Supplementary Material

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Supplementary Methods A. Search Strategies

MEDLINE (OvidSP)

1. PHQ*.af.
2. patient health questionnaire*.af.
3. 1 or 2
4. Mass Screening/
5. Psychiatric Status Rating Scales/
6. "Predictive Value of Tests"/
7. "Reproducibility of Results"/
8. exp "Sensitivity and Specificity"/
9. Psychometrics/
10. Prevalence/
11. Reference Values/
12. Reference Standards/
13. exp Diagnostic Errors/
14. Mental Disorders/di, pc [Diagnosis, Prevention & Control]
15. Mood Disorders/di, pc [Diagnosis, Prevention & Control]
16. Depressive Disorder/di, pc [Diagnosis, Prevention & Control]
17. Depressive Disorder, Major/di, pc [Diagnosis, Prevention & Control] 18. Depression, Postpartum/di, pc [Diagnosis, Prevention & Control]
19. Depression/di, pc [Diagnosis, Prevention & Control]
20. validation studies.pt.
21. comparative study.pt.
22. screen*.af.
23. prevalence.af.
24. predictive value*.af.
25. detect*.ti.
26. sensitiv*.ti.
27. valid*.ti.
28. revalid*.ti.
29. predict*.ti.
30. accura*.ti.
31. psychometric*.ti.
32. identif*.ti.
33. specificit*.ab.
34. cut?off*.ab.
35. cut* score*.ab.
36. cut?point*.ab.
37. threshold score*.ab.
38. reference standard*.ab.
39. reference test*.ab.
40. index test*.ab.
41. gold standard.ab.
42. or/4-41
43. 3 and 42
44. limit 43 to yr=”2000-Current”

PsycINFO (OvidSP)

1. PHQ*.af.
2. patient health questionnaire*.af.

3. 1 or 2
4. Diagnosis/
5. Medical Diagnosis/
6. Psychodiagnosis/
7. Misdiagnosis/
8. Screening/
9. Health Screening/
10. Screening Tests/
11. Prediction/
12. Cutting Scores/
13. Psychometrics/
14. Test Validity/
15. screen*.af.
16. predictive value*.af.
17. detect*.ti.
18. sensitiv*.ti.
19. valid*.ti.
20. revalid*.ti.
21. accura*.ti.
22. psychometric*.ti.
23. specificit*.ab.
24. cut?off*.ab.
25. cut* score*.ab.
26. cut?point*.ab.
27. threshold score*.ab.
28. reference standard*.ab.
29. reference test*.ab.
30. index test*.ab.
31. gold standard.ab.

32. or/4-31
33. 3 and 32
38. Limit 33 to "2000 to current"

Web of Science (Web of Knowledge)

#1: TS=(PHQ* OR "Patient Health Questionnaire*")

#2: TS= (screen* OR prevalence OR "predictive value*" OR detect* OR sensitiv* OR valid* OR revalid* OR predict* OR accura* OR psychometric* OR identif* OR specificit* OR cutoff* OR "cut off*" OR "cut* score*" OR cutpoint* OR "cut point*" OR "threshold score*" OR "reference standard*" OR "reference test*" OR "index test*" OR "gold standard")

#1 AND #2
Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH Timespan=2000-2018

Supplementary Methods B. QUADAS-2 Coding manual for primary studies included in the present study

Domain 1: Participant Selection

1. **Signalling question 1 – Was a consecutive or random sample of patients enrolled?:** Code as "yes" if a consecutive or random sample of participants were recruited for the study and the percentage of eligible participants who participate is ≥75%. If the study indicates that consecutive or random participants were recruited, but does not give an indication of the total number of eligible participants and how many agreed to participate in the study, this should be rated "unclear". If the percentage of eligible participants included in the study was between ≥50% and <75%, then this should also be marked as "unclear". If a very low rate of eligible participants (<50%) were included in the study, this should be coded "no." In "Notes", please provide the relevant numbers and percentages used to make a determination. If a convenience sample of participants was recruited for the study or if the study was a case-control design, code as "no".
2. **Signalling question 2 – Was a case-control design avoided?:** Code as "yes" if the study did not employ a case-control design. Code as "no" if the study used a case-control design.
3. **Signalling question 3 – Did the study avoid inappropriate exclusions?:** Inappropriate exclusions refer to situations where an important part of the screening population was excluded from the study based on characteristics that could be related to screening results. Code as "yes" if the study does not inappropriately exclude participants. Code as "no" if the study inappropriately excludes participants.
4. **Overall risk of bias**: Rate as "low", "high", or "unclear" as described in QUADAS-2. Please indicate factors in decision in "Notes". NOTE: if signalling question 1 was coded "Unclear" the overall risk of bias is either a) Unclear, in cases where the denominator is not specified, or the percentage cannot be calculated, or method of participant selection is unclear OR b) Low, in cases where the percentage can be calculated, and is between 50-75%. If signalling question 1 is a "no" and signalling questions 2 and 3 are both "yes" then the risk of bias is coded "Unclear".
5. **Applicability concerns:** Code as "low" if study excluded participants who were already diagnosed or treated for depression or if the study included these patients, but they can be excluded using the individual patient data. Also code as "low" if the study did not exclude participants already diagnosed with depression and the overall percentage of these participants is low (e.g., ≤ 2.0% of total participants), even if there is not a variable to exclude them. Code "unclear" if the study did not exclude participants already diagnosed or treated for depression and it is not known how many diagnosed and treated patients were included or if the percentage is moderate (e.g., >2.0% but ≤ 5.0%). Code "high" if already diagnosed and treated patients are included and make up > 5.0% of the total sample and there is not a variable to exclude them. Please see aggregated study information sheet to code this.

