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Abnormal Involuntary Movement Scale (AIMS)

The AIMS assessment tool can be used to measure the severity of and impairment associated with tardive dyskinesia symptoms.

This document provides an overview of the AIMS assessment procedure, and includes links to real patient videos showing varying degrees of symptom severity.

▶ **Click the green 'Play' buttons to access.**

ⓘ **INSTRUCTIONS:** Complete the examination procedure (see bottom of page) before making ratings[1,2]

For movement ratings (Categories I-III; items 1–7):
- Code: 0 = None; 1 = Minimal (may be extreme normal); 2 = Mild; 3 = Moderate; 4 = Severe
- Rate each movement according to the highest severity observed (not the average)
- Score activated movements the same way; do not lower scores by 1 point, as was once proposed

I Facial and oral movements

(Circle one)
Click on the green play button to view real patient video examples

1.	**Muscles of facial expression** e.g., movements of forehead, eyebrows, periorbital area, cheeks, 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**

II Extremity movements

(Circle one)
Click on the green play button to view real patient video examples

5.	**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)	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

III Trunk movements

(Circle one)
Click on the green play button to view real patient video examples

7.	**Neck, shoulders, hips** e.g., rocking, twisting, squirming, pelvic gyrations	0	1	**2**	3	**4**

AIMS total score
calculate the sum of items 1–7 (range: 0–28)   ◯

IV Global judgments

(Circle one)

8.	**Severity of abnormal movements overall** based on highest single score in items 1–7	0	1	2	3	4
9.	**Incapacitation due to abnormal movements** 0 = None, normal 1 = Minimal 2 = Mild 3 = Moderate 4 = Severe	0	1	2	3	4
10.	**Patient's awareness of abnormal movements** Rate only patient's report: 0 = No awareness 1 = Aware, no distress 2 = Aware, mild distress 3 = Aware, moderate distress 4 = Aware, severe distress	0	1	2	3	4

V Dental status

(Circle one)

		0 No	1 Yes
11.	**Current problems with teeth and/or dentures?**	0 No	1 Yes
12.	**Does patient usually wear dentures?**	0 No	1 Yes

AIMS Examination Procedure[1,2]

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 and firm, without arms.

When conditions permit, ask the patient to remove his or her shoes and socks.

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

*activated movements

Content adapted from:
1. Guy W. ECDEU Assessment Manual for Psychopharmacology: Revised. Rockville, MD: US Department of Health, Education and Welfare, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration, NIMH Psychopharmacology Research Branch, Division of Extramural Research Programs, 1976:534–7. DHEW publication number ADM 76-338.
2. Munetz MR, Benjamin S. How to examine patients using the Abnormal Involuntary Movement Scale. Hosp Community Psychiatry 1988;39:1172–7.

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