

Supplementary Material: Survey

1. What is your primary centre of practice (Name of Institution, City)? (text box)

2. What is your main clinical area of practice:

- Neonatology
- Pediatric Neurology
- Neurology (adult)
- General Pediatrics
- Other – please specify:

3. What is your current overall level of training or experience:

- Fellow
- Staff (since <10 years)
- Staff (since ≥10 years)

USE OF EEG MONITORING IN YOUR NICU

4. a) Do you use **any** long term EEG monitoring (amplitude-integrated or conventional EEG) in your NICU?

- Yes (*continue with 4b*)
- No (*continue with 4c, then 14*)

If yes, which:

- aEEG
- cEEG
- combined aEEG/cEEG

4. b) If you use cEEG, does it include video?

- Never
- Sometimes
- Always

4. c) If you don't use any NICU EEG monitoring, why not? Please check all that apply.

- EEG is not available/accessible
- EEG doesn't inform treatment decisions
- Other: (text box)

5. What is the general availability of application setup of each type of long term EEG monitoring in your NICU? (i.e. technician and machine available)

EEG availability	Conventional EEG	Amplitude-integrated EEG
Always (24 hours/7 days per week)		
Extended work hours but <24/7		
Limited to regular work hours		
Unavailable		
Unsure		

6. How long does it typically take from time of request to initiate each type of long term EEG monitoring in your NICU during regular work hours?

EEG accessibility (on average)	Conventional EEG	Amplitude-integrated EEG
Immediately (within 1 hour)		
Within 1-4 hours		
Within 5-8 hours		
Within 9-24 hours		
Not routinely accessible		
I don't know		

7. a) For **how many patients** in your NICU do you typically use each type of long term EEG in a 1-month period?

Please provide an **estimate** and check all that apply.

Patients per month	Conventional EEG	Amplitude-integrated EEG	Combined Conventional EEG and Amplitude-integrated EEG
0-1			
2-8			
9-14			
15 or more			
Unable to provide estimate			

7. b) How many patients per month would you monitor with long term EEG if you had unlimited resources?

Patients per month	Conventional EEG	Amplitude-integrated EEG	Combined Conventional EEG and Amplitude-integrated EEG
0-1			
2-8			
9-14			
15 or more (please specify)			
Unable to provide estimate			

8. What is the **typical** duration of each type of long term EEG monitoring in your NICU? Please provide an **estimate** and check all that apply.

Average duration of EEG monitoring	Conventional EEG	Amplitude-integrated EEG	Combined Conventional EEG and Amplitude-integrated EEG
Less than 24 hours			
24 hours or longer			
Unable to provide estimate			

9. Typically, how often do you check each type of long term EEG monitoring for your NICU patients?

Checking of EEG results	Conventional EEG with or without video	Amplitude-integrated EEG	Combined Conventional EEG and Amplitude-integrated EEG
I do not routinely check results			
Only when results are officially reported			
Less than daily			
Daily			
More than once daily (please specify)			
At least once per hour			

10. Does your institution have a written protocol for long term EEG monitoring in the NICU?

Written NICU EEG monitoring protocol	Conventional EEG	Amplitude-integrated EEG (aEEG)	Combined Conventional EEG and Amplitude-integrated EEG
Yes			
No			
I am not sure			

11. In which cases do you **regularly (>50% of patients)** use each type of EEG monitoring in your NICU?

Check all that apply.

Indication	Conventional EEG	Amplitude-integrated EEG	Combined Conventional EEG and Amplitude-integrated EEG
Therapeutic hypothermia			
HIE without hypothermia			
Suspected seizures			
CNS			

infection			
Other (please specify):			

YOUR OPINION ON EEG MONITORING

12. In which percentage of your patients do long term EEG monitoring results inform management decisions in your NICU?

EEG results inform treatment	Conventional EEG (cEEG)	Amplitude-integrated EEG (aEEG)	Combined Conventional EEG and Amplitude-integrated EEG
<10%			
10-50%			
>50%			
Unable to provide estimate			

13. What is your preferred long term monitoring method for assessing the following clinical scenarios for patients in the NICU, and why:

- a) seizure detection
- b) encephalopathy/EEG background abnormalities

Please check box and comment:

- Conventional EEG, because: (text box)
- Amplitude-integrated EEG, because: (text box)
- Combined Conventional EEG and Amplitude-Integrated EEG, because: (text box)
- I have no preference, because: (text box)

14. Would you like to attend an education session on EEG use in the NICU at your institution? Why or why not?

- Yes
- No
- I am unsure

Why or why not:

15. Do you have any other comments regarding EEG use in the NICU at your institution? Why or why not?

(Text box)