<table>
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<th>Additional File 5. Illustrative quotes from included studies across levels (patient, provider, and service) and theoretical sub-component</th>
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<tr>
<td><strong>COM-B Sub component</strong></td>
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<tr>
<td><strong>Barrier</strong></td>
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<td><strong>Physical Capability</strong></td>
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<td><strong>Psychological Capability</strong></td>
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<td><strong>Forgetfulness</strong></td>
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| **Reflective Motivation** | Beliefs regarding perceived risk | "I would have had unprotected sex with men before but I just assumed I was fine. I presumed it was perfect, I was grand. This kind of immunity vibe, you're grand, you're healthy, everything is fine" [37] | Assumptions and perceptions of patients | "And it’s very, very rare, as nurses we would see a male under the age of twenty-five, [an asthma check is the only thing that I can think of that they come to see us, or for removal of sutures]" [66] | Increase confidence | "That would come, I think, with the education. And the knowledge and awareness to have the confidence to approach and talk to people about it" [59] | Targets set too high | "No there is no credible (target)... because first of all (they Public Health England) decide that a group of people in an area has got a certain type of infection, (and) promiscuity etc. and you say the average of the whole country is like that. (But here
Beliefs about consequences of offering
"A lot of the girls feel that you’re saying you’re sexually active because you’re filling in this form” [69]

Testing policy: patient’s health checks
“Some of them don’t want that sort of information on their records because they might have problems and end up having hepatitis or HIV tests done at the same time. The concern is, they may [be] worried about the life insurance” [64]

Automatic Motivation
Embarassment and shame
“I’d feel embarrassed cos then it won’t be a secret. If my parents were exposed to it as well, I would be more ashamed, then I wouldn’t be able to look at their face and talk to them face to face as I used” [40]

Asymptomatic infection worries
“If you did have chlamydia there is not always noticeable symptoms and it is like a silent disease and it can make you infertile without you knowing” [45]

Difficult to discuss
“I do find it more difficult to speak about sexual matters particularly if they come about something completely unrelated. If they come about contraception or something else it’s easier. I think if they come for an ear infection, I wouldn’t dream to bring it up” [66]

Testing policy: based on behaviour
Interviewer: “How should the staff ask you to do the (chlamydia) tests?”
Patient: “Ummm, I suppose not in a way that it sounds like you’ve been sleeping around, like” [48]

Fear
“... cause it's, like, you know, a scary word, and especially young girls it would probably just...I know it would scare the crap out of me” [43]

PCP offering testing
“Time constraints
“... and then they say how many appointments they have that day” [59]

Mode of testing
“A lot of the girls feel that you’re saying you’re sexually active because you’re filling in this form” [69]

Time constraints
“Time pressure makes it very difficult if someone comes in for just a normal sort of 10-minute appointment, and you want their smear - and then counselling for chlamydia... and they say how does it affect me and how could I get it, and you know it’s 25 minutes down the line so it just makes it very difficult to put all the perfection into practice” [64]

Physical Opportunity
Time constraints
“I don’t think they [doctors and nurses] give you enough time to talk about anything; I feel quite rushed” [41]

PCP offering testing
“If someone offers [it to] me, it kind of makes it easier” [41]

Mode of testing
“I think the whole procedure of taking swabs is a bit of a turn-off really” [64]

Testing policy: testing policy: based on behaviour
Interviewer: “How should the staff ask you to do the (chlamydia) tests?”
Patient: “Ummm, I suppose not in a way that it sounds like you’ve been sleeping around, like” [48]

Reward and incentive programmes
“I really don’t think monthly rewards or [financial] incentives is a good idea at all. I don’t agree with that at all!” [67]

Feedback on efforts
“I think to keep the motivation going its essential to have feedback on how well we’re doing, which we haven’t had” [70]
<table>
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<tr>
<th>Social Opportunity</th>
<th>Stigma</th>
<th>Normalisation</th>
<th>Practice social norms</th>
<th>Normalisation</th>
<th>Testing policy: women only</th>
<th>Normalisation</th>
<th>Cultural norms</th>
<th>Testing policy: blanket testing</th>
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<td>&quot;You know if you change partners then it's like I'm being really bold. It's the whole slut factor again you know. Six months later you have another new partner and you go in for another screening and then it's again the whole what are they going to think of me?&quot; [37]</td>
<td>&quot;I would feel offended if I was singled out for testing. That seems ridiculous but I think I would honestly. It would be important to say that everyone's being tested. It would make it more normal, to say everyone's doing it. It's a bit more acceptable.&quot; [38]</td>
<td>&quot;I think mine's (practice) a bit ad hoc actually the screening programme... I know I definitely don't offer screens for women who are coming in for contraception... I've only offered to one young mum that I can remember&quot; [66]</td>
<td>&quot;I think just normalizing it. I mean, people have this stigma put onto sexual health. But, the fact of the matter is... for the most part, everyone is sexually active&quot; [67]</td>
<td>&quot;It's just that you're insinuating something about this person. You're almost criticizing them, saying that they're a certain type of person&quot; [38]</td>
<td>&quot;It's just that you're insinuating something about this person. You're almost criticizing them, saying that they're a certain type of person&quot; [38]</td>
<td>&quot;I think the thing is it's to offer it as a general thing, as much as testing for glucose and cholesterol and demystify it a bit, for it not to be seen as some dirty word and for it to be seen as a general testing as other things are&quot; [66]</td>
<td>&quot;Yeah, I mean, if they just offered it to everyone at that age then you know... the cultural norms...&quot; [66]</td>
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had four children here and they went to the local high school so their children know a lot of people in town and I think it would be a bit awkward if you had to ring up someone and said, “Look you know...” And medico-legally I mean confidentiality I always sort of worry about” [58]
younger women, and especially you’ve got them in for things like smears and stuff, you know, and sometimes when they come in for things like that they tend to open up a bit more about other things” [61] screening. I’ve got the impression when the new contract came in that the doctors weren’t bothered whether I did it or not... I find as a nurse it can be quite demoralising to have an expertise that you can’t use. But because of the way the surgery is [run] the uptake has been quite low” [66]
that you haven’t been singled out, you know, it’s not an embarrassing thing to ... you can’t change your age sort of thing [laughs], it’s not because of who you are or what they think, and sort of thing” [48]

Note: COM-B = capability, opportunity, motivation, behaviour