Domain 2: Index Test

1. **Signalling question 1 - Were the index test results interpreted without the knowledge of the results of the reference standard?:** Code this item as "N/A" for all studies, as the index test is scored and does not require interpretation.
2. **Signalling question 2 - If a threshold was used, was it pre-specified?:** Code this item as "N/A" for all studies, as individual participant data allows for testing at all thresholds/cut-offs.
3. **Overall risk of bias:** Rate this item as "low" for all studies since the interpretation of the index test is fully automated in scoring self-report depressive symptom questionnaires and the individual participant data allows for testing at all thresholds/cut-offs.
4. **Applicability concerns:** Code "low" if the standard language version of the index test was used or if a translated version was used with an appropriate translation and back-translation process, or a translated version is located online. Code "unclear" if a translated version was used and it is not clear what steps were taken to ensure the quality of the translation or if only forward translation was used.

Domain 3: Reference Standard

1. **Signalling question 1 – Is the reference standard likely to correctly classify the condition?:** This question will be coded as "yes" for all studies because the use of a validated semi- or fully structured psychiatric interview to assess participants for a DSM or ICD diagnosis of MDD/MDE is an eligibility requirement.
2. **Signalling question 2 – Were the reference standard results interpreted without knowledge of the results of the index test?:** Code as "yes" if the person administering the diagnostic interview was blinded to the participant's score on the index test, or if the diagnostic interview was administered before the index test. Code as "no" if the person administering the diagnostic interview was not blinded or was aware of the participant's score on the index test. Code as "unclear" if the study does not indicate whether blinding occurred and we cannot ascertain whether blinding occurred.
3. **Study-specific Signalling question 3 – Did a qualified person administer the reference standard?:** For structured clinical interviews, this will typically be coded "yes" as no specific clinical training is required. For semi-structured interviews, this will be coded "yes" if a trained mental health diagnostician administered the clinical interview (e.g., psychiatrist, psychologist, clinician, social worker, general practitioner, psychiatric nurse) or if non-clinicians who have comprehensive diagnostic experience and documented adequate training administered the clinical interview (e.g. trained doctoral student, research assistant, nurse, nurse practitioner, advanced practice nurse). Code "no" if individuals without the required training administered the reference standard (e.g,. student, research assistant, nurse without documented extensive training necessary). Code "unclear" if the characteristics of personnel who administered the diagnostic interview cannot be ascertained or if a vague description of training is provided (e.g., trained research assistants with no additional information). If the name of the interviewer is provided in the article, but no credentials are listed, then code based on credentials retrieved online for the interviewer.

   Fully structured: CIDI, DIS, MINI, CIS-R
   Semi-structured: SCID, SCAN, DISH, CIS

4. **Overall risk of bias:** The coding of this item should consider blinding of the person administering the diagnostic interview to the participant's score on the index test and the qualifications of individuals administering the reference standard interview.
5. **Applicability concerns:** This item will be coded as "low" for most standard language studies, since the use of a validated semi- or fully structured psychiatric interview to assess participants for a DSM or ICD diagnosis of MDD/MDE is an eligibility requirement. For translated versions of a validated reference standard, code "low" if a translated version was used with an appropriate translation and back-translation process. Code "unclear" if a translated version was used and it is not clear what steps were taken to ensure the quality of the translation or if only forward translation was used.

Domain 4: Flow and Timing

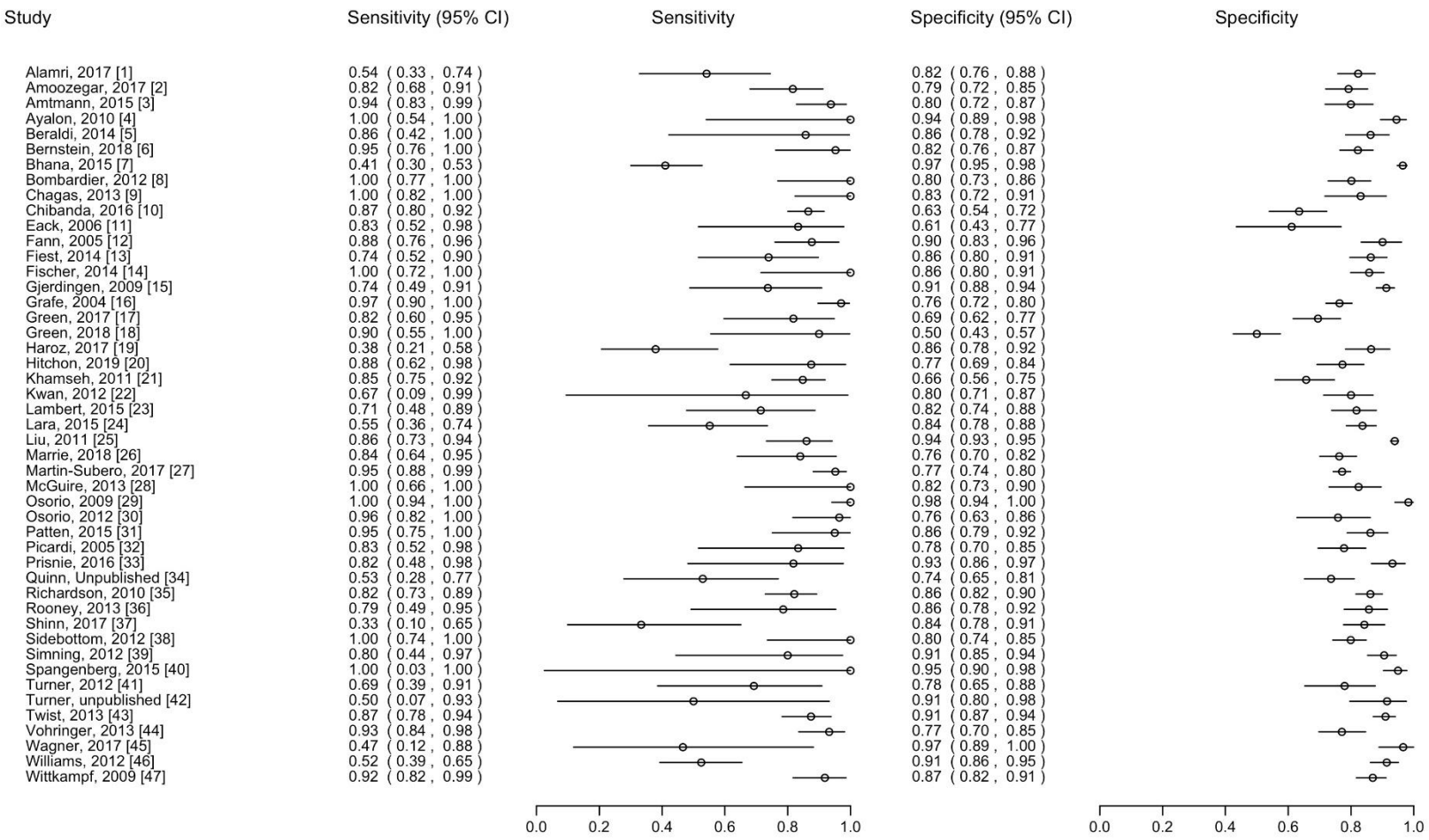
1. **Signalling question 1 – Was there an appropriate interval between index test and reference standard?:** Only patient data with two weeks or less between the index text and reference standard are included. Thus, code "yes" if index test and reference standard were administered within a week of each other. Code "unclear" if the period was greater than one week (but less than two weeks) or if the timing cannot be ascertained beyond knowing that it was < 2 weeks. Note that this item may be coded differently for different patients from the same study. Please see aggregated study information sheet to code this.
2. **Signalling question 2 – Did all patients receive a reference standard?:** This will typically be coded "yes". If a portion of positive and negative screens receive the reference standard, and the patients selected were chosen randomly, code "yes". If non-random selection based on clinical factors or the index test determined whether or not patients received a reference standard, then code "unclear" or "no". An example of all patients not receiving a reference standard would occur, for instance, if patients who endorsed suicidality on the index test were referred for evaluation and did not receive the reference standard interview.
3. **Signalling question 3 – Did all patients receive the same reference standard?:** This question will typically be coded as "yes" for all studies, since the reference standard is almost always consistent within each study.

