**TransitionMate 18 month Follow-up Structured Interview**

**Participant Number:**

**Date:**

Hello, my name is \_\_\_\_\_\_\_\_\_ a researcher from the Academic Department of Adolescent Medicine at CHW. As you may remember, you kindly agreed to help us out with the “TransitionMate: A mobile phone app to support self-management and transition of young people with chronic illness” study. When you consented to the study, you agreed to allow us to contact you now to see how your transition to adult services is going.

1. Have you seen your adult specialist / adult service \_\_\_\_\_\_\_\_\_\_ (insert name) in the last 6 months: YES/NO
   1. If yes, when did you see them?
   2. If no, do you have an appointment scheduled with them? YES/NO
      * + 1. If yes, when is it?
          2. If no, why not?

Have you decided to see another service? If so, where/who/why?

1. What was your most recent measure of chronic illness control? *(if indicated for condition, interviewer to specify the appropriate measure of disease control)*
   1. When was it done?
   2. Do you know the result? If so, can you please tell me?
2. Have you needed to go to hospital (i.e. for an unplanned hospital admission) because of your chronic illness in the last 6 months? YES/NO
   1. If yes, how many times?

Thank you for giving us the opportunity to find out how you are going. This is the last time we will contact you about this study.

Other:

* Not contactable
* Declined interview
* Requested to withdraw