**Supplementary table 1. Topics of LIfetime Depression Assessment Self-report (LIDAS)**

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| 1. | Depressed mood (almost every day, most of the day) |
| 2. | Loss of interest (almost every day, most of the day) |
|  | *During a period of ≥2 weeks with depressed mood or loss of interest:* |
| 3. | Lack of energy or feel tired  |
| 4. | Less appetiteWeight loss and amountIncreased appetiteWeight gain and amount |
| 5. | Sleep problemsEarly awakeningSleeping too much |
| 6. | Psychomotor retardationPsychomotor agitation |
| 7. | Concentration problemsIndecisiveness |
| 8. | Guilt or worthlessness |
| 9. | Thinking about death |
|  | Interfering with life |
|  | Duration of longest episode |
|  | Number of episodes |
|  | Episode in last 12 months |
|  | Age of onset |
|  | Ever told a professional |
|  | Ever diagnosed by a professional/medical doctor:1. Depression
2. Bipolar disorder (manic depression)
3. Schizophrenia or psychosis
4. Eating disorder
5. Anxiety disorder
6. Panic disorder
7. Obsessive compulsive disorder
8. Posttraumatic stress disorder
9. Phobia
10. ADD/ADHD
11. Personality disorder
12. Alcohol addiction
13. Drug addiction
14. Other, namely
15. None
 |
|  | Ever received treatment by a professional/medical doctor for 1. Depression
2. Bipolar disorder (manic depression)
3. Schizophrenia or psychosis
4. Eating disorder
5. Anxiety disorder
6. Panic disorder
7. Obsessive compulsive disorder
8. Post-traumatic stress disorder
9. Phobia
10. ADD/ADHD
11. Personality disorder
12. Alcohol addiction
13. Drug addiction
14. Other, namely
15. None
 |
|  | Ever had the following treatments1. Antidepressants
2. Psychotherapy
3. Online help program or e-health intervention
4. Running therapy or physical activity
5. Light therapy
6. Hospitalization in psychiatric hospital
7. Electroconvulsive therapy
8. Other, namely
9. None
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