

1. Who participated in the translation process?

- **Dr. Kristina Sraghsyan, MD**, Lead Translator; National Institute of Health (NIH) of Armenia; native Armenian speaker with a medical education background.
- **Dr. Eva Movsesyan, MD**, Review Lead; Director, Armenian Pediatric Association; CAHD Programs Coordinator at Arabkir Medical Center, Institute of Child and Adolescent Health.
- **Dr. Irina Tovmasyan, MD**, Developmental-Behavioral Pediatrician in Armenia
- **Dr. Nvard Ter-Voskanyan, MD**, Developmental-Behavioral Pediatrician and Child Psychiatrist in Armenia
- **Dr. Tamar Nazerian Chorbadjian, DO, MPH, FAAP**, Developmental-Behavioral Pediatrician, Kaiser Permanente Baldwin Park; Clinical Associate Professor, Kaiser Permanente Bernard J. Tyson School of Medicine.
- **Jenia Ghazarian, MPH**, Armenia Program Manager, Children's Hospital Los Angeles, contributed to proofreading and consistency review throughout the translation process.

2. Was a professional translation service used?

No. The translation was carried out by qualified native speakers and professionals in pediatrics and psychology. No external translation company was used.

3. Detailed description of each step of the translation process:

- **Forward Translation:**
Conducted by Dr. Kristina Sraghsyan and the NIH Armenia translation team. A single forward translation was produced and refined through expert review.
- **Back-Translation:**
Independently performed by Dr. Tamar Nazerian Chorbadjian. The back-translated version was compared with the original English to ensure consistency in meaning and intent.
- **Cognitive Interviewing:**
Formal cognitive interviewing is planned for the pilot testing phase. Feedback will be collected through parent and physician interviews and focus groups to assess comprehension, cultural integrity, and clarity.

Informally, cognitive interviewing was done with the core translation team members to ensure consistency, clarity, and cultural competency. Once document translation was formalized, Drs. Movsesyan, Tovmasyan, and Zakaryan tried the questionnaire in clinical practice. After 2-3 weeks of use, a virtual meeting was held with Dr. Chorbadjian (U.S. based DBP) to discuss challenges and make improvements for improved practical use.

- **Expert Panel Review:**
Conducted by a multidisciplinary team including Dr. Eva Movsesyan (General Pediatrician), Dr. Nvard Ter-Voskanyan (Developmental-Behavioral Pediatrician and Child Psychiatrist), and Dr. Irina Tovmasyan (Developmental-Behavioral

Pediatrician). The team carried out multiple rounds of editing to ensure linguistic accuracy, clinical relevance, and cultural appropriateness. Jenia Ghazarian also contributed to ongoing proofreading and consistency review throughout the process.

4. **Did you conduct any quantitative research with the new translation?**

Not yet. Normative data collection is planned using the Armenian SWYC across relevant age groups. This data will be used to develop guidelines tailored to Armenian-speaking families. No published results are available at this time.

5. **Were there any complications in the translation process that future users should be made aware of?**

Yes. A few key judgment calls were required to adapt behavioral and developmental concepts, such as assertiveness and eye contact, to the Armenian cultural context. These were addressed through consultations with local clinicians and developmental experts to preserve the integrity of the original tool while ensuring cultural sensitivity.

- **Language Nuance and Expression**

- Armenian has multiple ways of expressing the same concept, and choosing the most appropriate term for clarity and cultural relevance requires **edits**. For example:
- Translating “Uses words like ‘me’ or ‘mine’” led to variations like:
 - **Օգտագործում է այնպիսի բառեր, ինչպես «ինձ» կամ «իմը»**
 - **Օգտագործում է բառեր, ինչպիսիք են «ես» կամ «իմը»**These versions reflect subtle differences in emphasis and readability. Careful selection was needed to ensure the final version was both **linguistically accurate and understandable for caregivers**.

- **Consistency of Terminology**

- Throughout the translation process, maintaining **consistency in word choice**, especially for commonly repeated terms, was challenging. For instance:
 - “Very much” was variably translated as:
 - **Այո** (Yes)
 - **Շատ** (A lot / very much)
 - Since “**Այո**” implies affirmation while “**Շատ**” is a degree of intensity, selecting the right word depending on context was essential.

- **Behavioral Terminology**

- Words like “behavior” required careful selection to match **developmental and psychological terminology** used in Armenia. For example:
 - “Behavior” was variably translated as:

- **Պահվածք** (More common in spoken Armenian)
- **Վարքագիծ** (More formal or academic)
The final choice had to balance **comprehensibility for caregivers** with **professional accuracy** for clinical use.

- **Anticipated Challenges**

- We anticipate that questions related to drug use will lead to challenges given that disclosure of such activity is grounds for a police report in Armenia and likely arrest.
 - We will assess the reaction of respondents once pilot study is launched and may consider omitting this question if it becomes an issue.