4. **Signalling question 4 – Were all patients included in the analysis?:** When coding for this question, compare the number of participants who received the index test to the number of participants who received the reference standard. Code as "yes" if at least 90% of participants who received the index test also received the reference standard, or vice versa, and were included in analyses. Code as "unclear" if this difference is ≥ 80%, but < 90% or if it cannot be determined. Code as "no" if it is < 80%. If the study used randomly selected patients for either the index test or the reference standard, do not count the participants who did not receive the reference standard for that reason as missing. In "Notes", please provide the relevant numbers and percentages used to make a determination.
5. **Overall risk of bias:** Rate as "low", "high", or "unclear" risk of bias. Given that questions 2 and 3 will typically be coded as "yes", use the following rules to code the overall risk of bias:

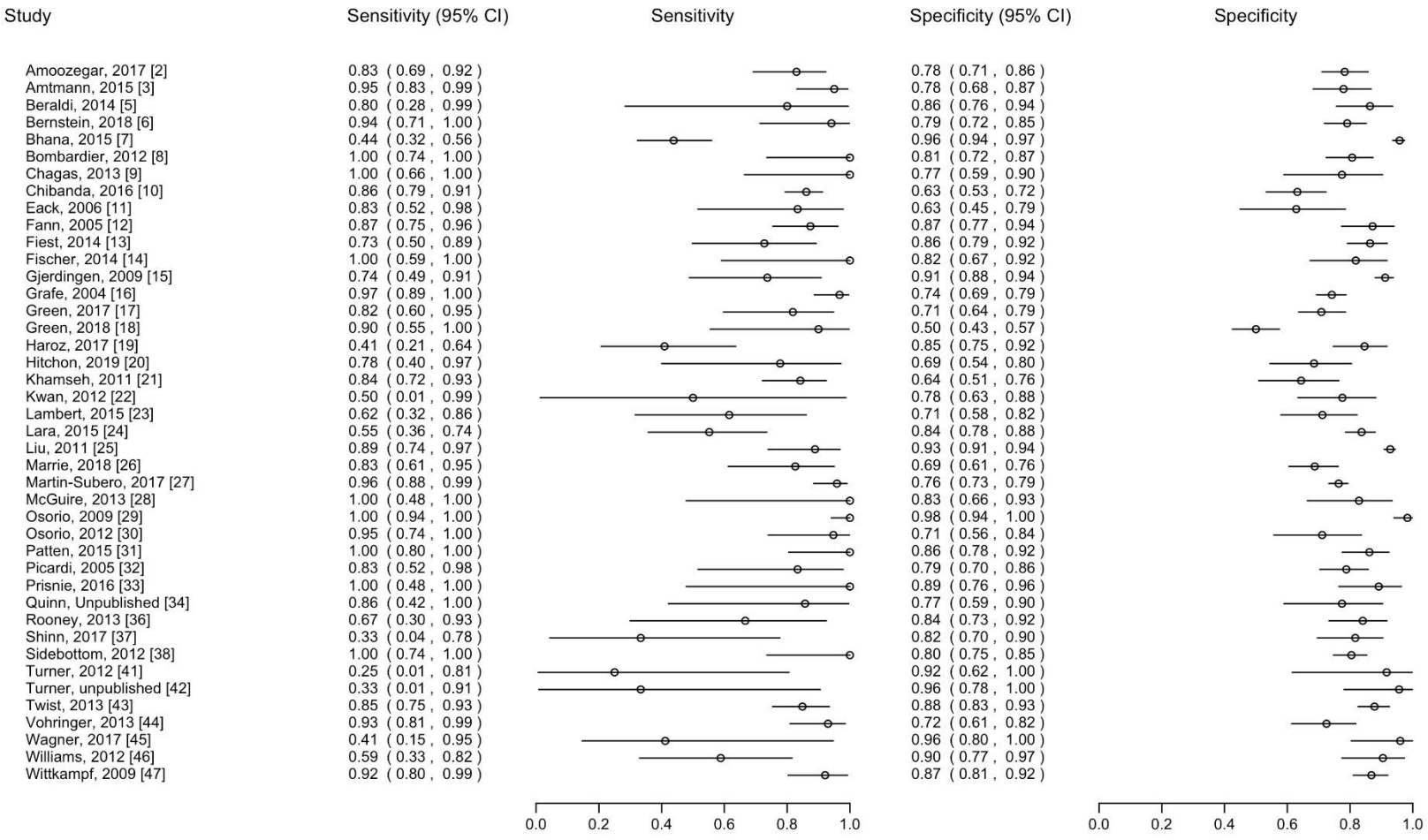
   SQ1 = UNCLEAR and SQ4 = YES: code as UNCLEAR risk of bias
   SQ1 = UNCLEAR and SQ4 = UNCLEAR: code as UNCLEAR risk of bias
   SQ1 = UNCLEAR and SQ4 = NO: code as HIGH risk of bias if the % in SQ4 is <50% and code as UNCLEAR risk of bias if the % in SQ4 is >=50%
   SQ1 = YES and SQ4 = UNCLEAR: code as UNCLEAR risk of bias
   SQ1 = YES and SQ4 = YES: code as LOW risk of bias
   SQ1 = YES and SQ4 = NO: code as HIGH risk of bias if the % in SQ4 is <50% and code as UNCLEAR risk of bias if the % in SQ4 is >=50%

