

## On-line Appendix

1. At your institution, on average over the past 5 years, how many C1–2 punctures are performed in a year?
    - A. None
    - B. 1–5
    - C. 6–10
    - D. 11–25
    - E. >25
  2. What is your division's approach to cervical myelography?
    - A. We almost always favor a lumbar approach and run the contrast up.
    - B. We assess the patient and decide which is a better approach—lumbar or C1–2—and make a decision, but can go either way
    - C. Some faculty members will almost always favor a C1–2 approach and some almost always lumbar.
    - D. We almost always favor a cervical C1–2 approach.
  3. What percentage of cervical myelograms performed in your institution are via a C1–2 approach? (only reply if you do >10 cervical myelograms a year)
    - A. <10%
    - B. 11%–25%
    - C. 26%–50%
    - D. 51%–75%
    - E. >75%
  4. In the last year, how often did your institution perform C1–2 punctures to obtain CSF (for example, in ICU patients who are intubated and are supine in a hospital bed)?
    - A. None
    - B. 1–5
    - C. 6–10
    - D. 11–25
    - E. >25
  5. To show the upper extent of a block in a patient who has a contraindication to MRI, does your division perform C1–2 puncture myelograms?
    - A. Yes
    - B. No
  6. Does your division feel that performing a C1–2 puncture for cervical myelography (in a patient with a contraindication for MRI) is below the standard of care?
    - A. Yes
    - B. No
  7. Would your division ever perform a C1–2 puncture to evaluate the thoracic or lumbar spine (eg, in a recent post-op lumbar spine patient with local infection which precluded a lumbar puncture)?
    - A. Yes
    - B. No
  8. Is there someone in your division who has been trained to perform C1–2 punctures?
    - A. Yes
    - B. No
  9. Are your fellows/residents trained in how to perform C1–2 punctures?
    - A. Yes
    - B. No
  10. If your division is asked to perform a myelogram on a patient with a contraindication to MRI and you are not able to gain access via a lumbar approach, what do you do?
    - A. We tell them we cannot do the procedure.
    - B. We ask another service to gain access (eg., neurosurgical cisternal puncture).
    - C. We perform a C1–2 puncture.
    - D. Other (please specify \_\_\_\_\_)
  11. Under what, if any, conditions would someone in your institution perform a C1–2 puncture?
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