

**ABNORMAL INVOLUNTARY
MOVEMENT SCALE
(AIMS), SAMPLE**

Date:							
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TARDIVE DYSKINESIA SYMPTOMS

Muscles of Facial Expression							
Lips and Perioral Area							
Jaw							
Tongue							
Upper (Arms, Wrists, Hands, Fingers)							
Lower (Legs, Knees, Ankles, Toes)							
Neck, Shoulders, Hips							
TOTAL - Movement Ratings							
GLOBAL JUDGEMENTS							
Severity of Abnormal Movements							

PARKINSON'S SYMPTOMS

Rigidity							
Tremor							
Bradykinesia							

DENTAL PROBLEMS

Current problems with teeth No = 0							
and/or dentures Yes = 1							
Does person usually No = 0							
wear dentures? Yes = 1							
Signature of Rater:							

For each item, rate highest severity observed:

- code: 0 - None
 1 - Minima
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 2 - Mild
 3 - Moder
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 4 - Severe