

Abnormal Involuntary Movement Scale (AIMS)

Inmate Name: _____ Date: _____

DOC #: _____ Institution: _____

Instructions:	Complete examination procedure before making ratings. Remove gum / dentures	Code: 0 - None 1 - Minimal, may be extreme normal 2 - Mild 3 - Moderate 4 - Severe										
Movement Ratings:	Rate highest severity observed. Rate movements that occur upon activation one value less than those observed spontaneously.											
FACIAL AND ORAL MOVEMENT	1. Muscles of facial expression e.g., movements of forehead, eyebrows, periorbital area, cheeks: include frowning, blinking, smiling grimacing	Code:										
	2. Lips and perioral area e.g., puckering, pouting, smacking	Code:										
	3. Jaw e.g., biting, clenching, chewing, mouth opening lateral movement	Code:										
	4. Tongue Rate only increase in movement both in and out of mouth. NOT inability to sustain movement.	Code:										
EXTREMITY MOVEMENTS	5. Upper (arms, wrist, fingers) Include chronic movements (i.e rapid, objective, purposeless, irregular, spontaneous), athetoid movements (i.e. slow, irregular, complex, serpentine) DO NOT include tremors (i.e. repetitive, regular, rhythmic.)	Code:										
	6. Lower (legs, knees, ankles, toes) e.g. lateral knee movement, foot tapping, heel dropping, foot squirming inversion and eversion of foot.	Code:										
TRUNK MOVEMENTS	7. Neck, Shoulder, Hips e.g. cocking, twisting, squirming, pelvic gyrations	Code:										
GLOBAL JUDGEMENT	8. Severity of abnormal movement: Mark one <table style="width: 100%; text-align: center; border: none;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>None</td> <td>Minimal</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> </tr> </table>	0	1	2	3	4	None	Minimal	Mild	Moderate	Severe	Code:
	0	1	2	3	4							
	None	Minimal	Mild	Moderate	Severe							
9. Incapacitation due to abnormal movement: (Mark one) <table style="width: 100%; text-align: center; border: none;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>None</td> <td>Minimal</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> </tr> </table>	0	1	2	3	4	None	Minimal	Mild	Moderate	Severe	Code:	
0	1	2	3	4								
None	Minimal	Mild	Moderate	Severe								
10. Inmate's awareness of abnormal movement (Rate only inmate report): <table style="width: 100%; text-align: center; border: none;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>No awareness</td> <td>Aware, no distress</td> <td>Aware, mild distress</td> <td>Aware, moderate distress</td> <td>Aware, severe distress</td> </tr> </table>	0	1	2	3	4	No awareness	Aware, no distress	Aware, mild distress	Aware, moderate distress	Aware, severe distress	Code:	
0	1	2	3	4								
No awareness	Aware, no distress	Aware, mild distress	Aware, moderate distress	Aware, severe distress								
DENTAL STATUS	11. Current problems with teeth and/or dentures? Yes = 1 No = 2	Code:										
	12. Does the inmate usually wear dentures? Yes = 1 No = 2	Code:										
COOPERATION LEVEL 1 – None 2 – Partial 3 – Full		Signature/Title: _____										

AIMS Examination Procedure

(Should be completed before scoring test)

Either before or after completing the examination procedure, observe the inmate unobtrusively at rest (e.g., in the waiting room).

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

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