

Facility Name	Resident Name	RM/#	ID#
Current Psychotropics/ Anticholinergic and Total mg/Day (See instructions on other side)		mg	mg
		mg	mg
ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS) INSTRUCTIONS: Complete Examination Procedure (reverse side) before making ratings. MOVEMENT RATINGS: Rate highest severity observed.*		COOPERATION (check one per Exam Date)	
		1. None	<input type="checkbox"/>
		2. Partial	<input type="checkbox"/>
		3. Full	<input type="checkbox"/>

Facial and Oral Movements

- Muscles of Facial Expression*
eg, movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing
- Lips and Perioral Area*
eg, puckering, pouting, smacking
- Jaw*
eg, biting, clenching, chewing, mouth opening, lateral movement
- Tongue*
Rate only increases in movement both in and out of mouth, NOT inability to sustain movement

None, normal ₀ Minimal (may be extreme normal) ₁ Mild ₂ Moderate ₃ Severe ₄

Extremity Movements

- 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).
- Lower (legs, knees, ankles, toes)*
eg, 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

₀ ₁ ₂ ₃ ₄

Trunk Movements

- Neck, shoulders, hips*
eg, rocking, twisting, squirming, pelvic gyrations
- Severity of abnormal movements*
- Incapacitation due to abnormal movements*

₀ ₁ ₂ ₃ ₄

₀ ₁ ₂ ₃ ₄

₀ ₁ ₂ ₃ ₄

- 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

Dental Status

- Current problems with teeth and/or dentures?*
- Does patient usually wear dentures?*

Yes No

Comments:

Rater Signature and Title

Next Exam Date

AIMS EXAMINATION PROCEDURE

Either before or after completing the Examination Procedure, observe the patient unobtrusively, at rest (eg, in waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

1. Ask patient whether there is anything in his/her mouth (ie, gum, candy, etc) and if there is, to remove it.
2. Ask patient about the **current** condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient **now**?
3. Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they **currently** bother patient or interfere with his/her 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 while in this position).
5. Ask patient to sit with hands hanging unsupported. If male, between legs, if female, and wearing a dress, hanging over knees. (Observe hands and other body areas.)
6. Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.
7. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.)
8. Ask patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds: separately with right hand, then with left hand. (Observe facial and leg movements.)
9. Flex and extend patient's left and right arms, one at a time. (Note any rigidity and rate it.)
- *10. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
- *11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
- *12. Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

*Activated movements