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:2 = MildComplete Examination Procedure (attachment d.)3 = Moderatebefore making ratings4 - Severe

MOVEMENT RATINGS: Rate highest severity observed. Rate			RATE	RATER RATE		ER	RATER		RATER	
movements that occur upon activation one <u>less</u> than those observed										
spontaneously. Circle movement as well as code number that			Date		Date		Date		Date	
applies.										
Facial and	1.	Muscles of Facial Expression	0 1 2	3 4	0 1 2	2 3 4	0 1 2	2 3 4	0 1 2	2 3 4
Oral		e.g. movements of forehead, eyebrows								
Movements		periorbital area, cheeks, including frowning								
		blinking, smiling, grimacing								
	2.	Lips and Perioral Area	0 1 2	3 4	0 1 2	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	3 4	0 1 2	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		2 4	0.1.6		0.1		0.1	2 2 4
		both in and out of mouth. NOT inability to	0 1 2	3 4	0 1 2	2 3 4	0 1 2	2 3 4	0 1	2 3 4
		sustain movement. Darting in and out of								
	+	mouth.	ļ							
	5.	Upper (arms, wrists,, hands, fingers)								
TE 4 *4		Include choreic movements (i.e., rapid,								
Extremity		objectively purposeless, irregular,	0 1 2	2 4	0 1 2		0.1	2 3 4	0 1 2	
Movements		spontaneous) athetoid movements (i.e., slow,	0 1 2	3 4	0 1 2	2 3 4	0 1 .	2 3 4	0 1 2	2 3 4
		irregular, complex, serpentine). DO NOT								
		INCLUDE TREMOR (i.e., repetitive,								
	_	regular, rhythmic)								
	0.	Lower (legs, knees, ankles, toes)								
		e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and	0 1 2	2 1	0 1 2	2 1	0.1	2 3 4	0 1 2	2 1
		eversion of foot.	0 1 2	3 4	0 1 2	2 3 4	0 1 .	2 3 4	0 1 2	2 3 4
Trunk	7.	Neck, shoulders, hips e.g., rocking,	0.1.	2 3 4	0 1 2	2 3 1	0.1	2 3 4	0 1 2	2 3 1
Movements	' •	twisting, squirming, pelvic gyrations	0 1 2	2 3 4	0 1 2		0 1 .	2 3 4	0 1 2	2 3 4
Movements	8.	Severity of abnormal movements overall	0 1 2	2 /	0 1 2	2 1	0.1	2 3 4	0 1 2	2 1
Global	9.	•	0 1 2	2 4	0 1 2	2 3 4	0 1 2	2 3 4	0 1 2	2 3 4
Judgments	9.	Incapacitation due to abnormal	0 1 2	3 4	0 1 2	2 3 4	0 1 .	2 3 4	0 1 2	2 3 4
Judgments	10	movements Patient's awareness of abnormal								
	10.	movements. Rate only patient's report								
		No awareness 0	0		0		0		0	
		Aware, no distress 1	1 1		1		1		1	
		Aware, mid distress 2	2 3		2 3		2 3		2	
		Aware, mind distress 2 Aware, moderate distress 3							•	3
		Aware, severe distress 4		4		4		4		4
	11	Current problems with teeth and/or	1	4		4		4		4
Dental Status	11.	dentures	No	Yes	No	Yes	No	Yes	No	Yes
Dentai Status		uciitui co	No	Yes	No	Yes	No	Yes	No	Yes
	12	Are dentures usually worn?	110	1 05	110	1 03	110	105	110	103
	12.	The deficies usually worn.	No	Yes	No	Yes	No	Yes	No	Yes
	13	Edentia?	110	1 03	110	1 03	110	1 03	110	1 03
	15.	Duvinus.	No	Yes	No	Yes	No	Yes	No	Yes
	14	Do movements disappear in sleep?	110	1 03	110	103	110	105	110	1 05
<u> </u>	1 1 10	20 morements anappear in sicep.	1				1			

Final: 9/2000