

**AIMS (Abnormal Involuntary Movement Scale)**
 STUDY # _____ GRID # _____ ID # _____ RATER # _____ DATE ____/____/____
DQC approved rater #'s only
Instructions: Complete examination procedure before making ratings.

MOVEMENT RATINGS Rate highest severity observed	0 None	1 Minimal	2 Mild	3 Moderate	4 Severe	-7 Not Done
FACIAL AND ORAL MOVEMENTS <i>Circle one</i>						
1. Muscles of Facial Expression e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	0	1	2	3	4	-7
2. Lips and Perioral Area e.g., puckering, pouting, smacking	0	1	2	3	4	-7
3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement	0	1	2	3	4	-7
4. Tongue Rate only increase in movement both in and out of mouth NOT ability to sustain movement	0	1	2	3	4	-7
EXTREMITY MOVEMENTS <i>Circle one</i>						
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	-7
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	-7
TRUNK MOVEMENTS <i>Circle one</i>						
7. Neck, Shoulders, Hips e.g., rocking, twisting, squirming, pelvic gyrations	0	1	2	3	4	-7
GLOBAL JUDGEMENTS <i>Circle one</i>						
8. Severity of abnormal movements	0	1	2	3	4	-7
9. Incapacitation due to abnormal movements	0	1	2	3	4	-7
10. Patient's awareness of abnormal movements Rate only patient's report	0 No Awareness	1 Aware, No distress	2 Aware, Mild distress	3 Aware Moderate distress	4 Aware, Severe distress	-7 Not Done
11. Current problems with teeth and/or dentures?	_____ (1 = Yes, 2 = No, -7 = Missing)					
12. Does patient usually wear dentures?	_____ (1 = Yes, 2 = No, -7 = Missing)					