**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 appetite  Weight loss and amount  Increased appetite  Weight gain and amount |
| 5. | Sleep problems  Early awakening  Sleeping too much |
| 6. | Psychomotor retardation  Psychomotor agitation |
| 7. | Concentration problems  Indecisiveness |
| 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 treatments   1. 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 |