



International Parkinson and
Movement Disorder Society

MDS-NMS

International Parkinson and Movement Disorder Society –
Non-Motor Rating Scale

Authored by:

Kallol Ray Chaudhuri
Pablo Martinez-Martin
Anette Schrag
Daniel Weintraub
Alexandra Rizo
Carmen Rodriguez-Blazquez

Tel +1 (414) 276-2145
Fax +1 (414) 276-3349

555 E. Wells Street, Suite 1100
Milwaukee, WI 53202-3823

www.movementdisorders.org
info@movementdisorders.org

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**International Parkinson and Movement Disorder Society –
Non-Motor Rating Scale (MDS-NMS)**

RATER-ADMINISTERED VERSION

Rate symptoms over past 4 weeks

Patient Name or Identifier: _____

Date: _____

Respondent: Patient Informant/Caregiver Patient and Informant

Patient's motor state: On Off

SCORING

Average Frequency / Duration: (percentages denote days per week or hours per waking day)

- 0: Never
- 1: Rarely (≤ 10% of time)
- 2: Sometimes (11-25% of time)
- 3: Frequently (26-50% of time)
- 4: Majority of time (≥ 51% of time)

Average Severity:

- 0: Not present (only if frequency = 0)
- 1: Minimal (no distress or disturbance to patient or caregiver)
- 2: Mild (minor distress or disturbance to patient or caregiver)
- 3: Moderate (considerable distress or disturbance to patient or caregiver)
- 4: Severe (major distress or disturbance to patient or caregiver)

Calculations:

- Item Total** = **Frequency multiplied by severity**
- Subscale Total** = **Sum of all Item totals for that Subscale**
- MDS-NMS Total Score** = **Sum of totals for Subscales A-M**

For each question use the following introduction:

“How often have you...” or “How often has the patient...”

If the answer to the question is “Never”, rate frequency/duration as “0”, rate severity also as “0” and move on to the next question.

If the answer to the question is not “Never”, then ask:

“When you have had... / When the patient has had... [the symptom], how bad has it been on average?”

When answering questions about an **“increase”** or **“decrease”/“reduction”** in symptoms, use as your comparison point your/the patient’s experiences on average as an adult prior to having Parkinson’s disease.

**International Parkinson and Movement Disorder Society –
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RATER-ADMINISTERED VERSION

Rate symptoms over past 4 weeks

Frequency (0-4) Severity (0-4) Frequency x severity

A. Depression:

- 1. Felt sad or depressed?
- 2. Had difficulty experiencing pleasure?.....
- 3. Felt hopeless?
- 4. Had negative thoughts about yourself?
- 5. Felt that life is not worth living?

Subscale A Total		

B. Anxiety:

- 1. Felt worried?
- 2. Felt nervous?
- 3. Had panic or anxiety attacks?
- 4. Been worried about being in public or in social situations?.....

Subscale B Total		

C. Apathy:

- 1. Had a reduced motivation to start day-to-day activities?
- 2. Had a reduced interest in talking to people?
- 3. Had a reduction in experiencing emotions?.....

Subscale C Total		

D. Psychosis:

- 1. Sensed things or people in margins of your visual field? (passage or presence phenomena).....
- 2. Visually misinterpreted an actual object? (illusions)
- 3. Seen, heard, felt, tasted, or smelled things that other people did not? (hallucinations)
- 4. Believed things to be true that others did not? (e.g., delusions of persecution, jealousy, or misidentification)

Subscale D Total		

E. Impulse Control and Related Disorders:

- 1. Had an increase in gambling, sexual, buying, or eating behaviors?
- 2. Had an increase in other behaviors (e.g., internet use, hobbies, artistic activities, writing, hoarding)?
- 3. Repeatedly handled objects without any purpose? (punding)
- 4. Routinely taken more anti-parkinsonian medications than prescribed? (dopamine dysregulation syndrome)

Subscale E Total		

**International Parkinson and Movement Disorder Society –
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RATER-ADMINISTERED VERSION

