Print Main Menu

Abnormal Involuntary Movement Scale (AIMS)

Patient's Name (Please print) _____ Patient's ID information _____

Examiner's Name _____

Current Medications and Total mg/Day

Medication #1 _____Total mg/Day _____ Medication #2 _____Total mg/Day _____

Instructions: Complete the examination procedure before entering these ratings.

	None, normal	Minimal (may be extreme normal)	Mild	Moderate	Severe
Facial and Oral Movements					
1. Muscles of Facial Expression eg, movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2. Lips and Perioral Area eg, puckering, pouting, smacking	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3. Jaw eg, biting, clenching, chewing, mouth opening, lateral movement	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4. Tongue Rate only increases 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 (ie, rapid, objectively purposeless, irregular, spontaneous); athetoid movements (ie, slow, irregular, complex, serpentine). DO NOT include tremor (ie, repetitive, regular, rhythmic).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6. Lower (legs, knees, ankles, toes) eg, 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 eg, rocking, twisting, squirming, pelvic gyrations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

SCORING:

- Score the highest amplitude or frequency in a movement on the 0-4 scale, not the average;
- Score Activated Movements the same way; do not lower those numbers as was proposed at one time;
- A POSITIVE AIMS EXAMINATION IS A SCORE OF 2 IN TWO OR MORE MOVEMENTS or a SCORE OF 3 OR 4 IN A SINGLE MOVEMENT
- Do not sum the scores: e.g. a patient who has scores 1 in four movements DOES NOT have a positive AIMS score of 4.

Overall Severity					
8. Severity of abnormal movements	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9. Incapacitation due to abnormal movements	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
	No awareness	**Aware, no distress**	**Aware, mild distress**	**Aware, moderate distress**	**Aware, severe distress**
10. Patient's awareness of abnormal movements (rate only patient's report)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

	Yes	No
Dental Status		
11. Current problems with teeth and/or dentures?	☐	☐
12. Does patient usually wear dentures?	☐	☐

Comments: _____

Examiner's Signature _____ Next Exam Date_____

Guy W: ECDEU Assessment Manual for Psychopharmacology - Revised (DHEW Publ No ADM 76-338), US Department of Health, Education, and Welfare; 1976