We included all participants who scored at least one "1" on items 24a to 24f. The following table shows how we mapped items of the NCS to the individuals items of the PHQ-9.

NCS item(s)	PHQ item
24e: During that time, did you become bored	1: Little interest or pleasure in doing things
with almost everything like school, work, hob-	
bies, and things you like to do for fun?	
24f: Did you feel like nothing was fun even when	
good things were happening?	
24a: Did you feel sad empty, or depressed for	2: Feeling down, depressed, or hopeless
most of the day?	
24b: Did you feel so sad that nothing could cheer	
you up?	
24c: During that time, did you feel discouraged	
about how things were going in your life?	
24d: Did you feel hopeless about the future nearly every day?	
26g: Did you have a lot more trouble than usual	3: Trouble falling asleep or staying asleep, or
either falling asleep or staying asleep most nights	sleeping too much
or waking too early most mornings?	siceping too much
26h: Did you sleep a lot more than usual?	
26i: Did you sleep much less than usual and still	
did not feel tired or sleepy?	
26j: On most days, did you feel that you didn't	4: Feeling tired or having little energy
have much energy?	
26a: Did you eat much less than usual almost	5: Poor appetite or overeating
every day during that time?	
26b: Did you eat much more than usual almost	
every day?	
26t: Did you lose you self-confidence?	6: Feeling bad about yourself – or that you are a
	failure for have let yourself or your family down
26u: Did you feel that you were not as good as	
other people nearly every day?	
26v: Did you feel totally worthless nearly every	
day?	
26w: Did you feel guilty or blame yourself for	
things nearly every day?	7 T 11
26p: On most days, did your thinking seem	7: Trouble concentrating on things, such as read-
slower than usual or seem confusing?	ing the newspaper or watching television
26q: Did your thoughts seem to jump from one	
thing to another or to race through your head so fast that you couldn't keep track of them?	
rast that you couldn't keep track of them?	

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Table 1 – Continued from previous page

NCS item(s)	PHQ item
26r: On most days, did you have a lot more trou-	
ble keeping your mind on things than is normal	
for you?	
26s: Were you unable to make decisions about	
things you ordinarily have no trouble deciding about?	
26l: Did you feel as though you were talking or moving more slowly than usual on most days during that time?	8: Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
26m: Did anyone else notice that you were talk-	
ing or moving more slowly than usual?	
260: Did anyone else notice that you couldn't sit still?	
26aa: DD you often think a lot about death, either	9: Thoughts that you would be better off dead or
your own, someone else's, or death in general?	of hurting yourself in some way
26bb: During that time, did you ever think that it	
would be better if you were dead?	
26cc: Did you think about killing yourself?	
26dd: Did you make a plan to kill yourself?	
26ee: Did you make a suicide attempt or try to	
kill yourself?	

PHQ	NCS item(s)	Aggregation rule	Response
item			categories
1	24e - 24f	Sum both items. No reverse coding.	0
			1
			2
2	24a - 24d	Sum all items. No reverse coding.	0
			1
			2
			3
			4
3	26g - 26i	a "1" on either item equals a "1", otherwise "0"	0
		_	1
4	26j	Not applicable	0
	· ·	••	1
5	26a - 26b	a "1" on either item equals a "1", otherwise "0"	0
		•	1
6	26t - 26w	Sum all items. No reverse coding	0
		Ç .	1
			2
			3
			4
7	26p - 26s	Sum all items. No reverse coding	0
	•		1
			2
			3
8	261 - 26o	Sum all items. No reverse coding	0
			1
			2
9	26aa - 26ee	Sum all items. No reverse coding	0
			1
			2
			3
			4
			5