   Note: If "IPD" was selected for signalling question 1, and the overall risk of bias rating depends on the individual patient rating in signalling question 1, then rate as "IPD" and indicate which participants should receive which bias rating (for example, participants administered the reference standard within 1 week are rated as "low", whereas those administered the reference standard within 1-2 weeks are rated as "unclear").

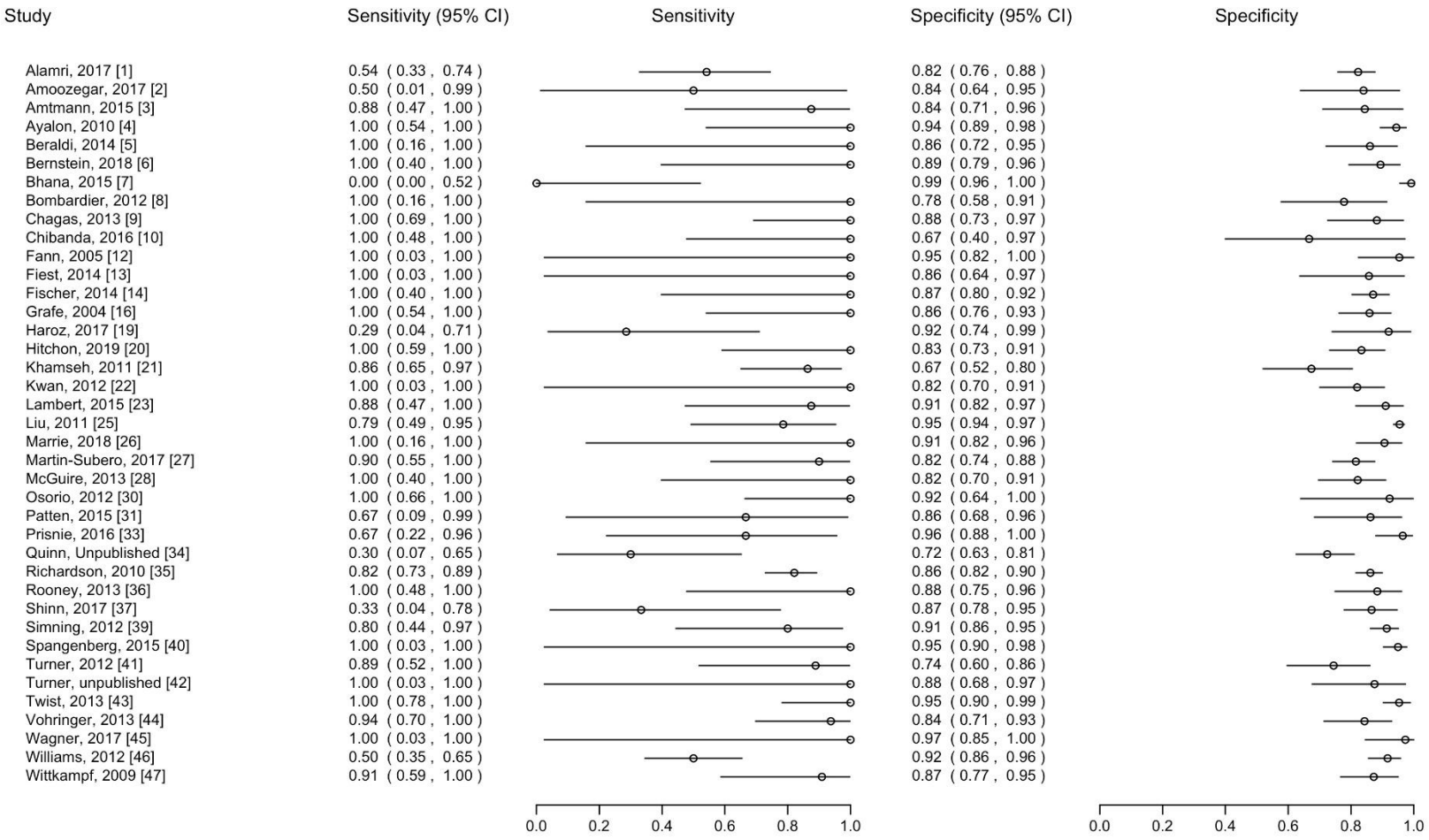
Supplementary Figure A1. Forest plots of sensitivity and specificity estimates for cut-off 10 of PHQ-9, among studies that used a semi-structured diagnostic interview as the reference standard (Number of studies = 47; Number of participants = 11,234; Number with major depression = 1,528)



