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.

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: control? Have others noticed or commented on particular movements from the options below.	
Head/face ^{1,2}	Torso ^{1,2}
Eyes – excessive blinking or squinting again and again	Rocking, leaning back, or torso and hip shifting
 Lips – puckering, pouting, smacking Tongue – darting, sticking out, or pushing inside of cheek Jaw – biting, clenching, or side-to-side movements Other: Upper limbs^{1,2} Hands – Twisting hands or dancing fingers Other: 	Lower limbs ^{1,2} Stretched toes Gripping feet Ankle twisting Other:
Notes:	

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?**

PHYSICAL IMPACT







Eating or drinking?



Getting dressed?



Walking or participating in physical therapy?



Falls?

SOCIAL IMPACT



Interacting with family?



Other social relationships?



EMOTIONAL IMPACT







Sadness?



Frustration?



Isolation?

	94	
75		40
<u>873</u>		
	第3	

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.

