

Assessment Report

Practice: Mindful Psychology
Practitioner: Dr Sarah Johnson
Client: Alex Carter
Date: 26/04/2026

EXAMPLE REPORT — Prepared by a practitioner inside Grounded Scribe. Fictional data; not a clinical result.

AIMS — Abnormal Involuntary Movement Scale

A 12-item clinician-rated scale for assessing tardive dyskinesia and other abnormal involuntary movements in patients taking antipsychotic medication.

INTERPRETATION

Current score: **4**

SCHOOLER-KANE TD CRITERION

Movement criterion met

Movements consistent with probable tardive dyskinesia per Schooler & Kane (1982) — either a single movement item rated ≥ 3 (moderate/severe) or two or more items rated ≥ 2 (mild+). Confirm the patient has had at least 3 months of cumulative antipsychotic exposure before applying the probable-TD label; rule out alternative causes of movement disorder.

Schooler NR, Kane JM. Research diagnoses for tardive dyskinesia. Arch Gen Psychiatry. 1982;39(4):486–487.

ABOUT THIS ASSESSMENT

Clinical Purpose

The Abnormal Involuntary Movement Scale (AIMS) is a clinician-administered examination for detecting and monitoring tardive dyskinesia and other involuntary movement disorders associated with antipsychotic medication. It systematically assesses involuntary movements in seven body regions (face, lips, jaw, tongue, upper extremities, lower extremities, trunk) plus global severity and dental status.

Origins & Development

Developed by the NIMH Psychopharmacology Research Branch, published in 1976 by Guy. Created in response to the recognition that tardive dyskinesia was a significant adverse effect of first-generation antipsychotics. The structured examination protocol standardised what had previously been informal clinical observation. It remains the standard monitoring tool despite the introduction of second-generation antipsychotics.

Australian Context

Required monitoring tool in Australian psychiatric services for patients on long-term antipsychotic medication. The RANZCP guidelines for antipsychotic use recommend regular AIMS screening. It is particularly relevant given Australian prescribing rates of clozapine and long-acting injectable antipsychotics in community mental health. Documentation of AIMS monitoring is an accreditation requirement for Australian mental health services.

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SCORE HISTORY

Date	Score	Severity
13/02/2026	20	
13/03/2026	17	
13/04/2026	14	

RESPONSE DETAILS

#	Statement	Response
1	Muscles of facial expression — e.g. wrinkles of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing	2 — Mild (2)
2	Lips and perioral area — e.g. puckering, pouting, smacking	2 — Mild (2)
3	Jaw — e.g. locking, clenching, chewing, mouth opening, lateral movement	2 — Mild (2)
4	Tongue — e.g. increase in movement both in and out of mouth. NOT inability to sustain movement.	2 — Mild (2)
5	Upper extremities (arms, wrists, hands, fingers) — Include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine)	2 — Mild (2)
6	Lower extremities (legs, knees, ankles, toes) — e.g. lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	2 — Mild (2)
7	Neck, shoulders, hips — e.g. rocking, twisting, squirming, pelvic gyrations	2 — Mild (2)
8	Severity of abnormal movements overall	2 — Mild (2)
9	Incapacitation due to abnormal movements	2 — Mild (2)
10	Patient's awareness of abnormal movements (rate only the patient's report)	2 — Aware, mild distress (2)
11	Current problems with teeth and/or dentures?	0 — No (0)
12	Does the patient usually wear dentures?	1 — Yes (1)

Grounded Scribe Platform

Item-level response details, score tracking over time, RCI analysis, and outcome reports are available when assessments are administered through the platform.

REFERENCES

1. Guy W. ECDEU Assessment Manual for Psychopharmacology — Revised. US Dept Health, Education, Welfare publication (ADM) 76-338. Rockville, MD: NIMH, 1976:534-537.

ACKNOWLEDGEMENT & LICENSING

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