Abnormal Involuntary Movement Scale (AIMS)

Inmate Name:	Date:				
ODOC #: Institution:					
Instructions: C	omplete examination procedure before making ratings.		Code:		
	emove gum / dentures	n / dentures		0 - None 1 - Minimal, may be	
occur upon activation one value less then chose 2 - observed spontaneously.			extreme normal 2 - Mild 3 - Moderate 4 - Severe		
	1. Muscles of facial expression			Code:	
	e.g., movements of forehead, eyebrows, periorbital area, cheeks: include frowning, blinking, smiling grimacing				
FACIAL AND ORAL	2. Lips and perioral area e.g., puckering, pouting, smacking			Code:	
MOVEMENT	3. Jaw e.g., biting, clenching, chewing, mouth opening lateral movement			Code:	
	Tongue Rate only increase in movement both in and out of mouth. NOT inability to sustain movement.			Code:	
5. Upper (arms, wrist, fingers) Include chronic movements (i.e. rapid, objective, purposeless, 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:	
	8. Severity of abnormal movemer 0 1 2 None Minimal Mil	3	4 Severe	Code:	
GLOBAL	9. Incapacitation due to abnorma 0 1 2 None Minimal Mil	I movement: (Mark one)		Code:	
JUDGEMENT	awareness distress distress	mal movement (Rate only 3 nild Aware, moderate A s distress		Code:	
	11. Current problems with teeth	and/or dentures?	C	Code:	
DENTAL STATUS	Yes = 1 No = 2				
	12. Does the inmate usually wear dentures?			Code:	
COOPERATION	Yes = 1 No = 2				
LEVEL 1 - None 2 - Partial	Signature/Title	e:	DOC 140	02010	
3 – Full				1 of 2	

AIMS Examination Procedure

(Will be completed before scoring test)

Either before or after completing the examination procedure, observe the inmate unobtrusively at rest (e.g., in the waiting room).

The chair to be used in this examination will be a hard, firm one without arms.

- 1. Ask the inmate 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 inmate's teeth. Ask if he or she wears dentures. Ask whether teeth or dentures bother the inmate now.
- 3. Ask whether the inmate notices any movements in his or her mouth, face, hands, or feet. If yes, ask the inmate to describe them and to indicate to what extent they currently bother the inmate or interfere with activities.
- 4. Have the inmate sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at the entire body for movements while the inmate is in this position)
- 5. Ask the inmate 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 inmate to open his or her mouth. (Observe the tongue at rest within the mouth) Do this twice.
- 7. Ask the inmate to protrude his or her tongue. (Observe abnormalities of tongue movement)
- 8. Ask the inmate 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 inmate's left and right arms, one at a time. (Note any rigidity and rate of lines)
- 10. Ask the inmate to stand up. (Observe the inmate in profile. Observe all body areas again, hips included)
- 11. Ask the inmate to extend both arms out in front, palms down. (Observe trunk, legs, and mouth)
- 12. Have the inmate walk a few paces, turn, and walk back to the chair. (Observe hands and gait) Do this twice.