**Supplementary Table 1 Personalization questions and scoring**

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| **Factor** | | **Question** | **Scoring** | **Cut off ‘High Risk’** |
| **1** | **Disease and Treatment Coherence** | How well do you feel you understand your child’s treatment and condition? | **1.** Don’t understand at all  **2.** Understand a little  **3.** Understand somewhat  **4.** Mostly understand  **5.** Understand very clearly | If the score is **1-3,** the caregiver receives a Disease and Treatment Coherence call. |
| **2** | **Emotional burden** | How much does your child’s condition affect you emotionally? (eg, does it make you angry, guilty or frustrated?) | **1.** Not at all  **2.** Slightly  **3.** Moderately  **4.** Very  **5.** Extremely | If the score is **3-5,** the caregiver receives an Emotional burden call. |
| **3** | **Treatment-related anxiety** | How much does your child’s treatment worry you? (eg, do you feel worried about side effects or about giving injections, if applicable) | **1.** Not at all  **2.** Slightly  **3.** Moderately  **4.** Very  **5.** Extremely | If the score is **3-5,** the caregiver receives a Treatment-related anxiety call. |
| **4** | **Self-administration** | How comfortable do you feel giving your child responsibility over managing their condition and treatment? | **1.** Not at all comfortable  **2.** Slightly comfortable  **3.** Moderately comfortable  **4.** Very comfortable  **5.** Extremely comfortable | If the score is **1-3,** the caregiver receives a Self-administration call. |