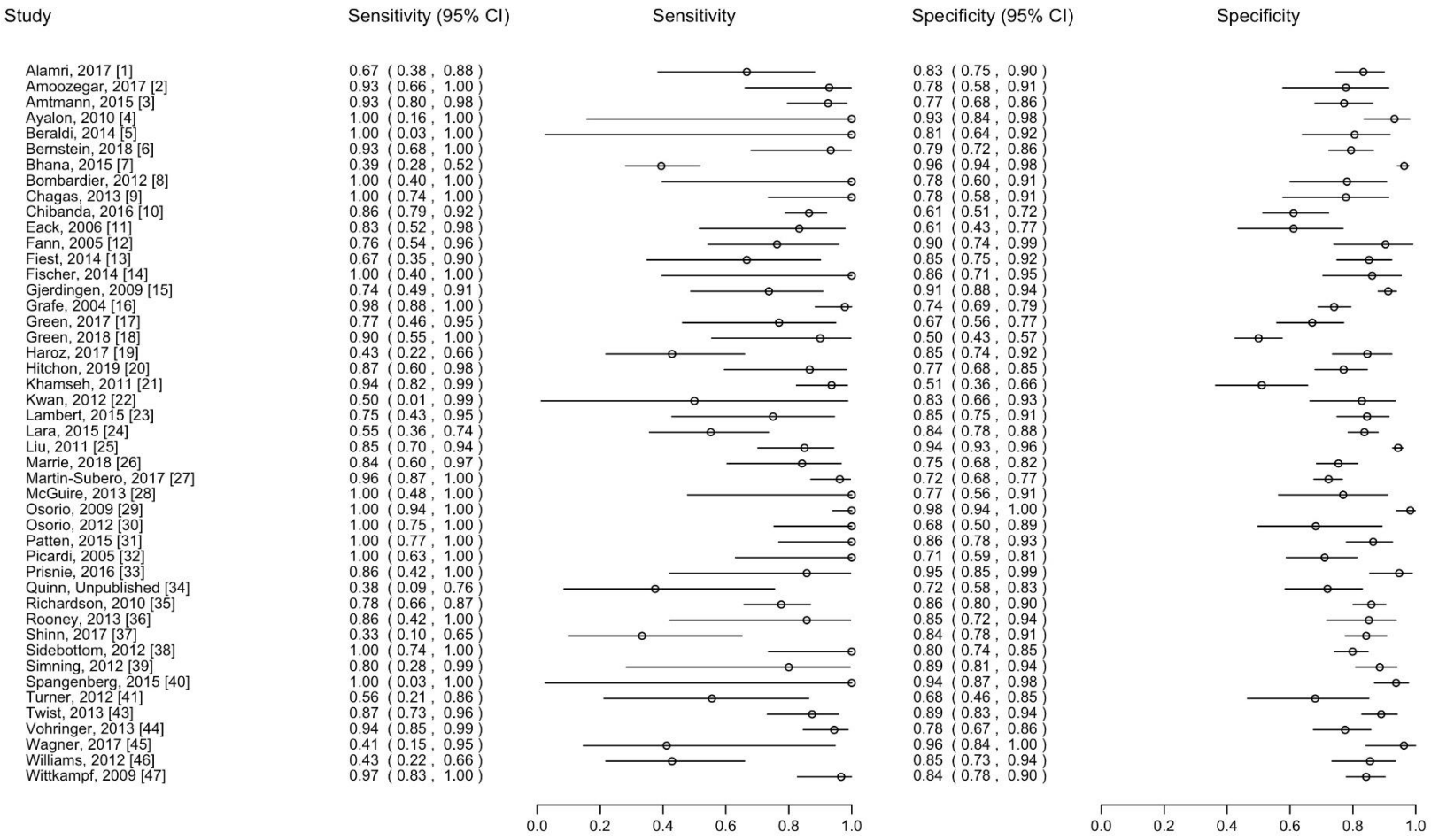
Supplementary Figure A2. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among participants aged <60, among studies that used a semi-structured diagnostic interview as the reference standard (Number of studies = 42; Number of participants = 7, 349; Number with major depression = 1,131)



