Supplementary Table 1. List of participating institutions

No.	Institution
1	Seoul National University Bundang Hospital
2	Seoul National University Hospital
3	Asan Medical Center
4	Kangbuk Samsung Hospital
5	Hanyang University Medical Center
6	Inje University Sanggye Paik Hospital
7	Inha University Hospital
8	Ajou University Hospital
9	Soonchunhyang University Bucheon Hospital
10	National Health Insurance Ilsan Hospital
11	Wonju Severance Christian Hospital
12	Chungnam National University Hospital
13	Jeonbuk National University Hospital
14	Chonnam National University Hospital
15	Kyungpook National University Chilgok Hospital
16	Pusan National University Yangsan Hospital
17	Inje University Pusan Paik Hospital
18	Jeju National University Hospital
19	Baksem Internal Medicine Clinic
20	Hope Internal Medicine Clinic
21	Korean Insulin Dependent Diabetes Association
22	Korean Diabetes Union

Supplementary Table 2. Disability-registration questionnaire used in this study

Item	Korean wording (study questionnaire)	English translation	Response options/instructions
Introduction/instructions	장애등록에 대한 찬반 의견은 해당 질병이 장애로 인정되어 장애등록 여부를 결정하는 단계에 이르렀다고 가정했을 때의 질문입니다.	Participants were asked to consider a hypothetical situation in which the disease was recognized as a disability and a decision regarding disability registration was required.	Caregivers were instructed to answer based on the patient's situation.
Q12	환자는 해당 질병이 장애로 인정되어 장애등록 여부를 결정하는 단계에 이르렀다고 가정했을 때의 질문입니다. 등록하시겠습니까?	Assuming that the disease was recognized as a disability and the patient reached the stage of deciding whether to register, would you register?	① Yes ② No
Q13	환자가 췌장장애등록을 할 경우 기대되는 서비스 3가지만 선택해주시기 바랍니다.	If the patient registers as having pancreatic disability, please select 3 expected benefits.	Select up to 3 options.
Q13 options	치료비 부담 감소; 대학입학 특별전형 혜택; 학교/지역사회 서비스 할인 및 등록금 지원; 주거 혜택; 장애인 수당 및 세금·서비스 요금 할인 등 경제적 혜택; 문화·여가 혜택; 교육 및 치료 프로그램 우선 등록; 직업 훈련 기회; 출산·산후조리 지원; 취업 시 유리; 기타	Reduced treatment costs; university admission benefits; school/community service discounts and tuition support; housing benefits; economic benefits including allowances and tax/service fee reductions; culture and leisure benefits; priority access to education and treatment programs; vocational training; childbirth/postpartum support; employment benefits; other	Select up to 3 options.
Q14	환자가 췌장장애 등록에 있어서 가장 고민되는 이유 3가지만 선택하십시오.	Please select 3 main concerns regarding pancreatic disability registration.	Select up to 3 options.
Q14 options	장애인으로 인식되는 것이 싫음; 스스로 장애인으로 생각하기 싫음; 가족 반대; 부정적 편견 우려; 학교·사회 적응 영향; 능력/잠재력 인정 부족 우려; 취업 불이익; 연애·결혼 영향; 가족 부담 우려; 건강 회복 기대; 장애 유형/등급 판정 부정확 인식; 장애등록 자체를 생각하지 않음; 기타	Do not want to be perceived as disabled; do not want to identify as disabled; family opposition; concerns about stigma; negative impact on school/social adaptation; concerns about recognition of ability; employment disadvantages; effects on dating/marriage; family burden; expectation of health improvement; concerns about inaccurate disability classification; have not considered registration; other	Select up to 3 options.

Supplementary Table 3. Internal consistency of the Diabetes Distress Scale according to age group and respondent type

DDS domain	Total cohort (n=852)	Adult (n=434)	Pediatric (n=418)	Self-report (n=322)	Caregiver-report (n=530)
Total DDS	0.906	0.903	0.908	0.908	0.906
Emotional burden	0.853	0.866	0.847	0.875	0.840
Physician-related distress	0.874	0.882	0.863	0.888	0.864
Regimen-related distress	0.777	0.781	0.771	0.774	0.782
Interpersonal distress	0.716	0.745	0.665	0.734	0.696

Cronbach α coefficients were calculated to evaluate the internal consistency of the 17-item Diabetes Distress Scale (DDS).
Domain scores were calculated using the corresponding DDS items.
Higher values indicate greater internal consistency.

