

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SVCS Abnormal Involuntary Movement Scale (AIMS)

Rate highest severity observed, rate movements that occur upon activation one less than those observed spontaneously.

Dentures present? Y N

Current problems with teeth/dentures Y N

Date	Date	Date	Date	Date	Date
_____	_____	_____	_____	_____	_____

1. Muscles of facial expression (mvts. of forehead, eyebrows, periorbital area)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
2. Lips and perioral area (puckering, pouting, smacking, cheeks)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
3. Jaw (biting, clenching, chewing, mouth opening, lateral movements)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
4. Tongue – rate only movements both in and out of mouth, NOT ability to sustain movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
5. Upper Extremities – do not include tremor (arms, wrists, hands, fingers)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
6. Lower Extremities (legs, knees, ankles, toes)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
7. Trunk (neck, shoulders, hips)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
SUB-TOTAL (add scores 1-7)						
Incapacitation by abnormal movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Patient awareness of abnormal movements – rate only patient’s report	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Overall Severity of Abnormal Movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
TOTAL SCORE (subtotal and above)						

0 = none, 1 = minimal may be extreme normal, 2 = mild, 3 = moderate, 4 = severe