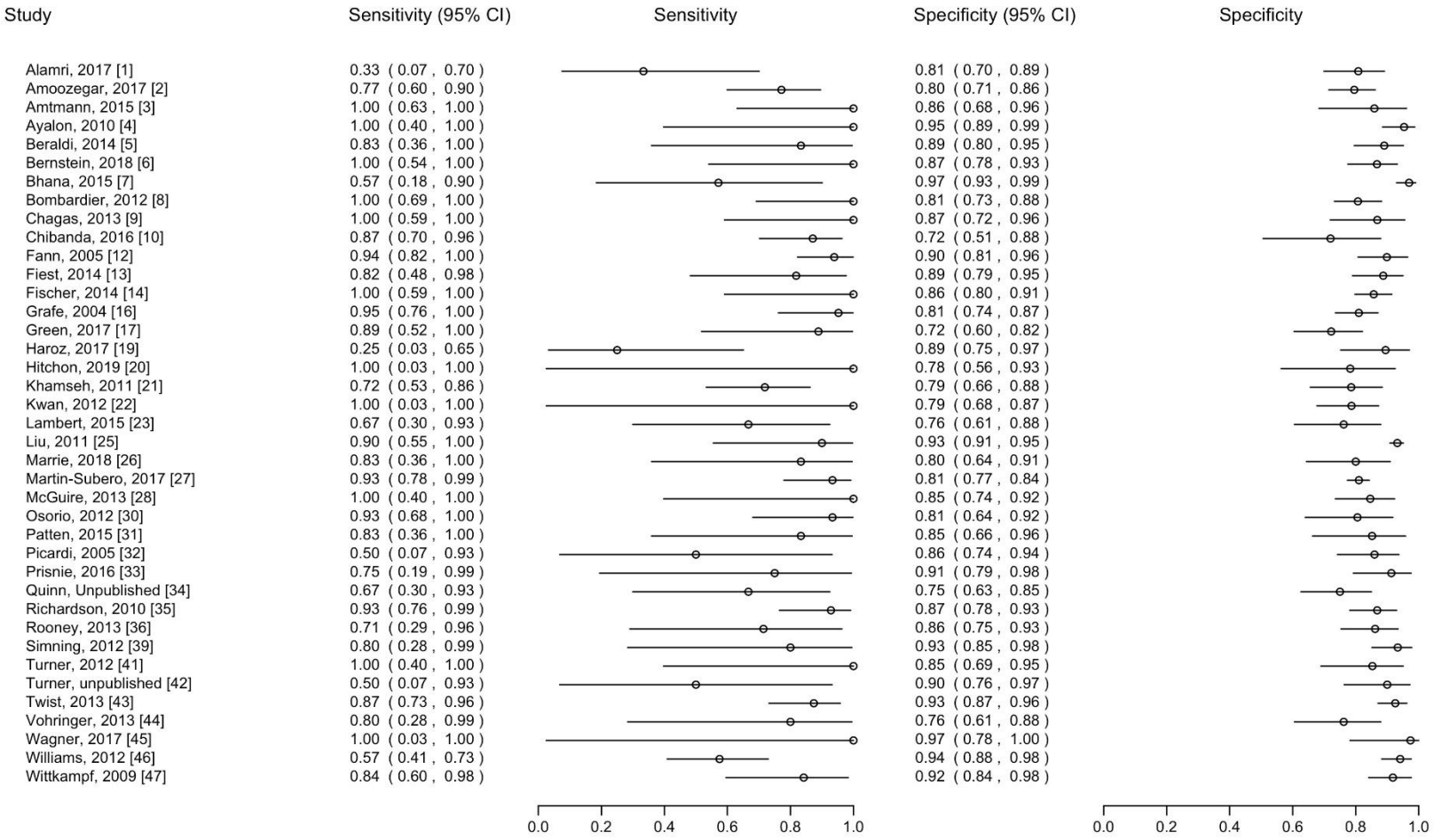
Supplementary Figure A3. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among participants aged ≥60, among studies that used a semi-structured diagnostic interview as the reference standard (Number of studies = 39; Number of participants = 3,860; Number with major depression = 397)



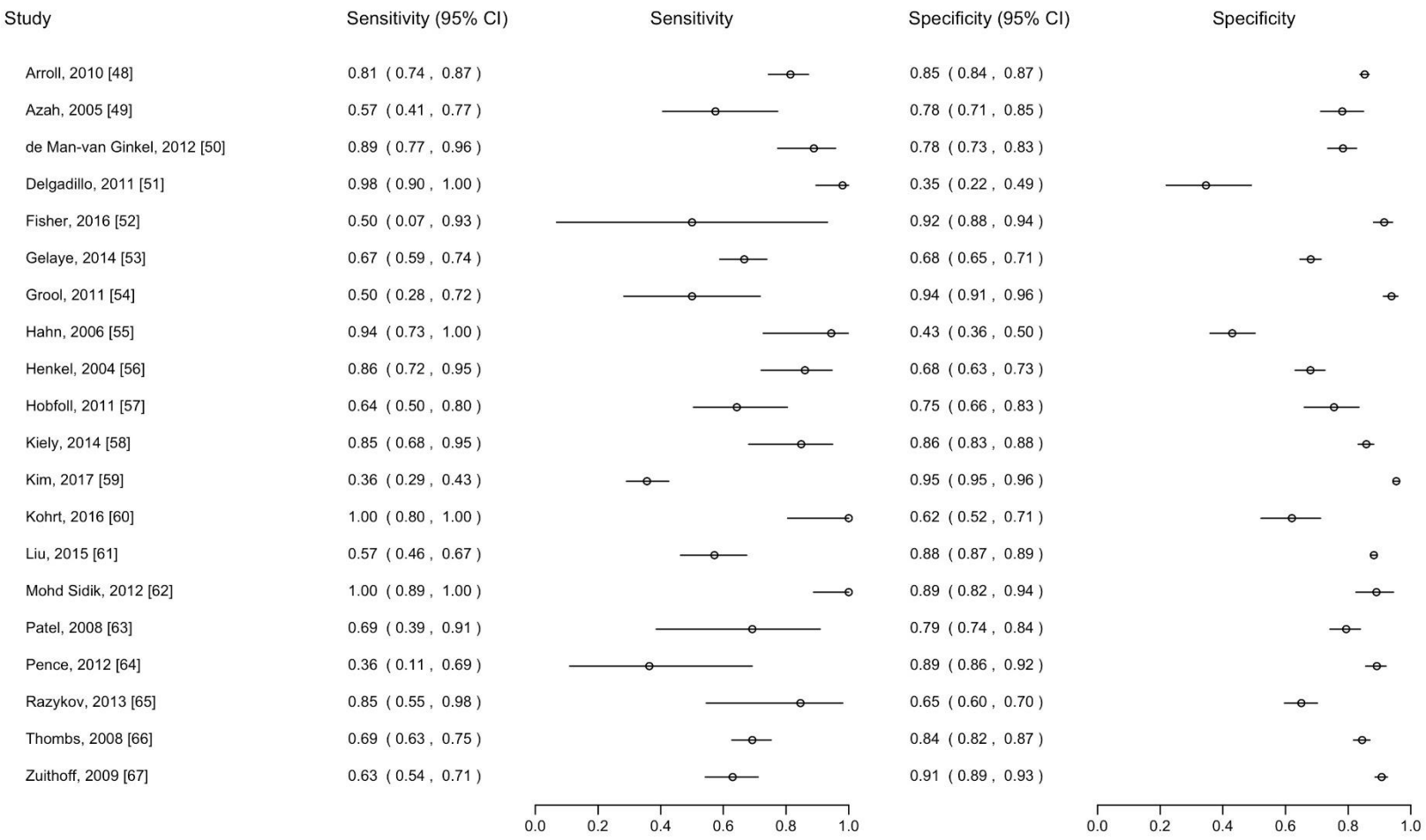
Supplementary Figure A4. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among women, among studies that used a semi-structured diagnostic interview as the reference standard (Number of studies = 46; Number of participants = 6, 986; Number with major depression = 1,040)



