



PATIENT I.D. DATA:
(name, DOC #, birthdate)

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

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

		FACILITY	FACILITY	FACILITY	FACILITY	FACILITY	FACILITY
		BASELINE DATE	DATE	DATE	DATE	DATE	DATE
		RATING	RATING	RATING	RATING	RATING	RATING
FACIAL AND ORAL MOVEMENTS	1. Muscles of Facial Expression Movements of forehead, eyebrows, periorbital areas, cheeks; including frowning, blinking, smiling, grimacing						
	2. Lips and perioral area Puckering, pouting, smacking						
	3. Jaw Biting, clenching, chewing, mouth opening, lateral movement						
	4. Tongue Rate only increase in movement both in and out of mouth, not inability to sustain movement						
EXTREMITY MOVEMENTS	5. Upper – arms, wrists, hands, fingers Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) and anethoid movements (i.e., slow, irregular, complex, serpentine) Do NOT include tremor (i.e., repetitive, regular rhythmic).						
	6. Lower – legs, knees, ankles, toes Lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot						
TRUNK MOVEMENTS	7. Neck, shoulders, hips Rocking, twisting, squirming, pelvic gyrations						
GLOBAL JUDGMENTS	8. Severity of abnormal movements						
	9. Incapacitation due to abnormal movements						
	10. Patient's awareness of abnormal movements (rate only patient report) 0=No awareness; 1=Aware, no distress; 2=Aware, mild distress; 3=Aware, moderate distress; 4=Aware, severe distress						
DENTAL STATUS Yes/No	11. Current problems with dentures?						
	12. Does patient usually wear dentures?						
	13. Edentia?						
Do movements disappear in sleep? Yes/No							
<i>Evaluator's stamp/signature</i>							

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



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