Supplementary Table 2: World Health Organization Trial Registration Data Set.

Data category	**Information**[32]
Primary registry and trial identifying number	ClinicalTrials.gov NCT05734586
Date of registration in primary registry	8 February, 2023
Secondary identifying numbers	69HCL22_0474
Source(s) of monetary or material support	Hospices Civils de Lyon, France
Primary sponsor	Hospices Civils de Lyon, France
Secondary sponsor(s)	N/A
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Public title	Screening for Sarcopenic Dysphagia and the Implementation of Measures to Prevent Its Complications in Geriatric Patients [DYSPHAGING-PILOT]
Scientific title	Feasibility Study of Screening for Sarcopenic Dysphagia and the Implementation of Measures to Prevent Its Complications in Geriatric or Institutionalized Patients Aged ≥ 70 Years.
Countries of recruitment	France

Data category	**Information**[32]
Health condition(s) or problem(s) studied	Swallowing Disorder, Sarcopenic Dysphagia
Intervention(s)	Other: EAT-10 (Eating assessment Tool) screening questionnaire After inclusion, issuance of the EAT-10 screening questionnaire for swallowing disorders by the healthcare team Procedure: Protective measures for the upper airways In the event of an EAT ≥2 score, immediate implementation or within three days by the healthcare team of protective measures for the upper airways in 3 sectors: 1: Postural maneuvers; 2: Hygienodietetic rules; 3: Food textures
Key inclusion and exclusion criteria	Inclusion Criteria: • Patient aged ≥ 70 years, • Patient affiliated to a social security system, • Patient hospitalized in the health sector or in a medico-social institute, • Patient informed of the study (information leaflet provided) and having orally signified their consent to inclusion in the study. Exclusion Criteria: • Patient unable to feed orally, • Patient with an active pathology responsible for acute swallowing disorders (< 3 months) (neurodegenerative pathology with predominant motor impairment such as Charcot's disease, stroke, ENT disease). • Patient unable to answer the questionnaire.
Study type	Interventional Allocation: N/A Intervention model: parallel assignment Masking: None (Open Label) Primary purpose: Other Phase II
Date of first enrolment	June 1st,2023
Target sample size	102
Recruitment status	Recruiting
Primary outcome(s)	Proportion of complete achievement of steps 1 and 2 [Time Frame: Three days] The judgment criterion is validated if 1. Stage 1 is performed and the EAT-10 < 2 or if 2. Stage 1 is performed with an EAT-10 ≥ 2 and stage 2 is performed within 3 days after stage 1.

Data category	**Information**[32]

Key secondary outcomes	• Percentage of eligible patients refusing to participate in the study [Time Frame: 18 months]
	  ○ Number of eligible patients who refused to participate in the study
	• Age, gender, comorbidities (CIRS-G), autonomy (ADL, IADL), co-medications [Time Frame: 19 months]
	  ○ Patient characteristics will be collected at each site at the end of the study by a clinical research assistant based on their medical records.
	• Rate of partial completion of the protocol [Time Frame: 19 months]
	  ○ Proportion of non-performance of step 1 and/or step 2 within the time limit. Proportion of steps 2 carried out incompletely), description of the reasons
	• Diagnosis of undernutrition and/or neurocognitive disorders and/or patent lung infection and/or COPD described in the patient's medical file, nutritional risk situation assessed by the Mini Nutritional Assessment® (MNA) [Time Frame: 19 months]
	  ○ Patient characteristics will be collected at each site at the end of the study by a clinical research assistant based on their medical records.
	• Composition and disciplines of the care team [Time Frame: 19 months]
	  ○ At the end of the study, all data on the each allied health professionals will be collected on the dysphaging sheet
	• Satisfaction of the care team (Likert scale). [Time Frame: 19 months]
	  ○ At the end of the study, each allied health professionals who has been involved in the care of at least one patient will fill out a satisfaction questionnaire.