				in favor of UIA repair	In favor of UIA conservative management
Patient	Age (single)	<40 Years 40–60 Years 61–70 Years 71–80 Years >80 Years	4 3 2 1 0		
	Risk factor incidence (multiple)	Previous SAH from a different aneurysm  Familial intracranial aneurysm or SAH  Japanese, Finnish, inuit ethnicity  Current cigarette smoking  Hypertension (systolic blood pressure >140 mm Hg)  Autosomal polycystic kidney disease	4 3 2 3 2 2		
		Current drug abuse (cocalne, amphetamine) Current alcohol abuse	2 1		
	Clinical symptoms related to UIA (multiple)	Cranial nerve deficit Clinical or radiologic mass effect Thromboembolic events from the aneurysm Epilepsy	4 4 3 1		
	Other (multiple)	Reduced quality of life due to fear of rupture Aneurysm multiplicity	2 1		
	Life expectancy due to chronic and/or malignant diseases (single)	<5 Years 5–10 Years >10 Years	4 3 1		
	Comorbid disease (multiple)	Neurocognitive disorder Coagulopathies, thrombophilic diseases Psychiatric disorder	3 2 2		
Aneurysm	Maximum diameter (single)	≤3.9 mm 4.0–6.9 mm 7.0–12.9 mm 13.0–24.9 mm ≥25 mm	0 1 2 3 4		
	Morphology (multiple)	Irregularity or lobulation Size ratio >3 or aspect ratio >1.6	3 1		
	Location (single)	BasA bifurcation Vertebral/basilar artery AcomA or PcomA	5 4 2		
	Other (multiple)	Aneurysm growth on serial imaging Aneurysm de novo formation on serial imaging Contralateral stenoocclusive vessel disease	4 3 1		
Treatment	Age-related risk (single)	<40 Years 41–60 Years 61–70 Years 71–80 Years >80 Years	0 1 3 4 5		
	Aneurysm size-related risk (single)	<6.0 mm 6.0–10.0 mm 10.1–20.0 mm >20 mm	0 1 3 5		
	Aneurysm complexity- related risk	High Low	3 0		
	Intervention-related risk	Constant*			5
				$\overline{\Box}$	
				In favor of UIA repair	In favor of UIA conservative

management