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# ABNORMAL INVOLUNTARY MOVEMENT (AIMS) SCALE

## PATIENT IDENTIFICATION

NAME:		ROOM:	DOCTOR:	
EXAM TYPE ( Check One ): <input type="checkbox"/> Baseline <input type="checkbox"/> Admission <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other: _____				
DRUG / DIRECTIONS:				
CHECK ONE: <input type="checkbox"/> Scores from Informal Observations: Resident was ... <input type="checkbox"/> NOT AMBULATORY <input type="checkbox"/> NOT COOPERATIVE <input type="checkbox"/> OBSERVED IN WHEELCHAIR <input type="checkbox"/> OBSERVED IN BED <input type="checkbox"/> OTHER ( Explain Below ): <input type="checkbox"/> Full Examination Conducted & Scored				
<b>SCORING LEGEND</b>	<b>0 NOT PRESENT</b> ----- Movements not observed <b>-or-</b> some movements observed but not considered normal.			
	<b>1 MINIMAL</b> ----- Abnormal movements are difficult to detect <b>-or-</b> movements are easy to detect but occur once or twice in a short non-repetitive manner.			
	<b>2 MILD</b> ----- Abnormal movements occur infrequently <b>-and-</b> are easy to detect.			
	<b>3 MODERATE</b> ----- Abnormal movements occur frequently <b>-and-</b> are easy to detect.			
	<b>4 SEVERE</b> ----- Abnormal movements occur almost continuously <b>-and-</b> are easy to detect.			
<b>N/A NOT ASSESSED</b> ---- An assessment for an item is not able to be made.				
<b>COMMENTS</b>				<b>SCORE</b>
<b>FACIAL / ORAL MOVEMENT</b>	1. MUSCLES of FACIAL EXPRESSION - movements of forehead, eyebrows, cheeks, periorbital area [include frowning, blinking, smiling, grimacing].			
	2. LIPS & PERIORAL AREA - puckering, pouting, lip smacking.			
	3. JAW - biting, clenching, chewing, mouth opening, lateral movement.			
	4. TONGUE - rate increase in movement, both in / out of mouth [not inability to sustain movement].			
<b>EXTREMITY MOVEMENT</b>	5. UPPER ( Arms, Wrist, Hands, Fingers ) - Choreic Movements [rapid, objectively purposeless, irregular, spontaneous]; Athetoid Movements [slow, irregular, complex, serpentine]. <i>Don't include Tremor [repetitive, regular, rhythmic].</i>			
	6. LOWER ( Legs, Knees, Hands, Toes ) - lateral knee movement, foot tapping, heel dropping, foot squirming, foot inversion / eversion.			
<b>TRUNK</b>	7. NECK, SHOULDERS, HIP - rocking, twisting, squirming, pelvic gyrations.			
<b>GLOBAL JUDGMENT</b>	8. SEVERITY OF ABNORMAL MOVEMENTS			
	9. INCAPACITY DUE TO ABNORMAL MOVEMENTS			
	10. PATIENT'S AWARENESS OF ABNORMAL MOVEMENTS ( rate only Resident's Report ) - <b>0</b> = Aware / No Distress; <b>2</b> = Aware / Mild Distress; <b>3</b> = Aware / Moderate Distress; <b>4</b> = Aware / Severe Distress.			
<b>DENTAL STATUS</b>	11. DOES RESIDENT USUALLY WEAR DENTURES ?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	12. CURRENT TEETH / DENTURE PROBLEMS ?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
RATER SIGNATURE:		DATE:	MD SIGNATURE:	DATE:

# SIMPLIFIED DIAGNOSES FOR TARDIVE DYSKINESIA

**PREREQUISITES** - The three (3) prerequisites are as follows. Exceptions may occur.

1. A history of at least three (3) months total cumulative neuroleptic exposure. Include amoxapine + metoclopramide in all categories below as well.
2. SCORING / INTENSITY LEVEL SCORE > 5. Also be alert for a change in baseline or scores below 5 which have at least a "moderate" (3) or "severe" (4) movement on any item or at least 2 "mild" (2) movements on two items located in different body areas.
3. Other conditions are not responsible for the abnormal involuntary movements including akathisia, compulsions, mannerisms, stereotypy (repetitive uniform purposeless movements) or tics.

**DIAGNOSES** - Positive findings are based on the current exam and it's relation to the last exam. The diagnosis can shift depending on [a] whether movements are present or not, [b] whether movements are present for three months or more (6 months if on a semi-annual assessment schedule), and [c] whether neuroleptic dosage changes occur and effect movements.

- No TD** Movements ARE NOT present on this exam **-or-** movements are present, but some other condition is responsible for them (akathisia, etc.)
- Probable TD** Movements ARE present on this exam. This is the 1st time they are present or they have never been present for  $\geq 3$  months.
- Persistent TD** Movements ARE present on this exam **-and-** they have been present for  $\geq 3$  months with this exam or at some point in the past.
- Masked TD** Movements ARE NOT present on this exam **-but-** this is due to a neuroleptic dosage increase or reinstatement after a prior exam when movements were present. Also use this conclusion if movements ARE NOT present due to the addition of a non-neuroleptic medication to treat TD.
- Remitted TD** Movements ARE NOT present on this exam **-but-** persistent TD has been diagnosed and no neuroleptic dosage increase or reinstatement has occurred. If movements re-emerge, the diagnosis shifts back to Persistent TD.
- Withdrawal TD** Movements ARE NOT SEEN WHILE receiving neuroleptics or at the last dosage level BUT ARE SEEN WITHIN 8 WEEKS following a neuroleptic reduction or discontinuation. The last diagnosis must be "**No TD**" or "**Withdrawal TD**". If movements continue for  $\geq 3$  months after the neuroleptic dosage reduction or discontinuation, the diagnosis shifts to "**Persistent TD**". If movements do not continue for  $\geq 3$  months after the reduction or discontinuation, the diagnosis shifts to "**No TD**".

## INSTRUCTIONS

1. The Rater completes the Assessment according to the standardized exam procedure. The form is given to the physician. Alternatively, the physician may perform the assessment.
2. The MD documents in the Progress Notes the conclusion to previous evaluations. It is the comparison (not a specific score) that provides meaningful data regarding development or increase in involuntary movements.
3. IT IS RECOMMENDED THAT THE MD EXAMINE ANY INDIVIDUAL WHO MEETS THE 3 PREREQUISITES OR WHO HAS MOVEMENTS NOT EXPLAINED BY OTHER FACTORS, NEUROLOGICAL ASSESSMENTS OR DIFFERENTIAL DIAGNOSTIC TESTS WHICH MAY BE NECESSARY AND SHOULD BE OBTAINED.

## OTHER CONDITIONS ( Partial List )

1. Age
2. Blind
3. Cerebral Palsy
4. Contact Lenses
5. Dentures / No Teeth
6. Down's Syndrome
7. Drug Intox. (specify)
8. Encephalitis
9. Extrapyramidal side effects (specify)
10. Fahr's Syndrome
11. Heavy Metal Intox. (specify)
12. Huntington's Chorea
13. Hyperthyroidism
14. Hypoglycemia
15. Hypoparathyroidism
16. Idiopathic Torsion Dystonia
17. Meige Syndrome
18. Parkinson's Disease
19. Stereotypies
20. Sydenham's Chorea
21. Tourette's Syndrome
22. Wilson's Disease
23. Other (specify)