Abnormal Movement Questionnaire

You can use this questionnaire with residents previously or currently taking antipsychotics for at least 1 month to help with their overall assessment of abnormal movements.1

This questionnaire was developed by Neurocrine Biosciences. This questionnaire has not been validated and is intended to provide general information about tardive dyskinesia assessment and not medical advice for any particular resident.

Resident name: ...........................................  Unit/Room number: ...........................................

Evaluator name: ...........................................  Shift (AM/PM): ...........................................

Date of assessment: .......................................  AIMS score/Date evaluated: ...................................

Step 1: Assess Movement

Ask your residents about any abnormal movements: Are you having any body movements you can’t control? Have others noticed or commented on particular movements? Please select a description of the movements from the options below.

Head/face1,2

- Eyes – excessive blinking or squinting again and again
- Lips – puckering, pouting, smacking
- Tongue – darting, sticking out, or pushing inside of cheek
- Jaw – biting, clenching, or side-to-side movements
- Other: ..............................................

Torso1,2

- Rocking, leaning back, or torso and hip shifting
- Other: ..............................................

Upper limbs1,2

- Hands – Twisting hands or dancing fingers
- Other: ..............................................

Lower limbs1,2

- Stretched toes
- Gripping feet
- Ankle twisting
- Other: ..............................................

Notes:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

TURN OVER TO ASSESS IMPACT >
Step 2: Impact

Assess how abnormal movements impact this resident’s life. Tardive dyskinesia (TD) affects everyone differently. Ask your resident to think about and share how their movements are impacting their daily life.

Which of the following areas of your life are impacted by abnormal movements?
Do you have trouble with any of the following?

<table>
<thead>
<tr>
<th>PHYSICAL IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Figure" /></td>
</tr>
<tr>
<td>Speaking?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image6.png" alt="Figure" /></td>
</tr>
<tr>
<td>Interacting with family?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMOTIONAL IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image9.png" alt="Figure" /></td>
</tr>
<tr>
<td>Overall well being?</td>
</tr>
</tbody>
</table>

Notes: 

---

Recognize and screen for TD

Scan to learn more about the Abnormal Involuntary Movement Scale, and how to conduct an exam to screen for TD.