Rate symptoms over past 4 weeks

	Frequency (0-4)	Severity (0-4)	Frequency x severity
F. Cognition:			
1. Had difficulty remembering things?			
2. Had difficulty learning new things?			
3. Had difficulty keeping focus or paying attention?			
4. Had difficulty finding words or expressing ideas?			
5. Had difficulty planning or carrying out complex tasks, not due to motor problems? (executive abilities)			
6. Had difficulty judging the position of things? (visuospatial abilities)			
	Subscale F Total		
G. Orthostatic Hypotension:			
1. Felt lightheaded or fainted when changing position?			
2. Had dizziness or weakness upon standing?			
	Subscale G Total		
H. Urinary:			
1. Had an urgent need to empty bladder? (urinary urgency)			
2. Had to empty bladder more than every 2 hours? (urinary frequency)			
3. Had to empty bladder more than twice overnight? (nocturia)			
	Subscale H Total		
I. Sexual:			
1. Had decreased sexual drive or interest in sex?			
2. Had difficulty with sexual arousal (e.g., erectile dysfunction or vaginal dryness) or sexual performance not related to motor problems (e.g., not related to Parkinson's rigidity)?			
	Subscale I Total		
J. Gastrointestinal:			
1. Had any drooling of saliva?			
2. Had difficulty swallowing?			
3. Had nausea or felt sick in the stomach?			
4. Had constipation? (defined as < 3 bowel movements/week)			
	Subscale J Total		

**International Parkinson and Movement Disorder Society –
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RATER-ADMINISTERED VERSION

Rate symptoms over past 4 weeks

	Frequency (0-4)	Severity (0-4)	Frequency x severity
K. Sleep and Wakefulness:			
1. Had difficulty falling asleep or staying asleep? (insomnia).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Acted out dreams while asleep, such as shouting, flailing arms, punching, or running movements? (REM sleep behavior)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Dozed off or fallen asleep unintentionally during waking hours? (e.g., during conversation, at mealtimes, or while driving, watching television; excessive daytime sleepiness)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Had an irresistible urge to move legs or arms when sitting or lying down which improved with movement? (restlessness).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Had any involuntary jerky movements in arms or legs during sleep or while resting? (periodic limb movements).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Woken at night due to snoring, gasping, or difficulty with breathing?.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscale K Total			<input type="text"/>

L. Pain:	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. Had muscle, joint, or back pain?	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Had a deep or dull aching pain within the body?	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Had pain due to abnormal twisting movements of arms or legs or body, often present in the early morning period? (dystonia)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Had other types of pain? (e.g., nocturnal pain, orofacial pain).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscale L Total			<input type="text"/>

M. Other:			
1. Had an unintentional weight loss? (rate frequency as either not present (0) or present (4); for severity rate 0 (only if frequency = 0), 1 (minimal), 2 (mild), 3 (moderate), or 4 (severe))	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Had a decrease in sense of smell? (impaired olfaction) (rate frequency as either not present (0) or present (4); for severity rate 0 (only if frequency = 0), 1 (minimal), 2 (mild), 3 (moderate), or 4 (severe))	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Felt excessively physically tired? (physical fatigue).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Felt excessively mentally tired? (mental fatigue)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Had excessive sweating not related to temperature?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscale M Total			<input type="text"/>

MDS-NMS TOTAL SCORE	<input type="text"/>
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**International Parkinson and Movement Disorder Society –
Non-Motor Rating Scale (MDS-NMS)**

RATER-ADMINISTERED VERSION

Rate symptoms over past 4 weeks

MDS-NMS Non-Motor Fluctuations (NMF) Subscale

Do you / Does the patient experience changes in non-motor symptoms (as listed below) in relation to the timing of anti-parkinsonian medications (i.e., symptoms occurring or worsening during “Off” period)?

Yes No

If no, MDS-NMS NMF Total Score (below) = 0

If yes, please complete the following section:

SCORING

Typical degree of change from “On” to “Off” period:

0: No change
 1: Minimal
 2: Small
 3: Medium
 4: Large

Subscore “Change” = Sum of all “Degree of change” items

MDS-NMS NMF Total Score = Subscore “Change” multiplied by Subscore “Time”

	Degree of change (0-4)
1. Depression (as listed in Subscale A).....	<input type="text"/>
2. Anxiety (as listed in Subscale B).....	<input type="text"/>
3. Thinking or cognitive abilities (as listed in Subscale F).....	<input type="text"/>
4. Bladder symptoms (as listed Subscale H).....	<input type="text"/>
5. Restlessness (as listed in Subscale K, item 4).....	<input type="text"/>
6. Pain (as listed in Subscale L).....	<input type="text"/>
7. Fatigue (as listed in Subscale M, items 3 and 4).....	<input type="text"/>
8. Excessive sweating (as listed in Subscale M, item 5).....	<input type="text"/>

