Abnormal Involuntary Movement Scale (AIMS)

Inmate Name:	Date:	
ODOC #:	Institution:	
	omplete examination procedure before making ratings. Code: Remove gum / dentures 0 - None a: Rate highest severity observed. Rate movements that occur upon activation one value less then chose observed spontaneously. 0 - None 2 - Mild 3 - Moderate 4 - Severe 4 - Severe	
FACIAL AND ORAL MOVEMENT	 Muscles of facial expression e.g., movements of forehead, eyebrows, periorbital area, cheeks: include frowning, blinking, smiling grimacing Lips and perioral area 	Code: Code:
	e.g., puckering, pouting, smacking 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:
EXTREMITY MOVEMENTS	 Upper (arms, wrist, fingers) Include chronic movements (i.e. rapid, objective, purposeless, irregular, spontaneous), athetoid movements (i.e. slow, 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	 Neck, Shoulder, Hips e.g. cocking, twisting, squirming, pelvic gyrations 	Code:
	8. Severity of abnormal movement: Mark one01234NoneMinimalMildModerateSevere	Code:
GLOBAL JUDGEMENT	9. Incapacitation due to abnormal movement: (Mark one) 0 1 2 3 4 None Minimal Mild Moderate Severe	Code:
	10. Inmate's awareness of abnormal movement (Rate only inmate report):01234NoAware, noAware, mildAware, moderateAware, severeawarenessdistressdistressdistressdistress	Code:
DENTAL STATUS	11. Current problems with teeth and/or dentures? Yes = 1 No = 2	Code:
DENTAL STATUS	12. Does the inmate usually wear dentures? Yes = 1 No = 2	Code:
COOPERATION LEVEL 1 – None 2 – Partial 3 – Full		40201C ge 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.

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