San Mateo County Mental Health Services

Abnormal Involuntary Movement Scale (AIMS) To Determine Tardive Dyskinesia Symptoms

- Either before or after completing the examination procedure, observe the patient unobtrusively at rest (e.g., in waiting room).
- The chair to be used in this examination should be a hard, firm one without arms.
- After observing the patient, he may be rated on a scale of (0 none), 1 (minimal), 2 (mild), 3 (moderate), and 4 (severe) according to the severity of symptoms.
- Ask the patient whether there is anything in his/her mouth (i.e., gum, candy, etc.) and if there is, to remove it.
- Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?
- Ask patient whether he/she notices any movement in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.

For the specific items:

- 1. 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.)
- 2. 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.)
- 3. Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.
- 4. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.
- 5. Ask the patient to tap thumb, with each finger, as rapidly as possible for 10 15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements.)
- 6. Flex and extend patient's left and right arms (One at a time.)
- 7. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
- 8. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs and mouth.)
- 9. Have patient walk a few paces, turn and walk back to chair. (Observe hands and gait.) Do this twice.

San Mateo County Mental Health Services ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

[To be done for all clients at initial evaluation and before beginning any antipsychotics, lithium, or SSRI's. To be repeated annually or more frequently if clinically indicated or if switching to a different antipsychotic or SSRI.]

Patient's Name:	MH#				
Rated By:	Date				
Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. (See reverse side for instructions.) Code: 0 = None; 1 = Minimal; maybe extreme normal; 2 = Mild; 3 = Moderate; 4 = severe (ratings for maximum movement during rating period); A = Movement only present during activation; NR = Not Ratable					
1. Muscles of facial expression (e.g., movements of forehead, eyebrows, or periorbital area; include frowning, blinking, smiling, grimacing	O 0 A	O 1	O 2	O 3	O 4 NR
Lips and perioral regions (e.g., puckering, pouting, smacking, cheeks)	O 0 A	O 1	O 2	3	O 4 NR
3. Jaw (e.g., biting, clenching, chewing, mouth opening, lateral movement)	O 0 A	O 1	O 2	O 3	O 4 NR
4. Tongue Rate only movements both in and out of mouth, NOT inability to sustain movement.	O 0 A	O 1	O 2	O 3	O 4 NR
5. Upper extremities (arm, wrist, hand, 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)	O 0 A	O 1	O 2	O 3	O 4 NR
6. Lower extremities (legs, knees, ankles, toes) (e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion, and eversion of foot)	O 0 A	O 1	O 2	O 3	O 4 NR
7. Trunk (neck, shoulders, hips) (e.g., rocking, twisting, squirming, pelvic gyrations)	O 0 A	O 1	O 2	O 3	O 4 NR
Overall Severity of Abnormal Movements	O 0	O 1	O 2	O 3	O 4
Incapacitation by abnormal movements	A O 0 A	O 1	O 2	O 3	NR O 4 NR
Patient awareness of abnormal movements Rate only patient's report	O 0 A	O 1	O 2	O 3	O 4 NR
TOTAL T.D Like Score (total 1-7) =					

Current problem with teeth/dentures: O Yes O No

If yes, what kind?

Dentures present? O Yes O No