**Appendix A:** Recruitment Letter

Dear [Patient’s Name]

As you are approaching 18 or, are already 18 years of age, the time has come to transition you to an adult diabetes provider. We are starting a new transition process at the Janeway. You will have a transition appointment as your last appointment with us on **February 7th, 2017**. This appointment will have a different format than your usual appointment. The aim of the appointment is to ready you for care in the adult system. We will spend approximately 1.5-2 hours reviewing diabetes education and management with a focus on issues commonly encountered by young adults. We want to ensure that you feel empowered to be in control of your diabetes and that we are sending you off with the best possible diabetes knowledge. As the focus of the appointment is on **your** skills and knowledge, you will be seen alone. During this time, your parents are welcome to attend a session with one of our team members to discuss the transition process from their perspective.

Please find a form attached where you can indicate any areas you would like to review**. Please have this filled out prior to attending your appointment.** It will help us to guide our discussion. Please also find a copy of a diabetes guide for young adults. You do not need to read this prior to your appointment, it is for you to keep as a resource. We will cover much of the information in the booklet during your appointment and will give you a printed copy of the booklet.

As transition appointments have a different structure from your usual appointments, we only offer them once a year. Please ensure you attend as **we will not be able to rebook** you for another transition appointment if you miss it.

We look forward to seeing you. As this is a new process which we are piloting, we will ask you a few questions at the end of the appointment to get your feedback. This will help us to improve things and make sure the transition appointment is helpful.

Sincerely,

**Appendix B:** Patient, Parent and Staff Evaluation Surveys

**Thank you for taking part in today’s Transition Clinic. We would like to know if you think this clinic was helpful, and if there are areas we can improve. Please take a few minutes to answer the following questions:**

Was today’s clinic useful to you? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What concerns do you have about transferring out of the Janeway to a new care team?

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Did the clinic help you address these concerns? Yes\_\_\_ No \_\_\_

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Were there other topics you would like to have discussed? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you think that you will use the transition guide? Yes \_\_\_ No \_\_\_

Do you think you would use it in a different form (e.g., App, website)? Yes \_\_\_ No \_\_\_

Which form? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other supports or resources you would like to be in place to help make transferring to a new care team easier for you? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there ways that you think we could improve the clinic? Yes\_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Would you recommend this clinic to another person with diabetes who is about to transfer out of the Janeway? Yes \_\_\_ No \_\_\_

If no, please list reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your participation!**

**Thank you for taking part in your child’s transition clinic appointment. We would like to know if you think this clinic was helpful, and if there are ways we can improve. Please take a few minutes to answer the following questions:**

What are your main concerns about your child transferring out of the Janeway?

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Did your visit today help you address these concerns? Yes \_\_\_\_ No \_\_\_\_\_

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What issues would you have liked to have been discussed further?

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Do you think today’s visit was beneficial to you? Yes \_\_\_\_ No \_\_\_\_

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Did you feel that you were appropriately involved? Yes \_\_\_ No \_\_\_

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Are there ways that you think we could improve this visit for either you or your child? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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As a parent, are there other supports or resources you would like to be in place to help make transferring to a new care team easier for you? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Thank you for your participation!**

**Thank you for taking part in yesterday’s Diabetes Transition Clinic. In order to help evaluate this clinic, we would like to know if you think this clinic was helpful, and if there are areas we can improve. Please take a few minutes to answer the following questions:**

In your professional opinion, do you think this clinic was useful for the patient? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What general issues did patients, or their parents want to discuss with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did this clinic provide an adequate opportunity for you to address these concerns? Yes\_\_\_ No \_\_\_

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Were there other topics you would like to have discussed with the patient or their parents but did not have time for? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there other supports or resources you would like to see in place to help make transferring to a new care team easier for patients with type 1 diabetes or their parents? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How do you think we could improve the clinic?

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Do you think the clinic was a valuable use of your professional time? Yes \_\_\_ No \_\_\_

Please explain the reason for your answer.

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Is there anything else you would like to say about yesterday’s clinic?

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**Thank you for your participation!**