

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

INSTRUCTIONS: Review instructions for conducting examination (on reverse) before beginning. For Sections A, B, C and D, rate highest severity observed, selecting only one number for each item. For Section E, select yes or no for each question. Evaluator signature and date should be recorded on reverse.

SCORING CODES: 0 = None 1 = Minimal/Normal 2 = Mild/Extreme Normal 3 = Moderate 4 = Severe

		ASSESSMENT DATES																			
SECTION A. FACIAL AND ORAL MOVEMENTS																					
1.	MUSCLES OF FACIAL EXPRESSION Movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing of upper face	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	LIPS AND PERIORAL AREA Puckering, pouting, smacking	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	JAW Biting, clenching, chewing, mouth opening, lateral movement	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	TONGUE Rate only increase in movement both in and out of mouth, NOT inability to sustain movement (i.e., darting in and out of mouth)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SECTION B. 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 movements)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	LOWER (LEGS, KNEES, ANKLES, TOES) Lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot. (Remove shoes and socks for this.)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SECTION C. TRUNK MOVEMENTS																					
7.	NECK, SHOULDERS, HIPS Rocking, twisting, squirming, pelvic gyrations. Include diaphragmatic movements	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SECTION D. GLOBAL JUDGMENT																					
8.	SEVERITY OF ABNORMAL MOVEMENTS Base on single highest score of above 7 items	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	<input type="radio"/> 0 = None/Normal <input type="radio"/> 1 = Minimal <input type="radio"/> 2 = Mild <input type="radio"/> 3 = Moderate <input type="radio"/> 4 = Severe	<input type="radio"/> 0 = None/Normal <input type="radio"/> 1 = Minimal <input type="radio"/> 2 = Mild <input type="radio"/> 3 = Moderate <input type="radio"/> 4 = Severe	<input type="radio"/> 0 = None/Normal <input type="radio"/> 1 = Minimal <input type="radio"/> 2 = Mild <input type="radio"/> 3 = Moderate <input type="radio"/> 4 = Severe	<input type="radio"/> 0 = None/Normal <input type="radio"/> 1 = Minimal <input type="radio"/> 2 = Mild <input type="radio"/> 3 = Moderate <input type="radio"/> 4 = Severe																
10.	PERSON'S AWARENESS OF ABNORMAL MOVEMENTS Rate only the person's report	<input type="radio"/> 0 = No awareness <input type="radio"/> 1 = Aware, no distress <input type="radio"/> 2 = Aware, mild distress <input type="radio"/> 3 = Aware, mod. distress <input type="radio"/> 4 = Aware, severe distress	<input type="radio"/> 0 = No awareness <input type="radio"/> 1 = Aware, no distress <input type="radio"/> 2 = Aware, mild distress <input type="radio"/> 3 = Aware, mod. distress <input type="radio"/> 4 = Aware, severe distress	<input type="radio"/> 0 = No awareness <input type="radio"/> 1 = Aware, no distress <input type="radio"/> 2 = Aware, mild distress <input type="radio"/> 3 = Aware, mod. distress <input type="radio"/> 4 = Aware, severe distress	<input type="radio"/> 0 = No awareness <input type="radio"/> 1 = Aware, no distress <input type="radio"/> 2 = Aware, mild distress <input type="radio"/> 3 = Aware, mod. distress <input type="radio"/> 4 = Aware, severe distress																
SECTION E. DENTAL STATUS																					
11.	CURRENT PROBLEMS WITH TEETH AND/OR DENTURES?	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes																
12.	ARE DENTURES USUALLY WORN?	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes																
13.	EDENTIA?	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes																
14.	DO MOVEMENTS DISAPPEAR WITH SLEEP?	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes	<input type="radio"/> 0 = No <input type="radio"/> 1 = Yes																

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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EVALUATOR SIGNATURES

Signature/Title: _____ Date: _____

Signature/Title: _____ Date: _____

Signature/Title: _____ Date: _____

Signature/Title: _____ Date: _____

INSTRUCTIONS FOR CONDUCTING EXAMINATION

Either before or after completing the AIMS, observe the person unobtrusively at rest.

The chair to be used in this examination should be hard/firm and without arms.

A. FACIAL AND ORAL MOVEMENTS

- Ask the person to open mouth. Observe tongue at rest within mouth. Do this twice.
- Ask the person to protrude tongue. Observe abnormalities of tongue movement. Do this twice.

B. EXTREMITY MOVEMENTS

- Flex and extend the person's left and right arms, one at a time. Note any rigidity.
- Ask the person to extend both arms out in front with palms down. Observe trunk, legs and mouth.
- Have the person walk a few paces, turn, and walk back to chair. Observe hands and gait. Do this twice.
- Ask the person to tap thumb with each finger as rapidly as possible for 10 - 15 seconds, first with right hand then with left hand. Observe facial and leg movements.

C. TRUNK MOVEMENTS

- Ask the person to stand up. Observe in profile. Observe all body areas again, hips included.
- Have the person sit in chair with hands on knees, legs slightly apart and feet flat on floor. Observe entire body for movements while in this position.
- Ask the person to sit with hands hanging unsupported. If male, between knees; if female is wearing a dress, hanging over knees. Observe hands and other body areas.

D. GLOBAL JUDGMENT

- Ask the person if he/she notices any movement in mouth, face, hands or feet. If YES, ask to what extent they currently interfere with activities.

E. DENTAL STATUS

- Ask the person if there is anything in his/her mouth (such as gum or candy). If so, remove it from the mouth.
- Ask the person about current condition of teeth, i.e., partial, dentures. Do teeth or dentures bother the person now?

Interpretation of AIMS score:

0-1 = LOW RISK OF MOVEMENT DISORDER

2 in only one of seven body areas = BORDERLINE, OBSERVE CLOSELY

2 in two or more of seven body areas = REFERRAL FOR COMPLETE NEUROLOGICAL EXAM

3 or 4 in only one body area = REFERRAL FOR COMPLETE NEUROLOGICAL EXAM