

## **Abnormal Involuntary Movement Scale (AIMS)**

### **Examination Procedure**

Either before or after completing the Examination Procedure, observe the patient unobtrusively, at rest (e.g. in waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

1. Ask patient to remove shoes and socks.
2. Ask patient whether there is anything in his/her mouth (i.e., gum, candy, etc.) And if there is, to remove it.
3. Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?
4. Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.
5. Have patient sit in chair with both hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position.)
6. Ask patient to sit with hands hanging unsupported. If male, between legs, if female and wearing a dress, hanging over knees. (Observe hands and other body areas.)
7. Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.
8. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.
9. Ask patient to tap thumb with each finger as rapidly as possible for 10-15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements.)
10. Flex and extend patient's left and right arms (one at a time). (Note any rigidity.)
11. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
12. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
13. Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

Evaluation type (circle one)

- |   |                   |   |                  |    |                   |
|---|-------------------|---|------------------|----|-------------------|
| 1 | Baseline          | 5 | Major evaluation | 9  | Stop open meds    |
| 2 | 2-week minor      | 6 | Other            | 10 | Early termination |
| 3 |                   | 7 | Start Open meds  | 11 | Study completion  |
| 4 | Start double-bind | 8 | During open meds |    |                   |

Instructions: Complete examination procedure before making ratings.

Rate highest severity observed.

- Code: 1 None  
2 Minimal, may be extreme normal  
3 Mild  
4 Moderate  
5 Severe

Facial and Oral Movements

- Muscles of facial Expression (e.g., movement of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing)  
1 2 3 4 5
- Lips and Perioral Area (e.g., puckering, pouting, smacking)  
1 2 3 4 5
- Jaws (e.g. biting, clenching, chewing, mouth opening, lateral movement)  
1 2 3 4 5
- Tongue (Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.)  
1 2 3 4 5

Extremity Movements

- 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).  
1 2 3 4 5
- Lower (legs, knees, ankles, toes). (E.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.)  
1 2 3 4 5

Trunk Movements

- Neck, shoulders, hips ( e.g., rocking, twisting, squirming, pelvic gyrations)  
1 2 3 4 5

## Global judgments

8. Severity of abnormal movements:
  1. None, normal
  2. Minimal
  3. Mild
  4. Moderate
  5. Severe
  
9. Incapacitation due to abnormal movements:
  1. None, normal
  2. Minimal
  3. Mild
  4. Moderate
  5. Severe
  
10. Patient's awareness of abnormal movements (Rate only patient's report)
  1. No awareness
  2. Aware, no distress
  3. Aware, mild distress
  4. Aware, moderate distress
  5. Aware, severe distress

## Dental Status

11. Current problems with teeth and/or dentures
  1. No
  2. Yes
  
12. Does patient usually wear dentures?
  1. No
  2. Yes

SOURCE: Department of Health and Human Services; Public Health Service; Alcohol, Drug Abuse, and Mental Health Administration; NIMH Treatment Strategies in Schizophrenia Study, ADM-117, Revised November 1985.