

**ABNORMAL INVOLUNTARY MOVEMENT SCALE  
(AIMS)**

Individual Identification

**CODE**

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

<b>MOVEMENT RATINGS:</b> Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. Circle movement as well as code number that applies.		<b><u>Rating #1</u></b> <b><u>Date:</u></b>	<b><u>Rating #2</u></b> <b><u>Date:</u></b>	<b><u>Rating #3</u></b> <b><u>Date:</u></b>	<b><u>Rating #4</u></b> <b><u>Date:</u></b>
<b>Facial and Oral Movements</b>	1. Muscles of Facial Expression e.g., movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
	2. Lips and Perioral Area e.g., puckering, pouting, smacking	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
	3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
	4. Tongue Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
<b>Extremity Movements</b>	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)	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion & eversion of foot	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
<b>Trunk Movements</b>	7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
<b>Global Judgments</b>	8. Severity of abnormal movements overall	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
	9. Incapacitation due to abnormal movements	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4
	10. Patient's awareness of abnormal movements (Rate only patient's report) No awareness = 0 Aware, no distress = 1 Aware, mild distress = 2 Aware, moderate distress = 3 Aware, severe distress = 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4	O 1 2 3 4

<b>Dental Status</b>	11. Current problems with teeth and/or dentures?	No/Yes	No/Yes	No/Yes	No/Yes
	12. Are dentures usually worn?	No/Yes	No/Yes	No/Yes	No/ Yes
	13. Edentia?	No/Yes	No/Yes	No/Yes	No/Yes
	14. Do movements disappear In sleep?	No/Yes	No/Yes	No/Yes	No/Yes
<b>Total Rating</b>					

*An individual with at least ONE Moderate Score or a Total Score of SEVEN or above is considered to have symptoms of Tardive Dyskinesia.*

**Rating # 1:** Tardive Dyskinesia Present  YES  NO

Name of the Rater: \_\_\_\_\_ Signature of Rater: \_\_\_\_\_ Date: \_\_\_\_\_

**Rating #2:** Tardive Dyskinesia Present  YES  NO

Name of the Rater: \_\_\_\_\_ Signature of Rater: \_\_\_\_\_ Date: \_\_\_\_\_

**Rating #3:** Tardive Dyskinesia Present  YES  NO

Name of the Rater: \_\_\_\_\_ Signature of Rater: \_\_\_\_\_ Date: \_\_\_\_\_

**Rating #4:** Tardive Dyskinesia Present  YES  NO

Name of the Rater: \_\_\_\_\_ Signature of Rater: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Examination Procedures***

1. Either before or after completing the examination procedure, observe the patient unobtrusively at rest (e.g., in the waiting room).
2. The chair to be used in this examination should be a hard, firm one without arms. Have the person remove their shoes and socks. Ask the patient whether there is anything in his or her mouth (such as gum or candy) and, if so, to remove it.
3. Ask about the \*current\* condition of the patient's teeth. Ask if he or she wears dentures. Ask whether teeth or dentures bother the patient \*now\*.
4. Ask whether the patient notices any movements in his or her mouth, face, hands, or feet. If yes, ask the patient to describe them and to indicate to what extent they \*currently\* bother the patient or interfere with activities.
5. Have the patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at the entire body for movements while the patient is in this position.)
6. Ask the patient to sit with hands hanging unsupported -- if male, between his legs, if female and wearing a dress, hanging over her knees. (Observe hands and other body areas).
7. Ask the patient to open his or her mouth. (Observe the tongue at rest within the mouth.) Do this twice.
8. Ask the patient to protrude his or her tongue. (Observe abnormalities of tongue movement.) Do this twice.
9. Ask the patient to tap his or her thumb with each finger as rapidly as possible for 10 to 15 seconds, first with right hand, then with left hand. (Observe facial and leg movements.)
10. Flex and extend the patient's left and right arms, one at a time.
11. Ask the patient to stand up. (Observe the patient in profile. Observe all body areas again, hips included.)
12. Ask the patient to extend both arms out in front, palms down. (Observe trunk, legs, and mouth.)
13. Have the patient walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice.