

Supplementary Table 1. Abnormal Involuntary Movement Scale (AIMS) in a patient with drug-related dystonia

Abnormal involuntary movement	Day 1	Day 2	Day 3
Facial and oral movements			
1. Muscles of facial expression e.g., movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing	4	2	1
2. Lips and periorbital area e.g., puckering, pouting, smacking	4	2	2
3. Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement	4	3	2
4. Tongue Increase in movement both in and out, darting in and out	3	1	1
Extremity movements			
5. Upper (arms, wrists, hands, fingers) Include choreic movements, athetoid movements and tremors	3	2	0
6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	3	3	0
Trunk movements			
7. neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	0	0	0
Global judgments			
8. Severity of abnormal movements overall	4	3	2
9. Incapacitations due to abnormal movements	4	3	3
10. Patient's awareness of abnormal movements No awareness: 0 Aware, no distress: 1 Aware, mild distress: 2 Aware, moderate distress: 3 Aware, severe distress: 4	4	3	2
Dental status			
11. Current problem with teeth and/or dentures? No/yes	No	No	No
12. Are dentures usually worn? No/yes	No	No	No
13. Edentia? No/yes	No	No	No
14. Do movements disappear in sleep? No/yes	No	Yes	Yes
Total	33	22	13

CODE: 0 = none, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe.