# AIMS-PLUS EPS

**ABNORMAL INVOLUNTARY MOVEMENT SCALE-PLUS**

**EXTRAPYRAMIDAL SIDE EFFECTS SCALE**

**Instructions:** Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously.

**Code:**
- 0 = None; 1 = Minimal, may be extreme normal; 2 = Mild; 3 = Moderate; 4 = Severe
- circle the appropriate rating below.

## TARDIVE DYSKINESIA  (Do not Include Tremors)

1. **Muscles of facial expression**  
   e.g., movements of forehead, eyebrows, periorbital area, cheeks;  
   include frowning, blinking, smiling, grimacing
   ![Rating Scale](0 1 2 3 4)

2. **Lips and perioral area**  
   e.g., puckering, pouting, smacking
   ![Rating Scale](0 1 2 3 4)

3. **Jaw**  
   e.g., biting, clenching, chewing, mouth opening, lateral movement
   ![Rating Scale](0 1 2 3 4)

4. **Tongue**
   ![Rating Scale](0 1 2 3 4)

5. **Upper extremities (arms, wrists, hands, fingers)**  
   include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine)
   ![Rating Scale](0 1 2 3 4)

6. **Lower extremities (legs, knees, ankles, toes)**  
   e.g., irregular lateral knee movement, irregular foot or heel movements
   ![Rating Scale](0 1 2 3 4)

7. **Trunk movements (neck, shoulders, hips)**  
   e.g., irregular rocking, twisting, squirming, or pelvic gyrations
   ![Rating Scale](0 1 2 3 4)

**TD Total:**

## EXTRAPYRAMIDAL SIDE EFFECTS

1. **Dystonia**  
   e.g., persistent spasm usually of the eyes, face, neck or back muscles  
   (this results in persistent abnormal positioning of one or more extremities or of the face, neck, or trunk)
   ![Rating Scale](0 1 2 3 4)

2. **Parkinsonism**  
   e.g., bradykinesia (decreased movement), shuffling gait, masklike facies, resting tremor, drooling
   ![Rating Scale](0 1 2 3 4)

3. **Akathisia**  
   e.g., restlessness, pacing, rocking, inability to sit still
   ![Rating Scale](0 1 2 3 4)

4. **Rigidity**  
   e.g., increased muscle tone with continuous passive resistance to movement, cog-wheel rigidity
   ![Rating Scale](0 1 2 3 4)

5. **Parkinson tremor**  
   e.g., slow, rhythmic, present at rest (pill rolling)
   ![Rating Scale](0 1 2 3 4)

6. **Akinesia**  
   Decreased motor movements often associated with weakness, decreased spontaneous movements and paresthesias
   ![Rating Scale](0 1 2 3 4)

**EPS Total:**

## COMMENTS:

Examiner: ___________________  Date: ______/____/_____
EXAMINATION PROCEDURE

Either before or after completing the Examination Procedure, observe the patient unobtrusively, at rest (e.g., in waiting room). The chair to be used in this examination should be a hard, firm one without arms.

1. Ask patient whether there is anything in his/her mouth (i.e., gum, candy, etc.) and if there is, to remove it.

2. Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?

3. Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.

4. Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position.)

5. Ask patient to sit with hands hanging unsupported. If male, between legs; if female and wearing a dress, hanging over knees. (Observe hands and other body areas.)

6. Ask patient to open mouth. (Observe abnormalities of tongue movement.)

7. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.

8. Ask patient to top thumb with each finger, as rapidly as possible for 10–15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements.)

9. Flex and extend patient’s left and right arms (one at a time). (Note any rigidity and rate on DOTES.)

10. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)

11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)

12. Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

*Activated movements.