Visit:	REVISIT-C																			
☐ Week 0 ☐ Week 24 ☐ Other: _____	Rater Initials:			Site Number:				Subject Initials:				A		B		C				
	A	B	C	#	#	#	#	Date:	D	D	M	M	M	Y	Y	Y	Y		
	Subject Number:								Start Time:	H		H		:	M		M			
	#	#	#	#	#	#	#	#	#	End Time:	H		H		:	M		M			

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Instructions: Complete examination procedure before making ratings by adding a check mark under the correct rating. When rating movements, rate highest amplitude and frequency in a movement on the 0 – 4 scale, not the average; score activated movements the same way.

	None, Normal	Minimal	Mild	Moderate	Severe
	0	1	2	3	4
FACIAL AND ORAL MOVEMENTS					
1. Muscles of facial expression e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	☐	☐	☐	☐	☐
2. Lips and Perioral area e.g., puckering, pouting, smacking	☐	☐	☐	☐	☐
3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movements	☐	☐	☐	☐	☐
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 purpose-less, irregular, spontaneous) and athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT include tremor (i.e., repetitive, regular, rhythmic)	☐	☐	☐	☐	☐
6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	☐	☐	☐	☐	☐
TRUNK MOVEMENTS					
7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	☐	☐	☐	☐	☐
OVERALL SEVERITY					
8. Severity of abnormal movements	☐	☐	☐	☐	☐
9. Incapacitation due to abnormal movements	☐	☐	☐	☐	☐
	No Awareness	Aware, No Distress	Aware, Mild Distress	Aware, Moderate Distress	Aware, Severe Distress
	0	1	2	3	4
10. Patient's awareness of abnormal movements (rate only patient's report)	☐	☐	☐	☐	☐
DENTAL STATUS	No			Yes	
	0			1	
11. Current problems with teeth and/or dentures	☐			☐	
12. Does the patient usually wear dentures	☐			☐	