

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: _____

MENTAL HEALTH SERVICES

Name: _____

"ABNORMAL INVOLUNTARY MOVEMENT

ID#: _____ DOB: _____

SCALE (AIMS)"

Race: _____ Sex: _____

Neuroleptic: _____ Dose: _____

Instructions: Complete examination procedures on page 2 before making ratings.

Movement Ratings: Rate highest severity observed.

Code: 0 =None; 1 =Minimal, may be extreme normal; 2 = Mild; 3 =Moderate; 4 = Severe

(circle one)

Facial and Oral Movements	1. Muscles of facial expression. (e.g. movements of forehead, eyebrows, peri-orbital area, checks; including frowning, blinking, smiling, grimacing)	0	1	2	3	4
	2. Lips and perioral area. (e.g. puckering, pouting, smacking.)	0	1	2	3	4
	3. Jaw. (e.g. biting, clenching, chewing, mouth opening, lateral movement.)	0	1	2	3	4
	4. Tongue. (Rate only increase 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). (e.g. 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.)	0	1	2	3	4
	6. Lower (legs, knees, ankles, toes). (e.g. 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. (e.g. rocking, twisting, squirming, pelvic gyrations, include diaphragmatic movements.)	0	1	2	3	4
Global Judgments	8. Severity of abnormal movements. (Score based on highest single score on items 1-7 above.)	0	1	2	3	4
	9. Incapacitation due to abnormal movements.	0	1	2	3	4
	10. Patient's awareness of abnormal movements. (Rate only patient's report.)	0	1	2	3	4
Dental Status	11. Current problems with teeth and/or dentures.	No (0)	Yes (1)			
	12. Does patient usually wear dentures?	No (0)	Yes (1)			

Signature/Title of Rater

Date

Examination Procedure:

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

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

1. Ask patient whether there is anything in their mouth (i.e., gum, candy, etc.) and if there is, to remove it.
2. Ask patient about the current condition of their teeth. Ask patient if they wear dentures. Do teeth or dentures bother the patient now?
3. Ask patient whether they notice any movements in mouth, face, hands or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with their 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.) Do this twice.
- *8. Ask patient to tap thumb, with each finger, as rapidly as possible for 10 to 15 seconds. Separately with right hand, then with left hand. (Observe facial and leg movements.)
9. Ask patient to stand up. (Observe in profile. Observe all body areas again, hip included.)
- * 10. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs and mouth.)
- *11. Have patient walk a few paces, turn and walk back to chair. (Observe hands and gait.) Do this twice.

*Activated movements.