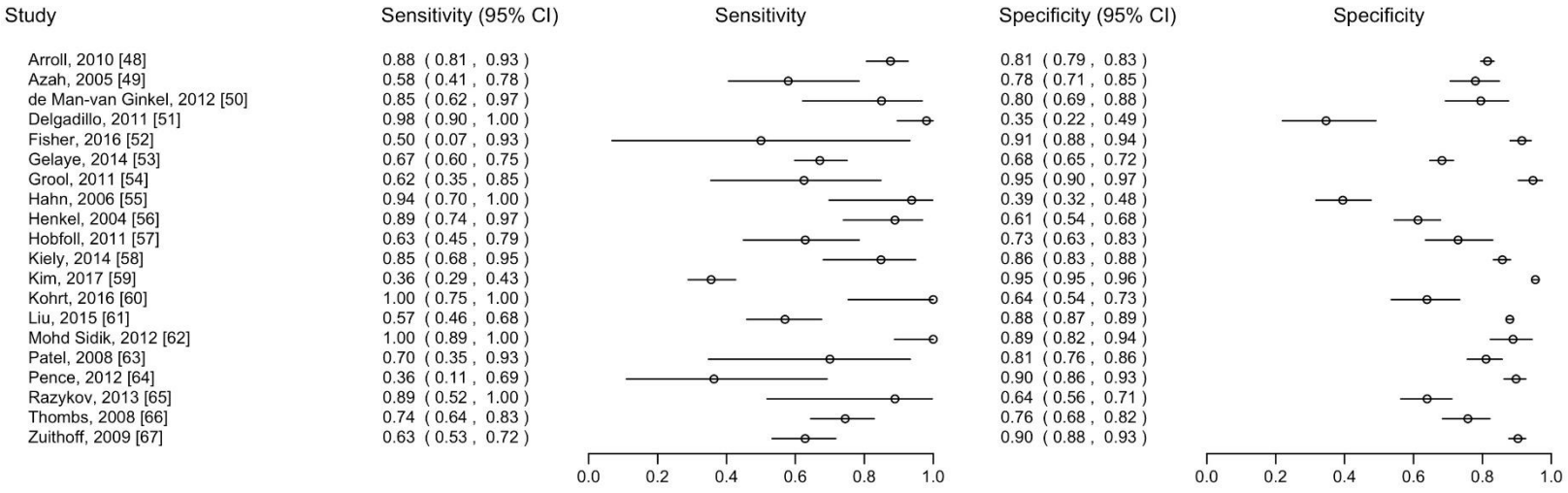
Supplementary Figure A5. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among men, among studies that used a semi-structured diagnostic interview as the reference standard (Number of studies = 39; Number of participants = 4, 168; Number with major depression = 488)



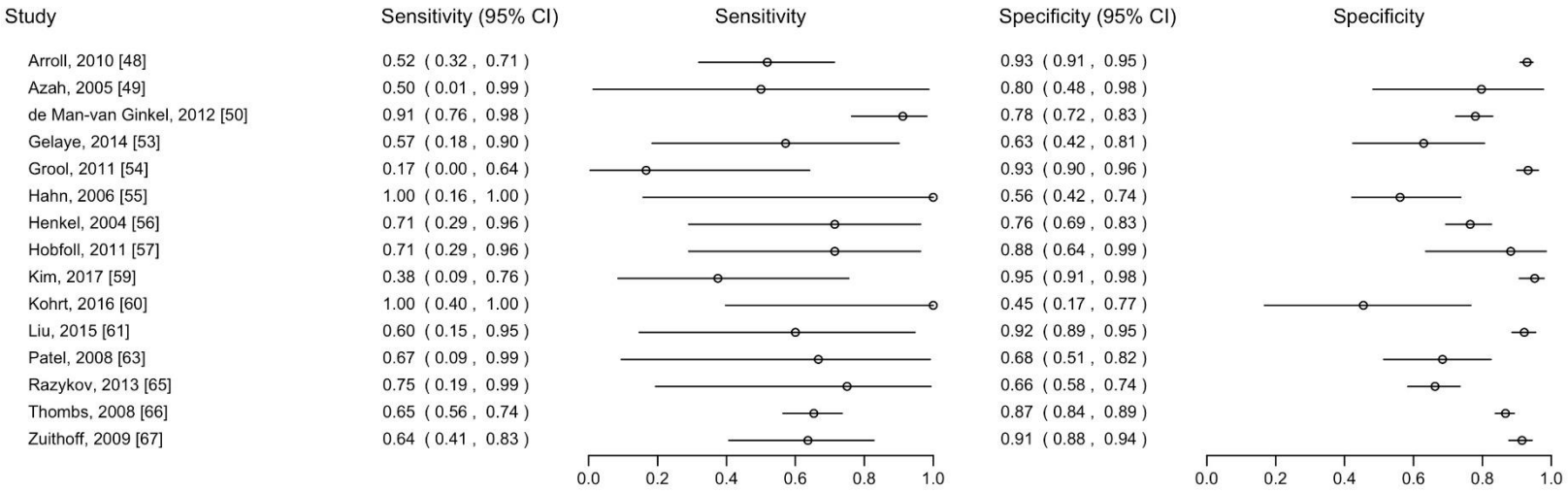
Supplementary Figure A6. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9, among studies that used a fully structured diagnostic interview as the reference standard (Number of studies = 20; Number of participants = 17,167; Number with major depression =1,352)



