

## ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

**INSTRUCTIONS:** Complete examination procedure before making ratings. While conducting the examination, have them sit in a firm chair without arms. For all MOVEMENT ratings (sections A, B and C) rate highest severity observed. Circle only one code for each evaluation.

**SCORING CODES:** 0 = None                      1 = Minimal/Normal                      2 = Mild                      3 = Moderate                      4 = Severe

		ASSESSMENT DATES																					
SECTION A. FACIAL AND ORAL MOVEMENTS																							
<b>1.</b>	<b>MUSCLES OF FACIAL EXPRESSION</b> e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
<b>2.</b>	<b>LIPS AND PERIORAL AREA</b> e.g., puckering, pouting, smacking	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
<b>3.</b>	<b>JAW</b> e.g., biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
<b>4.</b>	<b>TONGUE</b> Rate only increase in movement both in and out of mouth, <b>NOT</b> inability to sustain movement.	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
SECTION B. EXTREMITY MOVEMENTS																							
<b>5.</b>	<b>UPPER (ARMS, WRISTS, HANDS, FINGERS)</b> Include choreic movements, (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do <b>NOT</b> include tremor (i.e., repetitive, regular, rhythmic)	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
<b>6.</b>	<b>LOWER (LEGS, KNEES, ANKLES, TOES)</b> e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
SECTION C. TRUNK MOVEMENTS																							
<b>7.</b>	<b>NECK, SHOULDERS, HIPS</b> e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
SECTION D. GLOBAL JUDGMENTS																							
<b>8.</b>	<b>SEVERITY OF ABNORMAL MOVEMENTS</b>	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
<b>9.</b>	<b>INCAPACITATION DUE TO ABNORMAL MOVEMENTS</b>	0 1 2 3 4				0 1 2 3 4				0 1 2 3 4				0 1 2 3 4									
<b>10.</b>	<b>AWARENESS OF ABNORMAL MOVEMENTS</b> Rate only the person's report	0 = No awareness 1 = Aware, no distress 2 = Aware, mild distress 3 = Aware, moderate distress 4 = Aware, severe distress				0 = No awareness 1 = Aware, no distress 2 = Aware, mild distress 3 = Aware, moderate distress 4 = Aware, severe distress				0 = No awareness 1 = Aware, no distress 2 = Aware, mild distress 3 = Aware, moderate distress 4 = Aware, severe distress				0 = No awareness 1 = Aware, no distress 2 = Aware, mild distress 3 = Aware, moderate distress 4 = Aware, severe distress									
SECTION E. DENTAL STATUS																							
<b>11.</b>	<b>CURRENT PROBLEMS WITH TEETH AND/OR DENTURES</b>	0 = No 1 = Yes				0 = No 1 = Yes				0 = No 1 = Yes				0 = No 1 = Yes									
<b>12.</b>	<b>ARE DENTURES USUALLY WORN?</b>	0 = No 1 = Yes				0 = No 1 = Yes				0 = No 1 = Yes				0 = No 1 = Yes									
EVALUATOR SIGNATURES																							
Signature/Title				Date				Signature/Title				Date				Signature/Title				Date			
Signature/Title				Date				Signature/Title				Date				Signature/Title				Date			

NAME—Last	First	Middle	Attending Physician	Record No.	Room/Bed
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## **INSTRUCTIONS FOR CONDUCTING THE RESIDENT EXAMINATION**

Complete examination procedures before making actual movement ratings. The chair to be used in this examination should be firm and without arms.

### **A. FACIAL AND ORAL MOVEMENTS**

- Ask resident to open mouth. Observe tongue at rest within mouth. Do this twice.
- Ask resident to protrude tongue. Observe abnormalities of tongue movement.

### **B. EXTREMITY MOVEMENTS**

- Flex and extend resident's left and right arms, one at a time. Note any rigidity.
- Ask resident to extend both arms outstretched in front with palms down. Observe trunk, legs, and mouth.
- Have resident walk a few paces, turn, and walk back to chair. Observe hands and gait. Do this twice.
- Ask resident to tap thumb with each finger as rapidly as possible for 10 - 15 seconds with both left and right hand. Observe facial and leg movements.

### **C. TRUNK MOVEMENTS**

- Ask resident to stand up. Observe in profile all body areas.
- Have resident sit in chair with hands on knees, legs slightly apart, and feet flat on floor. Observe entire body for movements.
- Ask resident to sit with hands hanging unsupported. If male, between knees or if female in dress, hanging over knees. Observe hands and other body areas.

### **D. GLOBAL JUDGMENTS**

- Ask resident if he/she notices any movement in mouth, face, hands, or feet. If YES, ask to what extent they currently interfere with activities.

### **E. DENTAL STATUS**

- Remove any material from mouth.
- Ask resident about current condition of teeth, i.e., partial, dentures. Do either bother resident now?

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#### **Interpretation of AIMS score:**

**0-1 = LOW RISK OF MOVEMENT DISORDER**

**2 in only one of seven body areas = BORDERLINE, OBSERVE CLOSELY**

**2 in two or more of seven body areas = REFERRAL FOR COMPLETE NEUROLOGICAL EXAM**

**3 or 4 in only one body area = REFERRAL FOR COMPLETE NEUROLOGICAL EXAM**

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**SIGN AND DATE THE COMPLETED AIMS FORM.  
FILE IN THE RESIDENT'S CHART.**