

(SAMPLE)

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)		NAME	
		RATER	
		DATE	
INSTRUCTIONS: Complete Examination Procedure (reverse side) before making ratings. Movement Ratings: rate highest severity observed. Rate movements that occur upon Activation of <u>less</u> than those observed spontaneously.		CODE: 0 - None 1 - Minimal, may be extreme normal 2 - Mild 3 - Moderate 4 - Severe	
FACIAL AND ORAL MOVEMENTS	1. Muscles of Facial expression e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	(Circle One)	
		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	
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)		
		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	
TRUNK MOVEMENTS	7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations		
		0 1 2 3 4	
GLOBAL JUDGEMENTS:	8. Severity of abnormal movements		
		0 1 2 3 4	
	9. Incapacitation due to abnormal movements		
		0 1 2 3 4	
	10. Client awareness of abnormal movements Rate only report	No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4	
DENTAL STATUS:	11. Current problems with teeth and/or dentures	No 1 Yes 2	
	12. Does Client usually wear dentures?	No 1 Yes 2	