

Validation of a new hemifacial spasm grading questionnaire (HFS score) assessing clinical and quality of life parameters

Bettina Wabbels¹, Ali Yaqubi,^{1,2}

1 Department of Ophthalmology, University of Bonn, Ernst-Abbe-Str. 2, 53127 Bonn, Germany

2 Ophthalmological Center Lippstadt, Wiedenbrücker Str. 31, 59555 Lippstadt, Germany

Corresponding author:

Prof. Dr. med. Bettina Wabbels, FEBO

ORCID ID: 0000-0002-7767-114X

Tel.: +49 (0)228-287 15612

Fax: +49 (0)228-287 14692

Email: bettina.wabbels@ukb.uni-bonn.de

Hemifacial spasm grading questionnaire: HFS score

1. HFS clinical
2. HFS subjective

(1 a) HFS clinical: Eye involvement

Hemifacial Spasm Severity	Frequency
0 = None	0 = None
1 = Minimal, increased blinking present <u>only</u> with external stimuli (e.g., bright light, wind, reading, driving, etc.)	1 = Slightly increased frequency of blinking
2 = Mild, but spontaneous eyelid fluttering (without actual spasm), definitely noticeable, possibly embarrassing, but not functionally disabling)	2 = Eyelid fluttering lasting less than 1 second duration
3 = Moderate, very noticeable spasm of eyelids only, mildly incapacitating	3 = Eyelid spasm lasting more than 1 second, eyes open more than 50% of the waking time
4 = Severe, incapacitating spasm of eyelids and possibly other facial muscles	4 = The involved eye is functionally "blind" due to persistent eye closure more than 50% of the waking time

(1 b) HFS clinical: Cheek involvement

Severity	Frequency
0 = None	0 = None
1 = Mild, barely noticeable spasm, only recognised by the patient	1 = Slightly increased frequency of cramps
2 = Mild, but noticeable spasm	2 = Cramps lasting less than 1 second in duration
3 = Moderate noticeable spasm including the corners of the mouth	3 = Cramps more than 1 second
4 = Severe spasm with involvement of the whole cheek	4 = Cramps more than 50% of the waking time

(2) HFS subjective: Health-related quality of live

(1) Global rating

Free of complaints suffering extremely
0% | _____ | 100%

(2) Had difficulty driving

0% | _____ | 100%

(3) Had difficulty reading

0% | _____ | 100%

(4) Had difficulty watching television / movie

0% | _____ | 100%

(5) Felt depressed

0% | _____ | 100%

(6) Avoided eye contact

0% | _____ | 100%

(7) Felt embarrassed about having the condition

0% | _____ | 100%

(8) Felt worried about others' reactions to you

0% | _____ | 100%