

## ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

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

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_  
Prescribing Practitioner: \_\_\_\_\_

CODE: 0 = None  
1 = Minimal, may be extreme normal  
2 = Mild  
3 = Moderate  
4 = Severe

**INSTRUCTIONS:**  
**Complete Examination Procedure (attachment d.)**  
**before making ratings**

<b>MOVEMENT RATINGS:</b> Rate highest severity observed. Rate movements that occur upon activation one <u>less</u> than those observed spontaneously. Circle movement as well as code number that applies.		RATER	RATER	RATER	RATER
		Date	Date	Date	Date
Facial and Oral Movements	<b>1. Muscles of Facial Expression</b> 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
	<b>2. Lips and Perioral Area</b> 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
	<b>3. Jaw</b> e.g. 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
	<b>4. Tongue</b> 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
Extremity Movements	<b>5. Upper (arms, wrists,, hands, fingers)</b> 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	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>6. Lower (legs, knees, ankles, toes)</b> e.g., 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
Trunk Movements	<b>7. Neck, shoulders, hips</b> e.g., 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
Global Judgments	<b>8. Severity of abnormal movements overall</b>	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>9. Incapacitation due to abnormal movements</b>	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	<b>10. Patient's awareness of abnormal movements.</b> Rate only patient's 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
Dental Status	<b>11. Current problems with teeth and/or dentures</b>	No Yes	No Yes	No Yes	No Yes
	<b>12. Are dentures usually worn?</b>	No Yes	No Yes	No Yes	No Yes
	<b>13. Edentia?</b>	No Yes	No Yes	No Yes	No Yes
	<b>14. Do movements disappear in sleep?</b>	No Yes	No Yes	No Yes	No Yes