

# 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
<b>Facial and Oral Movements</b>					
1. Muscles of Facial Expression eg, movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Lips and Perioral Area eg, puckering, pouting, smacking	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Jaw eg, biting, clenching, chewing, mouth opening, lateral movement	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Tongue, rate only increases in movement both in and out of mouth, NOT inability to sustain movement	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<b>Extremity Movements</b>					
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).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Lower (legs, knees, ankles, toes) eg, lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<b>Trunk Movements</b>					
7. Neck, shoulders, hips eg, rocking, twisting, squirming, pelvic gyrations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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.

<b>Overall Severity</b>					
8. Severity of abnormal movements	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. Incapacitation due to abnormal movements	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<b>Dental Status</b>		Yes	No
11. Current problems with teeth and/or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does patient usually wear dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

Examiner's Signature \_\_\_\_\_ Next Exam. Date, \_\_\_\_\_

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# AIMS EXAMINATION PROCEDURE

## SHOULD BE COMPLETED BEFORE ENTERING THE RATINGS ON THE AIMS FORM.

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

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

- 1:** Ask patient whether there is anything in his/her mouth (ie, gum, candy, etc) and if there is, to remove it.
- 2** Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?
- 3:** 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.
- 4:** Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position).
- 5:** 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.)
- 6:** Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.
- 7:** Ask patient to protrude tongue. (Observe abnormalities of tongue movement.)
- \*8:** 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.)
- 9:** Flex and extend patient's left and right arms, one at a time. (Note any rigidity and rate it.)
- 10:** Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
- \*11:** Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
- \*12:** Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

LIST OF PRESCRIPTION DRUGS REQUIRING AIMS TEST

<b>Brand Name:</b>	<b>Generic Name:</b>	<b>Use:</b>
Abilify	Aripiprazole	Antidepressant
Adderal	Dextroamphetamine & Amphetamine	Treatment of ADHD
Celexa	Citalopram	Antidepressant
Clozaril	Clozapine	Antipsychotic
Compazine	prochlorperazine maleate	Antipsychotic
Concerta	Methylphenidate	Treatment of ADHD
Cymbalta	Duloxetine	Antidepressant
Daytrana	Methylphenidate Transdermal	Treatment of ADHD
Depakote	Valproic Acid	Bipolar d/o - seizures
Dexedrine	Dextroamphetamine	Treatment of ADHD
Duo-vil	Amitriptyline & Perphenazine	Antipsychotic
Effexor	Venlafaxine	Antidepressant
Elavil	Amitriptyline	Antidepressant
Etrafon	Perphenazine	Antipsychotic
Fanapt	iloperidone	Antipsychotic
FazaClo	Clozapine	Antipsychotic
Focalin	Dexmethylphenidate	Treatment of ADHD
Geodon	Ziprasidone	Antipsychotic
Haldol	Haloperidol	Antipsychotic
Inapsine	Droperidol	Antipsychotic
Invega & Invega Sustenna	Paliperidone	Antipsychotic
Lamictal	Lamotrigine	Seizures
Latuda	Lurasidone	Antipsychotic
Lexapro	Escitalopram	Antidepressant
Lithium	Lithium	Treatment of Bipolar d/o
Loxitane	Loxapine	Antipsychotic
Mellaril	Thioridazine	Antipsychotic
Metedate	Methylphenidate	Treatment of ADHD
Methylin	Methylphenidate	Treatment of ADHD
Navane	Thiothixene	Antipsychotic
Orap	Pimozide	Antipsychotic
Paxil	Paroxetine	Antidepressant
Phenergan	Promethazine	Used for treatment of schizophrenia
Pristiq	Desvenlafaxine	Antidepressant
Prolixin	Fluphenazine	Antipsychotic
Prozac	Fluoxetine	Antidepressant
Remeron	Mirtazapine	Antidepressant
Risperdal & Risperdal Consta	Risperidone	Antipsychotic
Ritalin	Methylphenidate	Treatment of ADHD
Saphris	Asenapine	Antipsychotic
Seroquel	Quetiapine	Antipsychotic
Stelazine	Trifluoperazine	Antipsychotic
Strattera	Atomoxetine	Treatment of ADHD
Symbyax	Olanzapine	Antipsychotic
Thorazine	Chlorpromazine	Antipsychotic
Trazodone	Trazodone	Antidepressant
Triavil	Perphenazine	Antipsychotic
Vyvanse	Lisdexamfetamine	Treatment of ADHD
Wellbutrin	Bupropion	Antidepressant
Zoloft	Sertraline	Antidepressant
Zyprexa & Zyprexa Relprevv	Olanzapine	Antipsychotic