial Expression eg, movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$
2. Lips and Perioral Area eg, puckering, pouting, smacking	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$
3. Jaw eg, biting, clenching, chewing, mouth opening, lateral movement	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$
4. Tongue Rate only increases in movement both in and out of mouth, NOT inability to sustain movement	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$
Extremity Movements					
5. Upper (arms, wrists, hands, fingers) Include choreic movements (ie, rapid, objectively purposeless, irregular, spontaneous); athetoid movements (ie, slow, irregular, complex, serpentine). DO NOT include tremor (ie, repetitive, regular, rhythmic).	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$
6. Lower (legs, knees, ankles, toes) eg, lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$
Trunk Movements					
7. Neck, shoulders, hips eg, rocking, twisting, squirming, pelvic gyrations	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$

SCORING:

- Score the highest amplitude or frequency in a movement on the 0-4 scale, not the average;
- Score Activated Movements the same way; do not lower those numbers as was proposed at one time;
- A POSITIVE AIMS EXAMINATION IS A SCORE OF 2 IN TWO OR MORE MOVEMENTS or a SCORE OF 3 OR 4 IN A SINGLE MOVEMENT
- Do not sum the scores: e.g. a patient who has scores 1 in four movements DOES NOT have a positive AIMS score of 4.

Overall Severity	None, normal	Minimal (may be extreme normal)	Mild	Moderate	Severe
8. Severity of abnormal movements	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$
9. Incapacitation due to abnormal movements	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$

	No awareness	Aware, no distress	Aware, mild distress	Aware, moderate distress	Aware, severe distress
10. Patient's awareness of abnormal movements (rate only patient's report)	$\square_0$	$\square_1$	$\square_2$	$\square_3$	$\square_4$

Dental Status	Yes	No
11. Current problems with teeth and/or dentures?	$\square$	$\square$
12. Does patient usually wear dentures?	$\square$	$\square$

Comments: _____

Examiner's Signature _____   Next Exam Date _____