Supplementary Table 4. Reasons for opposing disability registration

Reasons[†]	Total (n=25)	Adults (n=15)	Pediatrics (n=10)
Dislike of being perceived as "disabled"	14 (56.0)	11 (73.3)	3 (30.0)
Not wanting to identify as a person with disability	11 (44.0)	7 (46.7)	4 (40.0)
Disadvantages in part-time job or employment	11 (44.0)	7 (46.7)	4 (40.0)
Negative social stigma of reduced ability	10 (40.0)	6 (40.0)	4 (40.0)
Lack of consideration for disability registration	8 (32.0)	2 (13.3)	6 (60.0)
Negative impact on school or social adaptation	7 (28.0)	3 (20.0)	4 (40.0)
Belief that health may improve	6 (24.0)	4 (26.7)	2 (20.0)
Negative impact on dating or marriage	5 (20.0)	3 (20.0)	2 (20.0)
Perception that disability criteria are inaccurate	2 (8.0)	1 (6.7)	1 (10.0)
Concern about lack of recognition of abilities or potential (including from teachers)	1 (4.0)	1 (6.7)	0 (0)
Negative impact on family's current or future life	1 (4.0)	1 (6.7)	0 (0)

Values are presented as number (%).
[†]Percentages are based on respondents selecting each option.
Participants were instructed to select up to 3 reasons, although this limit was not technically enforced.

Supplementary Table 5. Factors associated with support for disability registration

Variable	Total	Adult	Pediatric
Age	0.99 (0.95–1.03)	0.98 (0.94–1.03)	0.91 (0.74–1.10)
Male sex	1.16 (0.52–2.58)	1.10 (0.39–3.10)	0.85 (0.25–2.94)
Metropolitan residence	0.78 (0.33–1.81)	1.12 (0.38–3.26)	0.43 (0.13–1.41)
Duration of diabetes	0.97 (0.92–1.02)	0.94 (0.89–1.01)	1.01 (0.89–1.14)
Diabetes Distress Scale, per 1-point increase	2.89 (1.64–5.11)	2.69 (1.30–5.54)	3.39 (1.39–8.27)
Respondent type			
Self	Reference	Reference	Reference
Caregiver	0.94 (0.34–2.56)	0.38 (0.12–1.20)	6.01 (1.53–23.59)

Values are presented as odds ratios with 95% confidence intervals from Firth's bias-reduced (penalized) logistic regression models, applied given the small number of participants opposing disability registration (n=25 overall; adult, n=15; pediatric, n=10).
Models were adjusted for age, sex, metropolitan residence, duration of diabetes, diabetes-related distress (Diabetes Distress Scale score, per 1-point increase), and respondent type (self vs. caregiver). The overall-cohort analysis was considered primary; age-stratified analyses are presented as exploratory because of the small number of participants opposing disability registration within each subgroup.

Supplementary Table 6. Factors associated with support for disability registration according to individual distress domains

Variable	Value
Emotional burden	3.35 (1.87–6.00)
Physician-related distress	1.23 (0.77–1.98)
Regimen-related distress	0.71 (0.37–1.36)
Interpersonal distress	0.80 (0.46–1.40)

Values are presented as odds ratios with 95% confidence intervals from Firth's bias-reduced (penalized) logistic regression models, with the 4 Diabetes Distress Scale (DDS) domain scores (emotional burden, physician-related distress, regimen-related distress, and interpersonal distress) entered simultaneously. Models were adjusted for age, sex, metropolitan residence, duration of diabetes, and respondent type (self vs. caregiver). Variance inflation factors for the 4 domain scores ranged from 1.50 to 1.93, indicating no meaningful multicollinearity. Given the small number of participants opposing disability registration, domain-specific analyses were restricted to the overall cohort.