



International Parkinson and
Movement Disorder Society

NoMoFA

Non-Motor Fluctuation Assessment Questionnaire

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Non-Motor Fluctuation Assessment (NoMoFA) Questionnaire

Name: _____

Who filled out this questionnaire: Person with Parkinson's Care-partner
 Person with Parkinson's and Care-partner

Date completed: ____/____/____
DD / MM / YYYY

Many people with Parkinson's disease have symptoms related to their movement (**motor symptoms**).

These may include, but are not limited to:

- stiffness
- slowness in carrying out movements
- trouble with walking
- tremors
- getting up from a chair
- using their hands

However, people with Parkinson's disease can also have symptoms that are not related to their movement (**non-motor symptoms**).

These non-motor symptoms may include, but are not limited to:

- problems in thinking and memory
- pain
- abnormal body sensations
- difficulty with emptying bowels
- trouble with the bladder

Many people do not know that these **non-motor symptoms** may be either caused by Parkinson's disease or as a side-effect of Parkinson's disease medications.

Some people living with Parkinson's disease have a good effect from their medications that reduce their symptoms; we call that "**ON**" time.

Sometimes, even when taking medications, there is poor control of symptoms; we call these low periods "**OFF**" time.

For people experiencing **non-motor symptoms**, taking medications like levodopa, also known as l-dopa, may make their **non-motor symptoms** better or worse. In some cases the **non-motor symptoms** are there all the time and don't get better or worse with l-dopa medications.

INSTRUCTIONS:

You will be asked to answer a series of questions related to **your non-motor symptoms**.

For each non-motor symptom, you will be asked three things over the past **two weeks**:

1. Whether you have the **non-motor symptom**
2. If the non-motor symptom was present, rate how bothersome it was for you on average. The choices of answers are: mild, moderate, or severe, as per the following definitions:
 - **Mild:** The problem did not affect my ability to carry out normal daily tasks or social activities
 - **Moderate:** The problem affected but did not prevent me from carrying out normal daily tasks or social activities
 - **Severe:** The problem prevented me from carrying out normal daily tasks or social activities
3. If the non-motor symptom was:
 - worse during **ON** time (when l-dopa was working to control symptoms) or,
 - worse during **OFF** time (when l-dopa was not working) or,
 - no difference, meaning you experienced the **same** severity of the **non-motor symptom** during **ON** or **OFF** time

1. In the last 2 weeks, did you **lose your train of thought**?

YES **NO** *If NO, please proceed to Question 2.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

2. In the last 2 weeks, did you **get distracted from completing a task**?

YES **NO** *If NO, please proceed to Question 3.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

3. In the last 2 weeks, did you have **difficulty planning or carrying out an activity**?
(For example, planning a party or making a grocery list, etc.)

YES **NO** *If NO, please proceed to Question 4.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

4. In the last 2 weeks, were you **confused such that you had difficulty performing simple tasks**?

(For example, preparing a cup of tea, making a phone call)

YES **NO** *If NO, please proceed to Question 5.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

5. In the last 2 weeks, did you have **difficulty finding the right words when speaking**?

YES **NO** *If NO, please proceed to Question 6.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

6. In the last 2 weeks, were you **excessively worried**?

YES **NO** *If NO, please proceed to Question 7.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

7. In the last 2 weeks, did you **feel scared or threatened**?

YES **NO** *If NO, please proceed to Question 8.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

8. In the last 2 weeks, did you **feel restless**?

YES **NO** *If NO, please proceed to Question 9.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

9. In the last 2 weeks, did you **feel hopeless or excessively sad**?

YES **NO** *If NO, please proceed to Question 10.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was *not* working)?

ON **OFF** **NO DIFFERENCE**

10. In the last 2 weeks, were you more likely to **feel lonely or isolated**?

YES **NO** *If NO, please proceed to Question 11.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was *not* working)?

ON **OFF** **NO DIFFERENCE**

11. In the last 2 weeks, did you **see things or people that were not there**?

YES **NO** *If NO, please proceed to Question 12.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

12. In the last 2 weeks, did you **make poor decisions**?

YES **NO** *If NO, please proceed to Question 13.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

13. In the last 2 weeks, were you more likely to **act quickly without thinking things through**?

YES **NO** *If NO, please proceed to Question 14.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

14. In the last 2 weeks, were you more likely to **have a strong uncontrollable urge to do things**?

(For example, excessive gambling, eating too much, spending too much money or having more frequent thoughts about sexual activity)

YES **NO** *If NO, please proceed to Question 15.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

15. In the last 2 weeks, did you **have poor short-term memory**?
(For example, putting things down and forgetting where you put them)

YES **NO** *If NO, please proceed to Question 16.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

16. In the last 2 weeks, did you **have difficulty handling stressful situations** or felt overwhelmed in stressful situations?

YES **NO** *If NO, please proceed to Question 17.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

17. In the last 2 weeks, did you **lose interest in activities that you previously enjoyed**?

YES **NO** *If NO, please proceed to Question 18.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

18. In the last 2 weeks, did you **feel sluggish or had low energy levels**?

YES **NO** *If NO, please proceed to Question 19.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

19. In the last 2 weeks, did you **feel excessively sleepy during the day**?

YES **NO** *If NO, please proceed to Question 20.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

20. In the last 2 weeks, did you **have painful sensations in your body**?

(For example, aching, tightness, burning, sharp, dull or throbbing pain)

YES **NO** *If NO, please proceed to Question 21.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

21. In the last 2 weeks, did you **have strange sensations in your body?**
(For example, tingling or numbness)

YES **NO** *If NO, please proceed to Question 22.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

22. In the last 2 weeks, did you **feel short of breath?**

YES **NO** *If NO, please proceed to Question 23.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

23. In the last 2 weeks, did you have problems with vision?

(For example, seeing double or things appearing blurry)

YES **NO** *If NO, please proceed to Question 24.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem *worse* when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

24. In the last 2 weeks, did you have excessive sweating?

(For example, your clothes were damp or stained from sweat more than in the past)

YES **NO** *If NO, please proceed to Question 25.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem *worse* when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

25. In the last 2 weeks, did you **feel that your heart was racing, had skipped a beat, or was pounding?**

YES **NO** *If NO, please proceed to Question 26.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

26. In the last 2 weeks, did you **urinate more frequently or felt you had to go to the bathroom urgently?**

YES **NO** *If NO, please proceed to Question 27.*

A. If **yes**, on average how **severe** was this problem?

MILD the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was not working)?

ON **OFF** **NO DIFFERENCE**

27. In the last 2 weeks, did you **have difficulty having a bowel movement**?

YES

NO

A. If **yes**, on average how **severe** was this problem?

MILD

the problem did not affect my ability to carry out normal daily tasks or social activities

MODERATE

the problem affected but did not prevent me from carrying out normal daily tasks or social activities

SEVERE

the problem prevented me from carrying out normal daily tasks or social activities

B. Was this problem worse when you were **ON** (levodopa was working), or **OFF** (levodopa was *not* working)?

ON

OFF

NO DIFFERENCE