

Figure 3. Abnormal Involuntary Movement Scale (AIMS)

A) Examination Procedure: Either before or after completing the Examination Procedure, observe the patient unobtrusively, at rest (eg, in waiting room). The chair to be used in this examination should be a hard, firm one without arms.

1. Ask patient to remove shoes and socks.
2. Ask patient if there is anything in his/her mouth (eg, gum, candy); if there is, to remove it.
3. Ask patient about the *current* condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother the patient *now*?
4. 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.
5. 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.)
6. 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.)
7. Ask patient to open mouth. (Observe tongue at rest in mouth.) Do this twice.
8. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.
9. Ask patient to tap thumb, with each finger, as rapidly as possible for 10 to 15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements.)
10. Flex and extend patient's left and right arms (one at a time). (Note any rigidity.)
11. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
12. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
13. Have patient walk a few paces, turn and walk back to chair. (Observe hands and gait.) Do this twice.

B) Rating Sheet

Patient Name	
Rater Name	
Patient #	
Data Group: AIMS	
Evaluation Date	

Instructions: Complete the above examination procedure before making ratings. For movement ratings, circle the highest severity observed.		Code: 0: None 1: Minimal, may be extreme normal 2: Mild 3: Moderate 4: Severe
Facial and Oral Movements	1. Muscles of Facial Expression <ul style="list-style-type: none"> ● e.g., movements of forehead, eyebrows, periorbital area, cheeks ● Include frowning, blinking, smiling, and 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 movements both in and out of mouth, NOT the inability to sustain movement.	0 1 2 3 4

Extremity Movements	5. Upper (<i>arms, wrists, hands, fingers</i>) <ul style="list-style-type: none"> • 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 (<i>legs, knees, ankles, toes</i>) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of the foot	0 1 2 3 4
Trunk Movements	7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4
Global Judgments	8. Severity of Abnormal Movements	0 1 2 3 4
	9. Incapacitation Due to Abnormal Movements	0 1 2 3 4
	10. Patient's Awareness of Abnormal Movements Rate only patient's report.	0 1 2 3 4
Dental Status	11. Current Problems with Teeth and/or Dentures	0: No 1: Yes
	12. Does Patient Usually Wear Dentures?	0: No 1: Yes

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