

## ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

**INSTRUCTIONS:** COMPLETE EXAMINATION PROCEDURE BEFORE MAKING RATINGS.

CODE 0 = NONE 1 = MINIMAL, MAY BE EXTREME NORMAL

**MOVEMENT RATINGS:** RATE HIGHEST SEVERITY OBSERVED, RATE MOVEMENTS THAT OCCUR UPON ACTIVATION ONE LESS THAN THOSE OBSERVED SPONTANEOUSLY.

2 = MILD 3 = MODERATE 4 = SEVERE

### EXAMINATION PROCEDURE

EITHER BEFORE OR AFTER COMPLETING THE EXAMINATION PROCEDURE OBSERVE THE PATIENT UNOBTUSIVELY AT REST (E.G., IN WAITING ROOM). THE CHAIR TO BE USED IN THIS EXAMINATION SHOULD BE A HARD, FIRM ONE WITHOUT ARMS.

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| <ol style="list-style-type: none"> <li>1. ASK PATIENT WHETHER THERE IS ANYTHING IN HIS/HER MOUTH (I.E., GUM, CANDY, ETC.) AND IF THERE IS, TO REMOVE IT.</li> <li>2. ASK PATIENT ABOUT THE CURRENT CONDITION OF HIS/HER TEETH. ASK PATIENT IF HE/SHE WEARS DENTURES. DO TEETH/DENTURES BOTHER PATIENT NOW?</li> <li>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.</li> <li>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)</li> <li>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.)</li> <li>6. ASK PATIENT TO OPEN MOUTH. (OBSERVE TONGUE AT REST WITHIN MOUTH,) DO THIS TWICE.</li> </ol> | <ol style="list-style-type: none"> <li>7. ASK PATIENT TO PROTRUDE TONGUE. OBSERVE ABNORMALITIES OF TONGUE MOVEMENT. DO THIS TWICE.</li> <li>*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.)</li> <li>9. FLEX AND EXTEND PATIENT'S LEFT AND RIGHT ARMS (ONE AT A TIME). (NOTE ANY RIGIDITY AND RATE ON DOTES.)</li> <li>10. ASK PATIENT TO STAND UP. (OBSERVE IN PROFILE. OBSERVE ALL BODY AREAS AGAIN. HIPS INCLUDED.)</li> <li>*11. ASK PATIENT TO EXTEND BOTH ARMS OUTSTRETCHED IN FRONT WITH PALMS DOWN. (OBSERVE TRUNK, LEGS, AND MOUTH.)</li> <li>*12. HAVE PATIENT WALK A FEW PACES, TURN, AND WALK BACK TO CHAIR. (OBSERVE HANDS AND GAIT) DO THIS TWICE.</li> </ol> <p>** ACTIVATED MOVEMENTS</p> |
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<b>FACIAL AND ORAL MOVEMENTS:</b>	1. MUSCLES OF FACIAL EXPRESSION E.G., MOVEMENTS OF FOREHEAD, EYEBROWS, PERIORBITAL AREA, CHEEKS; INCLUDE FROWNING, BLINKING, SMILING, GRIMACING	0	1	2	3	4
	2. LIPS AND PERIORAL AREA E.G.. PUCKERING POUTING, SMACKING	0	1	2	3	4
	3. JAW E.G., BITING CLENCHING, CHEWING, MOUTH OPENING, LATERAL MOVEMENT	0	1	2	3	4
	4. TONGUE RATE ONLY INCREASE IN MOVEMENT BOTH IN AND OUT OF MOUTH. NOT INABILITY TO SUSTAIN MOVEMENT	0	1	2	3	4
<b>EXTREMITY MOVEMENTS:</b>	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) E.G., LATERAL KNEE MOVEMENT, FOOT TAPPING, HEEL DROPPING, FOOT SQUIRMING, INVERSION AND EVERSION OF FOOT	0	1	2	3	4
<b>TRUNK MOVEMENTS:</b>	7. NECK, SHOULDERS, HIPS E.G., ROCKING, TWISTING, SQUIRMING PELVIC GYRATIONS	0	1	2	3	4
<b>GLOBAL JUDGMENTS:</b>	8. SEVERITY OF ABNORMAL ACTION	0	1	2	3	4
	9. INCAPACITATION DUE TO ABNORMAL MOVEMENTS	0	1	2	3	4
	10. PATIENT'S AWARENESS OF ABNORMAL MOVEMENTS	0	1	2	3	4
<b>DENTAL STATUS:</b>	11. CURRENT PROBLEMS	0	1	2	3	4
	12. DOES PATIENT USUALLY WEAR DENTURES?	0	1	2	3	4

NOT APPLICABLE: PATIENT HAS NO HISTORY OF TREATMENT WITH NEUROLEPTICS FOR ONE MONTH OR MORE.

EXAMINATION COMPLETED

PHYSICIAN'S SIGNATURE ..... DATE OF EXAMINATION.....

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**Monitoring for all atypical antipsychotics: AIMS exam at baseline and -Q6months due to risk of tardive dyskinesia. Warn of dystonia risk. Weight checks, fasting glucose/lipid panel -Q6months at minimum.**