

Appendix S1

Questionnaire 1

1. How old are you?.....years
2. Are you?
 - Woman
 - Man
 - Other
3. What is your main occupation?
 - Studying
 - Working
 - Parental leave
 - Sick leave
 - Unemployed
4. Where were you born?
 - Sweden
 - Another Nordic country
 - Europe
 - Outside Europe
5. Your postal code?.....
6. How many years have you been in school/studying until now?.....
7. Do you smoke?
 - No
 - Occasionally
 - 1-4 cigarettes per day
 - 5-9 cigarettes per day
 - 10 or more cigarettes per day
8. Have you ever been binge drinking?
 - No
 - Yes, but not every week,
 - Yes, every week
9. Have you ever regretted sex after alcohol consumption?
 - No
 - Yes
10. Are you?
 - Single
 - In a relationship
 - Co-habiting
 - Married
 - Divorced
11. Sexual identity?
 - Heterosexual
 - Homosexual
 - Bisexual
 - Other.....
12. How many hours per week do you use the Internet to?
 - Chat.....
 - Game.....
 - Watch movies.....
 - Listen to music.....
 - Pornsurf.....
 - Other.....

13. How many SMS do you send per day on average?.....
14. How many e-mails do you send per day on average?.....
15. How many times per day do you use services such as Twitter, Instagram, Snapchat?.....
16. How many different persons did you have sex with during the last 12 months?
17. How many of these did you have sex with without using a condom?.....
18. How many unknown persons did you have sex with without using a condom during the previous year?.....
19. Have you ever taken a Chlamydia/Gonorrhoea (CT/NG)-test
- Yes, in a Youth Health Clinic
 - Yes, in a Primary Health Care Centre,
 - Yes, in a hospital
 - Yes, through the Internet
 - No
20. Have you ever been tested for genital mycoplasma?
- Yes, in a Youth Health Clinic
 - Yes, in a Primary Health Care Centre,
 - Yes, in a hospital
 - Yes, through the Internet
 - No
21. Have you ever had a sexually transmitted infection?
- No
 - Yes, chlamydia
 - Yes, gonorrhoea
 - Yes, mycoplasma
 - Yes, condyloma,
 - Yes, herpes
 - Yes, other
22. What is your main reason to take a CT/NG-test? Suspect I have been infected
- Symptoms (pain when urinating, discharge, irregular bleeding)
 - Control after unprotected sex/Check that I am healthy
 - Partner suggested it
 - I have been notified by the Health Care that I should take a test
 - Control after treatment
 - Other.....
23. Would you take a CT/NG test elsewhere if the home sampling service did not exist?
- No
 - Yes
 - Yes, but less often
24. What is your general opinion about the home sampling service?
- Very bad
 - Bad
 - Usable
 - Good
 - Very good
25. What do you think about the time span from sampling until you get the result?
- Far too long
 - A little too long
 - Acceptable
 - Good
26. Would you be prepared to pay for the home sampling test service?
- Yes, but max 30 Euros
 - Yes, but max 20 Euros
 - Yes, but max 10 Euros
 - Yes, but max 5 Euros
 - No, then I would not use the service

27. Suggestions for improvement of the home sampling test service?

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Questionnaire 2

1. What was your main reason for not sending in the Chlamydia/Gonorrhoea test?

- I took a test at a Health Clinic instead
- I was worried about being infected when I ordered the test, but not later
- Good to have in case of a new sex partner in the future
- Lack of time
- Other reason

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3. What is your main occupation?

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4. Where were you born?

- Sweden
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6. Suggestions for improvement of the home sampling test service?

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