**Supplemental Digital Content, Table 1**

**\*\*\*If your practice is a mix of adults and pediatric patients, please answer the questions below considering only your PEDIATRIC practice.**

Neuromuscular Blockade (NMB) and its reversal/antagonism:

1. Following NMB with either rocuronium or vecuronium, what is your routine (more than 90% of the time) reversal agent?
   1. Neostigmine + glycopyrrolate or atropine
   2. Sugammadex
   3. I use both routinely
   4. I only use cis-atracurium or succinylcholine as NMBs in my practice
   5. I do not reverse/antagonize NMB in my practice
   6. I do not use NMB in my practice
2. When you antagonize/reverse, how often do you use sugammadex rather than neostigmine + glycopyrrolate or atropine?
   1. Always (100%)
   2. Mostly (50% - 100%)
   3. Sometimes (25% - 50%)
   4. Rarely (>0 - 25%)
3. In your practice, are there restrictions on which reversal agents you can use?
4. Yes
5. No

Tell us how you use reversal agents (check all that apply)

* 1. I use either sugammadex or neostigmine
  2. I limit my use of sugammadex voluntarily due to cost
  3. I limit my use of neostigmine voluntarily due to cost
  4. I primarily use sugammadex because I believe it is more effective
  5. I primarily use neostigmine because I believe it is more effective

Tell us about how reversal agents are restricted

1. Restricted by institutional policy, only neostigmine is available
2. Restricted by institutional policy, only sugammadex is available
3. Restricted use, pharmacy controls dispensing of both neostigmine and sugammadex
4. Are there pediatric age groups in which you restrict your sugammadex use? (choose all that apply)
5. I use in all ages (0 to <18 years old)
6. Neonates <1 month old
7. Infants <2 mos old
8. Children < 2 years old
9. Children <12 years old
10. Teens 12 years to <18 years old
11. When electively reversing rocuronium or vecuronium in post-menarchal females, what is your practice?
    1. I prefer neostigmine rather than sugammadex in this population
    2. I routinely use sugammadex but only after discussing its effects on hormonal contraception with the patient and/or family
    3. I routinely use sugammadex and may do so without discussing its effects on hormonal contraception with the patient and/or family
    4. I use sugammadex on a case-by-case basis, but only after discussing its effects on hormonal contraception with the patient and/or family
    5. I use sugammadex on a case-by-case basis and may do so without discussing its effects on hormonal contraception with the patient and/or family
12. To your knowledge, is there an FDA labeled indication for sugammadex use in pediatric populations (ages 0 to <18years old)?
    1. Yes
    2. No
13. Does the presence or absence of FDA labeling affect how you use sugammadex?
    1. Yes
    2. No

Monitoring:

1. In your primary practice location, which type(s) of devices are available for monitoring of NMB?
   1. Qualitative monitors
   2. Quantitative monitors
   3. Both qualitative and quantitative monitors
   4. Unsure of what type(s) of monitor(s) are available to me
   5. No monitors are available to me
2. Before the introduction of sugammadex, how often did you use monitoring devices to assess neuromuscular blockade prior to reversal of NMB with neostigmine/glycopyrrolate?
   1. Always (100%)
   2. Mostly (50% - <100%)
   3. Sometimes (25% - <50%)
   4. Rarely (>0 – 25%)
   5. Never (0%)
3. With the introduction of sugammadex in the United States, what is your stance on monitoring to assess neuromuscular blockade?
   1. There is no longer a need to monitor
   2. I still routinely use monitoring prior to reversal
   3. I decide on a case-by-case basis
   4. I never monitored before because clinical signs are adequate
4. In your practice, which anatomic site do you monitor to get the most accurate information to determine readiness for and adequacy of reversal?
   1. Adductor pollicis
   2. Orbicularis oculi
   3. Posterior tibialis
   4. It does not matter, I use whatever site is available considering surgery and positioning
   5. The site matters, but I use whatever site is available considering surgery and positioning
5. Have you seen or experienced apparent failures to reverse/antagonize rocuronium blockade with sugammadex when following your normal dosing and administration routine?
   1. Yes
   2. No
6. Have you seen or experienced apparent failures to reverse/antagonize rocuronium blockade with neostigmine/glycopyrrolate when following your normal dosing and administration routine?
   1. Yes
   2. No

Demographics:

1. What is your age?
   * 25-30 years
   * 31-40 years
   * 41-50 years
   * 51-60 years
   * >60 years
2. Current gender identity: How do you describe yourself?
   * Female
   * Male
   * Transgender female
   * Transgender male
   * Genderqueer/Gender non-conforming
   * Different identity
   * Decline to state
   * If you clicked different identity above, how do you identify?
3. How many years have you been in practice?
   * I’m still in training
   * 0-5 years
   * 6-10 years
   * 11-15 years
   * 16-25 years
   * >25 years
   * I am retired
4. In what time zone do you practice?
   * Eastern
   * Central
   * Mountain
   * Pacific
   * Hawaii/Alaska
   * I practice outside of the U.S.
5. Are you fellowship trained in pediatric anesthesia?
   * Yes
   * No
   * I’m currently in pediatric fellowship
6. What is your practice type?
   * Pediatrics only
   * Mixed adult/pediatrics
7. What is your primary practice setting?
   * Private practice
   * Academic practice
   * Military
   * Other
8. What is your primary site of practice?
   * Free-standing pediatric hospital
   * Adult hospital
   * Pediatric hospital within and adult hospital
   * Ambulatory surgical center
   * Clinic setting
   * Other