**ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)**

Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration  
National Institute of Mental Health

**NAME:** ____________________________  
**DATE:** ____________________________  
**Prescribing Practitioner:** ____________________________

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

**INSTRUCTIONS:**  
Complete Examination Procedure (attachment d.) before making ratings

**MOVEMENT RATINGS:** Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. Circle movement as well as code number that applies.

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| Facial and Oral Movements | 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 increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth. | 0 1 2 3 4 |

| Extremity Movements | 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 |

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

| Global Judgments | 8. **Severity of abnormal movements overall** | 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  
  No awareness 0  
  Aware, no distress 1  
  Aware, mild distress 2  
  Aware, moderate distress 3  
  Aware, severe distress 4 | 0 1 2 3 4 |

| Dental Status | 11. **Current problems with teeth and/or dentures**  
  No  
  Yes | No  
  Yes |
|---------------|-----------------------------------------------|
| 12. Are dentures usually worn? | No  
  Yes |
| 13. Edentia? | No  
  Yes |
| 14. Do movements disappear in sleep? | No  
  Yes |

**Final: 9/2000**

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