**MODIFIED ABNORMAL INVOLUNTARY MOVEMENT SCALE RATING FORM**

**CLIENT:**

**EVALUATOR/CREDENTIALS:**

**DATE:**

**INSTRUCTIONS**

Complete examination procedure before making ratings. From movement ratings, rate highest severity observed.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>NONE</td>
</tr>
<tr>
<td>1</td>
<td>MINIMAL, MAY BE EXTREME NORMAL</td>
</tr>
<tr>
<td>2</td>
<td>MILD</td>
</tr>
<tr>
<td>3</td>
<td>MODERATE</td>
</tr>
<tr>
<td>4</td>
<td>SEVERE</td>
</tr>
</tbody>
</table>

**FACIAL AND ORAL MOVEMENTS**  
(circle the relevant areas of abnormal movement)  
(circle one)

1. **Muscles of facial expression.** E.g., movements of forehead, eyebrows, periorbital area include frowning, blinking, grimacing of upper face.  
   - Code: 0 1 2 3 4

2. **Lips and perioral area.** E.g., puckering, pouting, smacking.  
   - Code: 0 1 2 3 4

3. **Jaw.** E.g., biting, clenching, chewing, mouth opening, lateral movement.  
   - Code: 0 1 2 3 4

4. **Tongue.** Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.  
   - Code: 0 1 2 3 4

**EXTREMITY MOVEMENTS**

5. **Upper** (arms, hands, wrists, fingers). Include choreiform movements (rapid, objectively purposeless, irregular, spontaneous) and athetoid movements (slow, irregular, complex, serpentine). DO NOT include tremor (repetitive, regular, rhythmic).  
   - Code: 0 1 2 3 4

6. **Lower** (legs, knees, ankles, toes), e.g., lateral toe movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.  
   - Code: 0 1 2 3 4

**TRUNK MOVEMENTS**

7. **Neck, shoulders, hips.** E.g., rocking, twisting, squirming, pelvic gyrations. Include diaphragmatic movements.  
   - Code: 0 1 2 3 4

**GLOBAL JUDGMENTS**

8. In the examiner's judgment the overall severity of abnormal movement is:  
   - NONE 0
   - MINIMAL 1
   - MILD 2
   - MODERATE 3
   - SEVERE 4

9. In the examiner's judgment the overall degree of this person's incapacitation due to abnormal movement is:  
   - NONE 0
   - MINIMAL 1
   - MILD 2
   - MODERATE 3
   - SEVERE 4

10. Today this person indicates that his/her awareness of the abnormal movement is:  
    - no awareness 0
    - aware, no distress 1
    - aware, mild distress 2
    - aware, moderate distress 3
    - aware, severe distress 4

**DENTAL STATUS**

11. Current problems with teeth and/or dentures.  
    - No 0
    - Yes 1

12. Does client usually wear dentures?  
    - No 0
    - Yes 1