ABNORMAL INVOLUNTARY MOVEMENT SCALE

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SCORING GUIDE

0 = None
1 = Minimal (may be extreme normal)
2 = Mild
3 = Moderate
4 = Severe

PMHSCRIBE USE

During the visit

- **Speak the scores out loud**

After the visit

- **Add to the dictation or transcript**

Click Practice Tools & AIMS

Facial and Oral Movements	**1. Muscles of Facial Expression** e.g. movements of forehead, eyebrows periorbital area, cheeks, including frowning blinking, smiling, grimacing	0 1 2 3 4
	2. Lips and Perioral Area e.g., puckering, pouting, smacking	0 1 2 3 4
	3. Jaw e.g. biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4
	4. Tongue Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth.	0 1 2 3 4
Extremity Movements	**5. Upper (arms, wrists,, hands, fingers)** Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (i.e., repetitive, regular, rhythmic)	0 1 2 3 4
	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	0 1 2 3 4
Trunk Movements	**7. Neck, shoulders, hips** e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4
Global Judgments	**8. Severity of abnormal movements overall**	0 1 2 3 4
	9. Incapacitation due to abnormal movements	0 1 2 3 4
	10. Patient's awareness of abnormal movements. Rate only patient's report No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4	0 1 2 3 4
Dental Status	**11. Current problems with teeth and/or dentures**	No Yes
	12. Are dentures usually worn?	No Yes
	13. Edentia?	No Yes
	14. Do movements disappear in sleep?	No Yes

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