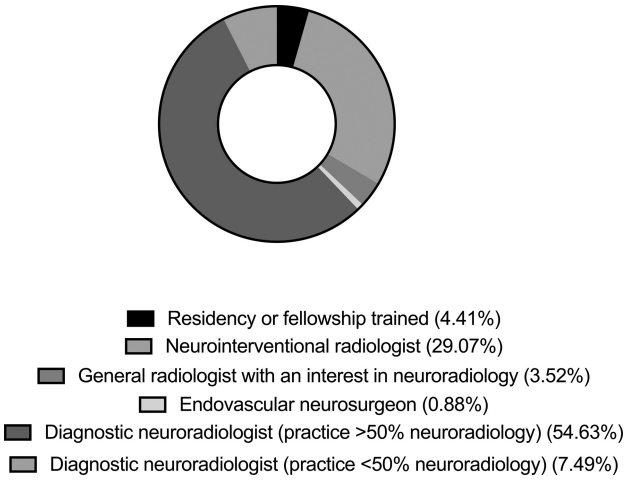
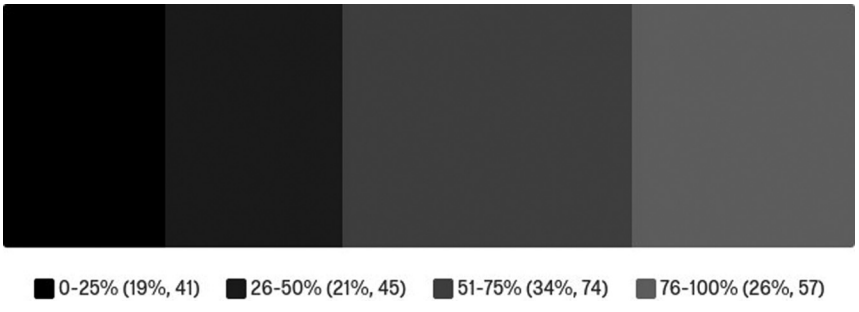


ON-LINE FIG 1. Survey result of respondents' practice statuses.



ON-LINE FIG 2. Survey result of the frequency of all UIAs.

On-line Table: Survey questions

Question No.	Question	Options
1)	What is your current practice status?	Residency or fellowship training
		Diagnostic neuroradiologist (practice more than 50% neuroradiology)
		Diagnostic neuroradiologist (practice less than 50% neuroradiology)
		Neurointerventional radiologist
		Endovascular neurosurgeon
		General radiologist with an interest in neuroradiology
2)	Your practice setting is	Academic, tertiary care center
		Private practice
		Hybrid (combined practice in academic and community setting)
		Community
		Other
3)	Regarding UIAs (choose all that apply)	Rupture rate is uniform irrespective of size
		Growing aneurysms are at much higher risk of rupture for aneurysms of all sizes
		Aneurysms usually rupture many years after they form (>10 years)
		Treatment (clipping or coiling) completely eliminates any chance of subsequent subarachnoid hemorrhage
		The frequency and duration of imaging follow-up should be similar in unruptured and treated aneurysms
4)	Based on your professional experience, the frequency of small (<7 mm) unruptured intracranial aneurysms among all aneurysms is	0%–25%
		26%–50%
		51%–75%
		76%–100%
5)	Regarding the management and treatment of small (<7 mm) unruptured intracranial aneurysms (choose all that apply)	Routine treatment (clipping or coiling) should be considered
		Routine periodic imaging surveillance would be appropriate
		No imaging follow-up is needed
		Only high-risk patients need treatment or imaging follow-up (such as growing aneurysms)
6)	The frequency of follow-up imaging for small (<7 mm) untreated aneurysms should be	Every 6 months
		Every 6 months for the first year, followed by annual imaging
		Annual
		Biennial
		Every 5 years
7)	The duration of follow-up imaging for untreated small (<7 mm) stable aneurysms should be	2 years
		5 years
		10 years
		Indefinite life-long follow-up
8)	The best imaging modality to follow up small (<7 mm) UIAs would be	CT angiography
		MR angiography without contrast time-of-flight
		MR angiography with contrast
		Digital subtraction angiography (conventional angiography)
		Any of the above imaging would be equally appropriate
9)	In your practice, which of the following measurements is used to assess the growth of small UIAs (choose all that apply)?	The largest dimension in any plane
		Aneurysm height
		Dome-to-neck ratio
		Aspect ratio (aneurysm height divided by aneurysm neck)
		Aneurysm-to-parent vessel size ratio
10)	In your practice, which of the following criteria are used to define growth for small UIAs (choose all that apply)?	Increase of >0.5 mm in 1 dimension
		Growth >1.5 times the aneurysm size
		Growth >1 mm in at least 1 direction
		Change in size to the nearest 10th of a millimeter more than the measurement error per manufacturer specifications
		Increase in volume of >5%
11)	In your practice, the following patients would be considered high risk for intracranial aneurysms and are routinely screened (choose all that apply)	A family member with history of unruptured aneurysm
		Patient with ascending aortic aneurysm
		Patient with adult polycystic kidney disease
		History of subarachnoid hemorrhage
12)	In your practice, which of the following characteristics are used to determine treatment decisions (choose all that apply)?	Change in size
		Complex morphology
		Change in morphology
		Patient preference
		Age
		Sex
		Smoking history