

Modified Abnormal Involuntary Movement Scale (AIMS)

Resident _____

Rate the severity of symptoms and circle score on the scale:

0-None 1-Minimal 2-Mild 3-Moderate 4-Severe

Date:				
Ask resident to sit in chair with feet flat on floor and hands on knees. Observe entire body movements.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Have resident hang hands unsupported, between legs or hanging over knees. Observe hands and other body areas.				
Ask resident to open mouth. Observe tongue at rest.				
Ask resident to tap thumb rapidly with each finger for 10 seconds, right hand, then left hand. Observe facial and leg movements.				
Ask resident to flex and extend right arm, then left arm.				
Ask resident to stand up. Observe entire body in profile.				
Ask resident to extend both arms in front, with palms down. Observe trunk, legs, and mouth.				
Ask resident to walk a few paces, turn and walk back to chair, and repeat once.				
Total Score:				
Comments:				