**Supplementary material 2**

1) What is your Department?

A) Neurosurgery

B) Orthopedic Surgery

2) Did you have fellowship training?

A) Yes

B) No

3) Please select how many years you are in practice:

A) 0 - 5 years

B) 6 - 10 years

C) 11 - 15 years

D) 16 - 20 years

E) >20 years

4) Please select the option that best matches your approach to indicate a lumbar spine fusion

A) I do not use a specific criteria

B) I consider the Evidence-based NASS criteria in my evaluation

C) I use other criteria

D) My indication is only based on my clinical experience

5) What is the region of the country you practice (State)?

6) How would you describe most of your practice?

A) Academic Medical Center

B) Private Practice