

Questionnaire Content

1. **Do you have little interest or pleasure in doing things?**
2. **Do you feel down, depressed, or hopeless?**
3. **Do you have trouble falling or staying asleep, or do you sleep too much?**
4. **Do you feel tired or have little energy?**
5. **Do you have poor appetite or tend to overeat?**
6. **Do you feel bad about yourself or that you are a failure or have let yourself or your family down?**
7. **Do you have trouble concentrating on things, such as reading, work, or watching television?**
8. **Have you been moving or speaking so slowly that other people have noticed, or the opposite—being fidgety or restless?**
9. **Have you had thoughts of self-harm or felt that you would be better off dead?**

The dataset also includes:

- **PHQ-9 Score** (Total score reflecting depression severity)
- **Severity Level** (Minimal, Mild, Moderate, Moderately Severe, Severe)