



# Alameda County Behavioral Health Care Services

## Abnormal Involuntary Movement Scale (AIMS)

*Rate highest severity observed, rate movements that occur upon activation one less than those observed spontaneously.*

0 = none  
 1 = minimal may be extreme normal  
 2 = mild  
 3 = moderate  
 4 = severe

Dentures present? Y N	Date	Date	Date	Date	Date	Date
Current problems with teeth/dentures? Y N	Date	Date	Date	Date	Date	Date
1. Muscles of facial expression (movements of forehead, eyebrows, periorbital area)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
2. Lips and perioral area (puckering, pouting, smacking, cheeks)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
3. Jaw (biting, clenching, chewing, mouth opening, lateral movements)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
4. Tongue – rate only movement both in and out of mouth, NOT ability to sustain movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
5. Upper Extremities – do not include tremor (arms, wrists, hands, fingers)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
6. Lower Extremities (legs, knees, ankles, toes)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
7. Trunk (neck, shoulders, hips)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<b>Subtotal (add scores 1-7)</b>						
Incapacitation by abnormal movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Patient awareness of abnormal movements – rate only patient’s report	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<b>Overall Severity of Abnormal Movements</b>	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<b>Total Score (subtotal and above)</b>						