



International Parkinson and  
Movement Disorder Society

# NoMoFA Scoring Table

A scoring table to accompany the Non-Motor Fluctuation  
Assessment Questionnaire

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## Non-Motor Fluctuation Assessment Questionnaire Scoring Table

**Instructions:** For each item, indicate if a response of “Yes” or “No” was provided by placing a check mark in the appropriate column under the “Was the symptom present?” heading. If “No”, record “0” in the Final Score column. If “Yes”, record the score from question A (1=Mild, 2=Moderate, 3=Severe) in the column under the “Symptom Score” heading corresponding to the response provided in question B for that item. Only mark one column per item under the “Symptom Score” heading. Include the same score in the “Final Score” column.

Sum all the scores in the “Final Score” column to obtain a Total NoMoFA Score. Sum the scores in the “ON Score” column and the “OFF Score” column to obtain the Total NMF Score. Sum the scores in the “No Difference” column to obtain the Total NMS (static) Score. The Total NoMoFA Score is equal to the sum of the Total NMF Score and Total NMS (static) Score.

Add the total number of times “Yes” was checked to obtain the Total Number of Symptoms Present.

Item	Was the symptom present?		Symptom Score			Final Score (0-3)
	Yes	No	ON Score (1-3)	OFF Score (1-3)	No Difference (1-3)	
	1. Lose your train of thought					
2. Get distracted from completing a task						
3. Difficulty planning or carrying out an activity						
4. Confused such that you had difficulty performing simple tasks						
5. Difficulty finding the right words when speaking						
6. Excessively worried						
7. Feel scared or threatened						
8. Feel restless						
9. Feel hopeless or excessively sad						
10. Feel lonely or isolated						
11. See things or people that were not there						
12. Make poor decisions						

13. Act quickly without thinking things through						
14. Have a strong uncontrollable urge to do things						
15. Have poor short-term memory						
16. Have difficulty handling stressful situations						
17. Lose interest in activities that you previously enjoyed						
18. Feel sluggish or had low energy levels						
19. Feel excessively sleepy during the day						
20. Have painful sensations in your body						
21. Have strange sensations in your body						
22. Feel short of breath						
23. Have problems with vision						
24. Have excessive sweating						
25. Feel that your heart was racing, had skipped a beat, or was pounding						
26. Urinate more frequently or felt you had to go to the bathroom urgently						
27. Have difficulty having a bowel movement						
	<b>Total Number of Symptoms Present:</b>		<b>Total ON Score:</b>	<b>Total OFF Score:</b>	<b>Total NMS (static) Score:</b>	<b>TOTAL NoMoFA Score:</b>
	/27					
			<b>Total NMF Score:</b>			
						/81