

AIMS Examination Procedure

Instructions:

- Should be completed before entering the ratings on the AIMS form.
 - Either before or after completing the Examination Procedure, observe the patient unobtrusively at rest (i.e., in waiting room).
 - The chair to be used in this examination should be a hard, firm one without arms
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1. Ask patient whether there is anything in his/her mouth (i.e., gum, candy, etc) and if there is, to remove it.
2. Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?
3. Ask patient whether he/she notices any movements 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.
4. 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).
5. 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.)
6. Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.
7. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.)
8. **Ask 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.)
9. Flex and extend patient's left and right arms, one at a time. (Note any rigidity and rate it.)
10. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
11. **Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
12. **Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

**Activated movements.

SANTA CLARA COUNTY MENTAL HEALTH

Confidential Patient Information
See Welfare & Institution Code 5328

<p>Patient Name _____ (Last, First, MI) Uicare # _____ Provider _____</p>
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ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Instructions: Complete Examination Procedure before making ratings.

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 less than those observed spontaneously. Circle movement as well as code number that applies.		
Facial and oral movements	1. Muscles of Facial Expression e.g. Movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, and 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 (e.g. rapid, objectively purposeless, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (e.g. 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, hip 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 0=No awareness, 1=Aware, no distress, 2=Aware, mild distress, 3=Aware, moderate distress, 4=Aware, severe distress	0 1 2 3 4
Dental Status	11. Current problems with teeth and/or dentures	No Yes
	12. Are dentures usually worn?	No Yes
	13. Edentia?	No Yes
	14. If known, do movements disappear in sleep?	No Yes NA

Doctor Signature: _____

Date: _____