

Abnormal Involuntary Movement Scale (AIMS)

Offender 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 0 1 2 3 4 None Minimal Mild Moderate Severe	Code:
	9. Incapacitation due to abnormal movement: (Mark one) 0 1 2 3 4 None Minimal Mild Moderate Severe	Code:
	10. Offender's awareness of abnormal movement (Rate only offender report): 0 1 2 3 4 No awareness Aware, no distress Aware, mild distress Aware, moderate distress Aware, severe distress	Code:
DENTAL STATUS	11. Current problems with teeth and/or dentures? Yes = 1 No = 2	Code:
	12. Does the offender 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 offender 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 offender 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 offender's teeth. Ask if he or she wears dentures. Ask whether teeth or dentures bother the offender *now*.
3. Ask whether the offender notices any movements in his or her mouth, face, hands, or feet. If yes, ask the offender to describe them and to indicate to what extent they *currently* bother the offender or interfere with activities.
4. Have the offender sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at the entire body for movements while the offender is in this position)
5. Ask the offender 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 offender to open his or her mouth. (Observe the tongue at rest within the mouth) Do this twice.
7. Ask the offender to protrude his or her tongue. (Observe abnormalities of tongue movement)
8. Ask the offender 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 offender's left and right arms, one at a time. (Note any rigidity and rate of lines)
10. Ask the offender to stand up. (Observe the offender in profile. Observe all body areas again, hips included)
11. Ask the offender to extend both arms out in front, palms down. (Observe trunk, legs, and mouth)
12. Have the offender walk a few paces, turn, and walk back to the chair. (Observe hands and gait) Do this twice.