Time spent in non-motor “Off” state:

- 1: Rarely (≤ 10% of waking day)
- 2: Sometimes (11-25% of waking day)
- 3: Frequently (26-50% of waking day)
- 4: Majority of time (≥ 51% of waking day)

MDS-NMS NMF Subscore “Change”	<input type="text"/>
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MDS-NMS NMF Subscore “Time”	<input type="text"/>
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MDS-NMS NMF Total Score (Subscore “Change” x “Time”)	<input type="text"/>
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Patient Name/Identifier: _____ Date: _____

<p>MDS-NMS Score Sheet RATER-ADMINISTERED VERSION</p> <p>Item Total = Frequency multiplied by Severity Subscale Total = Sum of all Item Totals for that Subscale MDS-NMS Total Score = Sum of Totals for Subscales A-M</p>

Respondent: Patient Informant/Caregiver Patient and Informant
Patient's motor state: On Off

A. Depression	Frequency	Severity	Total
1. Sad or depressed			
2. Experiencing pleasure			
3. Hopelessness			
4. Negative thoughts			
5. Life not worth living			
Depression Subscale Total			

B. Anxiety	Frequency	Severity	Total
1. Worried			
2. Nervous			
3. Panic or anxiety attacks			
4. Social phobia			
Anxiety Subscale Total			

C. Apathy	Frequency	Severity	Total
1. Interest activities			
2. Interest talking			
3. Emotions			
Apathy Subscale Total			

D. Psychosis	Frequency	Severity	Total
1. Passage or presence phenomena			
2. Illusions			
3. Hallucinations			
4. Delusions			
Psychosis Subscale Total			

E. Impulse Control and Related Disorders	Frequency	Severity	Total
1. Impulse control disorders			
2. Other compulsive behaviors			
3. Punding			
4. Dopamine dysregulation syndrome			
Impulse Control and Related Disorders Subscale Total			

Patient Name/Identifier: _____ Date: _____

F. Cognition	Frequency	Severity	Total
1. Remembering			
2. Learning new information			
3. Focus or attention			
4. Find words or express ideas			
5. Executive abilities			
6. Visuospatial abilities			
Cognition Subscale Total			

G. Orthostatic Hypotension	Frequency	Severity	Total
1. Lightheaded or fainted			
2. Dizziness or weakness			
Orthostatic Hypotension Subscale Total			

H. Urinary	Frequency	Severity	Total
1. Urinary urgency			
2. Urinary frequency			
3. Nocturia			
Urinary Subscale Total			

I. Sexual	Frequency	Severity	Total
1. Sex drive or interest			
2. Sexual arousal or performance			
Sexual Subscale Total			

J. Gastrointestinal	Frequency	Severity	Total
1. Drooling			
2. Swallowing			
3. Nausea or sick in stomach			
4. Constipation			
Gastrointestinal Subscale Total			

K. Sleep and Wakefulness	Frequency	Severity	Total
1. Insomnia			
2. REM sleep behavior			
3. Dozing off			
4. Restlessness			
5. Periodic limb movements			
6. Snoring or difficulty breathing			
Sleep and Wakefulness Subscale Total			

Patient Name/Identifier: _____ Date: _____

L. Pain	Frequency	Severity	Total
1. Muscle, joint, back pain			
2. Deep or dull pain			
3. Dystonia			
4. Other pain			
Pain Subscale Total			

M. Other	Frequency	Severity	Total
1. Weight loss			
2. Decreased smell			
3. Physical fatigue			
4. Mental fatigue			
5. Excessive sweating			
Other Subscale Total			

MDS-NMS TOTAL SCORE	
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MDS-NMS Score Sheet – Non Motor Fluctuations
 Subscore “Change” = Sum of all “degree of change” items
 Subscore “Time” = Time spent in non-motor “Off” state
 MDS-NMS NMF Total Score = Subscore “Change” multiplied by Subscore “Time”

NON-MOTOR FLUCTUATIONS (optional)	Typical degree of change from “On” to “Off” period
1. Depression	
2. Anxiety	
3. Thinking or cognitive abilities	
4. Bladder symptoms	
5. Restlessness	
6. Pain	
7. Fatigue	
8. Excessive sweating	
Subscore “Change”	

