SUPPLEMENTARY MATERIAL 1. Survey Questionnaire on Pediatric Foreign Body Ingestion*

Section 1. Demographic and Professional Characteristics

1. Sex:
   - Female
   - Male

2. Age:
   - 20–29 years
   - 30–39 years
   - 40–49 years
   - ≥50 years

3. Specialty:
   - General Practitioner
   - Family Medicine Specialist
   - Family Medicine Resident
   - Emergency Medicine Specialist
   - Emergency Medicine Resident
   - Pediatrics Specialist
   - Pediatric Resident

4. Years of Professional Experience:
   - 0–1 year
   - 1–5 years
   - >5 years

5. Annual Number of Pediatric Foreign Body Ingestion Cases Encountered:
   - None
   - <5 cases
   - 5–10 cases
   - >10 cases

Section 2. Scenario-Based Knowledge Questions

Question 1 – Diagnostic Approach
Which of the following statements is incorrect regarding the diagnostic evaluation of a patient with suspected foreign body ingestion?

   - A two-view chest radiograph should be obtained to detect tracheal foreign bodies.
   - Oral contrast radiography is useful in diagnosing radiolucent foreign bodies.
   - Barium contrast studies should be performed in suspected esophageal perforation.
   - A “double halo” sign may be observed in patients who have ingested button batteries.

Question 2 – Button Battery Ingestion
Which of the following statements is correct regarding the management of a patient who has ingested a button battery?

- A button battery located in the esophagus may be observed until it passes into the stomach.
- A button battery located in the stomach must be removed immediately.
- Inducing vomiting may facilitate removal of the battery.
- Button batteries larger than 2 cm that remain in the stomach for more than 48 hours should be removed endoscopically.

Question 3 – Magnet Ingestion
Which of the following statements is correct regarding the management of a patient who has ingested a magnet?

- A lateral radiograph is not necessary in patients who have ingested a magnet.
- A magnet located in the esophagus can be observed until it passes into the stomach.
- No intervention is required if multiple magnets are located in the stomach.
- If a magnet has passed beyond the stomach and there are no signs of acute abdomen, conservative follow-up is appropriate.

Question 4 – Coin Ingestion
Which of the following statements is correct regarding the management of a patient who has ingested a coin?

- A lateral radiograph is not necessary in patients who have ingested a coin.
- A coin located in the stomach must be removed endoscopically.
- In asymptomatic patients, an esophageal coin may be observed for 12–24 hours to allow passage into the stomach.
- Advancing an esophageal coin into the stomach using a nasogastric tube is contraindicated.

Question 5 – Sharp Object Ingestion
Which of the following statements is correct regarding the management of a patient who has ingested a sharp object (e.g., nail, needle, glass)?

- Computed tomography should be performed to detect glass fragments in asymptomatic patients.
- Sharp foreign bodies located in the esophagus should be removed endoscopically.
- Sharp foreign bodies located in the stomach or distal regions should be removed endoscopically.
- Sharp foreign bodies located in the esophagus may be observed until they pass into the stomach.

Correct Answers:

Question 1: Barium contrast studies should be performed in suspected esophageal perforation. (Incorrect statement)
Question 2: Button batteries larger than 2 cm that remain in the stomach for more than 48 hours should be removed endoscopically.
Question 3: If a magnet has passed beyond the stomach and there are no signs of acute abdomen, conservative follow-up is appropriate.

Question 4: In asymptomatic patients, an esophageal coin may be observed for 12–24 hours to allow passage into the stomach.
Question 5: Sharp foreign bodies located in the esophagus should be removed endoscopically.

**The questionnaire was originally developed in Turkish and subsequently translated into English for reporting purposes, ensuring consistency in meaning.*