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

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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