Subscore “Time”	
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MDS-NMS NON-MOTOR FLUCTUATIONS TOTAL SCORE	
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International Parkinson and Movement Disorder Society – Non-Motor Rating Scale (MDS-NMS)

Glossary of Terms

- A. Depression:** a mood disorder characterized by sustained change in emotions (sadness, decreased interest or pleasure), cognition (negative thoughts about life or self, such as hopelessness, helplessness, indecisiveness, or death or suicide ideation) or behavior (isolative, withdrawn, sleep disturbances, appetite disturbances)
- B. Anxiety:** an affective disorder characterized by sustained excessive worrying which can be (1) generalized and include symptoms such as restlessness, being easily fatigued, mind going blank or trouble concentrating, irritability, and muscle tension; (2) specific anxiety or panic attacks; (3) fear of being in public (agoraphobia); or (4) fear of being in social situations (social phobia)
Anxiety or panic attack: an abrupt surge of intense fear or intense discomfort, can include shortness of breath, heart beating fast, upset stomach, sweating, dizziness or faintness, sensation of chill or heat, or sense something bad is going to happen or even a sense of dying
- C. Apathy:** a disorder characterized by decreased motor activity (less initiation of motor activity not due to parkinsonism), emotional expression (less emotional engagement separate from decreased facial expression due to parkinsonism), or speech (less likely to initiate or engage in conversation)
- D. Psychosis:** a disorder characterized by changes in perception (passage or presence phenomena, illusions, or hallucinations) or thought (delusions)
Passage phenomenon: visual sensation of something moving in periphery of visual field
Presence phenomenon: visual sensation of person being in periphery of visual field
Illusions: visual misinterpretation of an actual object
Hallucinations: a sensory (visual, auditory, taste, smell, or feeling) experience that is not real or experienced by other people
Delusions: a belief that something is true for which there is no objective evidence and which other persons do not hold true
- E. Impulse control disorders:** a failure to resist an impulse or drive that leads to repeated engagement in activities that become harmful to self or others; compared with pre-PD behavior
Hoarding: the needless collection of objects and an inability to get rid of them
Punding: the needless or purposeless repetition of a simple motor activity
Dopamine dysregulation syndrome: taking an excess (beyond what is prescribed) of Parkinson's disease medications for their motor or psychological effects, often with significant mood changes during "on" (irritability, hypomania) or "off" (dysphoria) states
- F. Cognition:** the activities of thinking, understanding, learning, and remembering
Attention: concentrating on one part of the environment while ignoring other things
Executive abilities: cognitive processes involved in maintaining multiple pieces of information in the mind at the same time, reasoning, task flexibility, problem solving, and task planning and execution
Visuospatial abilities: ability relating to visual perception of spatial relationships among objects

**International Parkinson and Movement Disorder Society –
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G. Orthostatic hypotension: a drop in blood pressure severe enough to cause symptoms when changing from sitting to standing position or from lying to sitting position

H. Urinary

Nocturia: excessive urination at night, defined as more than 2 times overnight

I. Sexual

Erectile dysfunction: inability of a man to maintain an erection sufficient for satisfying sexual activity

J. Gastrointestinal: relating to the stomach and intestines

Saliva: watery liquid secreted into the mouth by glands, providing lubrication for chewing and swallowing, and aiding digestion

Swallowing: difficulty swallowing including liquids and solids, as well as choking while swallowing

Nausea: a feeling of sickness with a tendency to vomit

Constipation: infrequent bowel movements (usually less than three bowel movements per week) or difficult passage of stools

K. Sleep and wakefulness

Insomnia: difficulty falling asleep or staying asleep

Rapid eye movement (REM) sleep: a stage in the normal sleep cycle during which dreams occur and the body undergoes marked changes including rapid eye movement, loss of reflexes, and increased pulse rate and brain activity

L. Pain

Dystonia: a state of abnormal muscle tone resulting in muscular spasm and abnormal posture

Nocturnal pain: pain overnight

Orofacial pain: pain which is felt in the mouth, jaws, or face

M. Other

Olfaction: the action or capacity of smelling

Fatigue (physical): state of excessive physical weariness or exhaustion (after physical exertion), different from sleepiness

Fatigue (mental): state of excessive mental weariness or exhaustion, different from sleepiness