ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Public Health Service	NAME:
Alcohol, Drug Abuse, and Mental Health Administration	DATE:
National Institute of Mental Health	Prescribing Practitioner:

CODE: 0 = None

1 = Minimal, may be extreme normal

INSTRUCTIONS: Complete Examination Procedure (attachment d.) before making ratings 2 = Mild 3 = Moderate 4 - Severe

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MOVEMENT RATINGS: Rate highest severity observed. Rate			RATER		RATER		RATER		RATE	ER
movements that occur upon activation one less than those observed										
	spontaneously. Circle movement as well as code number that				Date		Date		Date	
applies.										
Facial and	1.	Muscles of Facial Expression	0 1 2	3 4	0 1 2	3 4	0.1.	2 3 4	0 1 2	2 3 4
Oral	1.	e.g. movements of forehead, eyebrows	0 1 2	, , ,	0 1 2	, J T	0 1 2	2 3 4	0 1 2	2 3 4
Movements		periorbital area, cheeks, including frowning								
Movements										
	_	blinking, smiling, grimacing	0.1.0	2.4	0.1.0	2 4	0.1.0		0.1.0	
	2.	Lips and Perioral Area	0 1 2	3 4	0 1 2	3 4	0 1 2	2 3 4	0 1 2	2 3 4
		e.g., puckering, pouting, smacking								
	3.	Jaw e.g. biting, clenching, chewing, mouth	0 1 2	2 3 4	0 1 2	3 4	0 1 2	2 3 4	0 1 2	2 3 4
		opening, lateral movement								
	4.	Tongue Rate only increases in movement								
		both in and out of mouth. NOT inability to	0 1 2	3 4	0 1 2	3 4	0 1 2	2 3 4	O 1	2 3 4
		sustain movement. Darting in and out of								
		mouth.								
	5.	Upper (arms, wrists,, hands, fingers)								
	•	Include choreic movements (i.e., rapid,								
Extremity		objectively purposeless, irregular,								
Movements		spontaneous) athetoid movements (i.e., slow,	0 1 2	3 4	0 1 2	3 4	0 1 2	2 3 4	0 1 2	2 3 4
Movements		irregular, complex, serpentine). DO NOT	0 1 2	, , ,	0 1 2	, , ,	0 1 2	2 3 4	0 1 2	2 3 4
		INCLUDE TREMOR (i.e., repetitive,								
		` ' 1 '								
		regular, rhythmic)								
	0.	Lower (legs, knees, ankles, toes)								
		e.g., lateral knee movement, foot tapping,					0.1.			
		heel dropping, foot squirming, inversion and	0 1 2	2 3 4	0 1 2	3 4	0 1 2	2 3 4	0 1 2	2 3 4
		eversion of foot.								
Trunk	7.	Neck, shoulders, hips e.g., rocking,	0 1 2	2 3 4	0 1 2	3 4	0 1 2	2 3 4	0 1 2	2 3 4
Movements		twisting, squirming, pelvic gyrations								
	8.	Severity of abnormal movements overall	0 1 2		0 1 2			2 3 4	0 1 2	
Global	9.	Incapacitation due to abnormal	0 1 2	3 4	0 1 2	3 4	0 1 2	2 3 4	0 1 2	2 3 4
Judgments		movements								
	10.	Patient's awareness of abnormal								
		movements. Rate only patient's report								
		No awareness 0	0		0		0		0	
		Aware, no distress 1	1 2 3		1		1		1	
		Aware, mild distress 2				2		2	2	
		Aware, moderate distress 3			3		3			3
		Aware, severe distress 4		4		4		4		4
	11	Current problems with teeth and/or		· · · · · · · · · · · · · · · · · · ·		-		-		•
Dental Status	11.	dentures	No	Yes	No	Yes	No	Yes	No	Yes
Domai Status	-	weither to	No	Yes	No	Yes	No	Yes	No	Yes
	12	Are dentures usually worn?	110	1 65	110	1 65	110	1 63	140	1 65
	12.	Are ucultures usuany worm:	No	Yes	No	Yes	No	Yes	No	Yes
	12	Edoutio 9	INO	1 68	INO	1 68	110	168	110	1 68
	13.	Edentia?	3.7	3.7	N.T.	3.7	3.7	3.7	N.T.	3.7
	. .	D	No	Yes	No	Yes	No	Yes	No	Yes
	14.	Do movements disappear in sleep?								

Final: 9/2000