

Supplementary Table 2 Patient health Questionnaire-9(PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
 [Brackets depicts patient responses]

	Not at all	Several days	More than half the days	Nearly Everyday
1. Little interest or pleasure in doing things	0	1	2	{3}
2. Feeling down, depressed, or hopeless	0	1	2	{3}
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	{3}
4. Feeling tired or having little energy	0	1	2	{3}
5. Poor appetite or overeating	0	{1}	2	3
6. Feeling bad about yourself -or that you are a failure or have let yourself or your family down	0	1	2	{3}
7. Trouble concentrating on things, such as reading newspaper or watching television	0	1	2	{3}
8. Moving or speaking 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	0	1	2	{3}
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	{2}	3
Total score	24			

If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not at all difficult
- Somewhat difficult
- {Very difficult}
- Extremely difficult

Interpretation

- Total score Diagnosis
- 0-4 Minimal Depression
- 5-9 Mild depression
- 10-14 Moderate depression
- 15-19 Moderately severe depression
- 20-27 Severe Depression