



ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Code: 0 = None 1 = Minimal 2 = Mild 3 = Moderate 4 = Severe

Movement Ratings:

- Rate highest severity observed in Category I, II and III
- Rate movements that occur upon activation one point less than those observed spontaneously
- Circle movements as well as code number that applies

I. FACIAL & ORAL MOVEMENTS	1. Muscles of Facial Expression: e.g., movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling and grimacing	0 1 2 3 4
	2. Lips and Perioral Area: e.g., puckering, pouting and smacking	0 1 2 3 4
	3. Jaw: Biting, clenching, chewing, mouth opening and lateral movement	0 1 2 3 4
	4. Tongue: Rate only increases in movement both in and out of mouth	0 1 2 3 4
II. 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): Lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4
III. TRUNK MOVEMENTS	7. Neck, shoulders and hips: Rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4
IV. GLOBAL JUDGMENT	8. Severity of abnormal movements overall.	0 1 2 3 4
	9. Incapacitation due to abnormal movements.	0 1 2 3 4
V. DENTAL STATUS	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	0 1 2 3 4
	11. Current problems with teeth and/or dentures?	No Yes
	12. Are dentures usually worn?	No Yes
	13. Edentulous?	No Yes
	14. Do movements disappear with sleep?	No Yes

PHYSICIAN SIGNATURE

PRINTED NAME OF PHYSICIAN

Date:

Time:

Individual:	
Date of Birth:	Sex:
ID Num:	
Facility:	
Subunit:	
Enter individual's identification above	