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

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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 only 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 in duration |
| 3 = Moderate, very noticeable spasm of eyelids only, mildly incapacitating | 3 = Eyelid spasm lasting more than 1 second, but 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 life

(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%  I____________________________________________________________________________________ I 100%

(6) Avoided eye contact
0%  I____________________________________________________________________________________ I 100%

(7) Felt embarrassed about having the condition
0%  I____________________________________________________________________________________ I 100%

(8) Felt worried about others' reactions to you
0%  I____________________________________________________________________________________ I 100%