



International Parkinson and  
Movement Disorder Society

# NoMoFA

Non-Motor Fluctuation Assessment Questionnaire

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## Non-Motor Fluctuation Assessment Questionnaire (NoMoFA)

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**