

Supplementary Table S1. Translation, cultural adaptation, and validation procedures [21,22]

Step/domain	Description
Permission	Permission obtained from the original authors.
Forward translation	Two bilingual translators produced forward translations, reconciled into one version.
Back translation	Two independent translators, blinded to the original, performed back translation.
Expert committee	Multidisciplinary committee reviewed semantic, experiential, and conceptual equivalence.
Cognitive debriefing	Conducted with caregivers; revisions made for clarity and cultural relevance.
Finalization	Expert committee established the final version of the K-Pedi-EAT-10.
Participants	Pediatric dysphagia patients (3–17 years, VFSS within 3 months) and age-matched controls.
Exclusion	Tube feeding only, caregiver inability, or withdrawal of consent.
Assessments	Demographics, BMI, diagnosis, FOIS levels.
Reliability	Internal consistency (Cronbach's α) and test-retest ICC after 4–7 days.
Validity	Content validity (I-CVI, S-CVI/Ave), discriminant validity, construct validity (VFSS correlation), predictive validity (ROC for PAS>5).
Sample size	Based on prior Pedi-EAT-10/PAS studies; 13 participants per group recruited.
Statistical analysis	Nonparametric tests, Spearman correlation, Mann-Whitney U, ROC including sensitivity and specificity.

Following ISPOR (International Society for Pharmacoeconomics and Outcomes Research) guidelines, which recommend a structured 10-step process for translation and cultural adaptation of patient-reported outcome measures, this study carried out forward/back translation, expert review, and cognitive debriefing, ensuring cultural and linguistic equivalence. Reliability and validity assessments were then performed to establish the psychometric robustness of the Korean version of Pediatric Eating Assessment Tool-10 (K-Pedi-EAT-10).

VFSS, videofluoroscopic swallow study; BMI, body mass index; FOIS, Functional Oral Intake Scale; ICC, intraclass correlation coefficient; I-CVI, item-level content validity index; S-CVI/Ave, scale-level content validity index based on the average method; ROC, receiver operating characteristic; PAS, Penetration-Aspiration Scale.