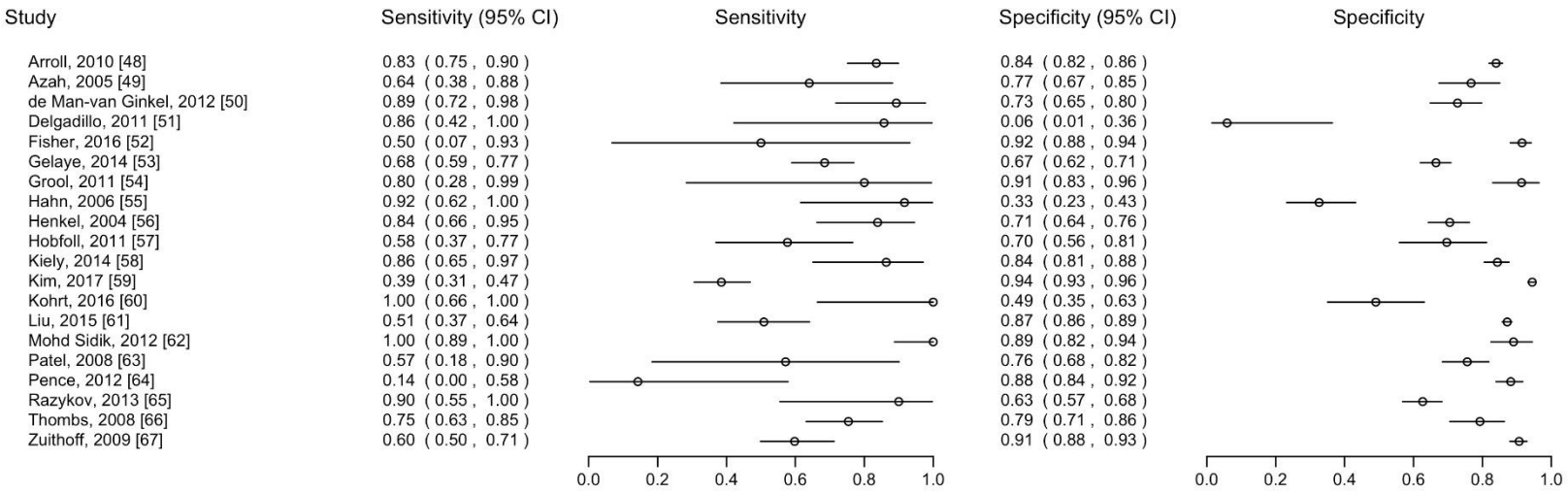
Supplementary Figure A7. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among participants aged <60, among studies that used a fully structured diagnostic interview as the reference standard (Number of studies = 20; Number of participants = 13,784; Number with major depression =1,087)



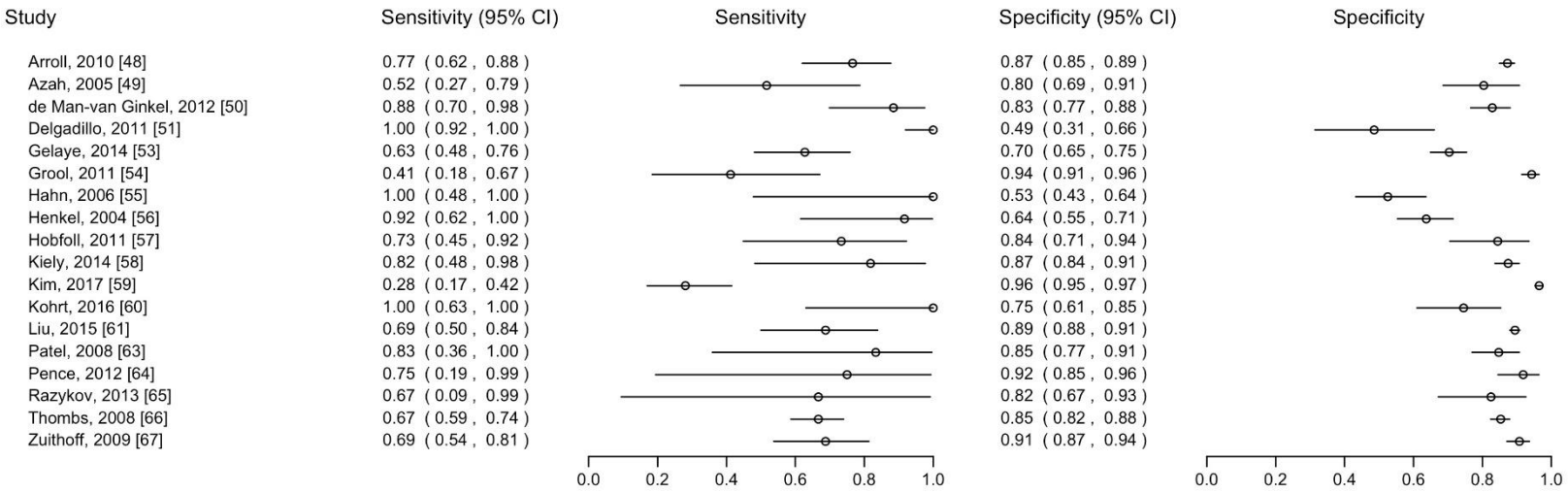
Supplementary Figure A8. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among participants aged ≥60, among studies that used a fully structured diagnostic interview as the reference standard (Number of studies = 15; Number of participants = 3,374; Number with major depression =265)



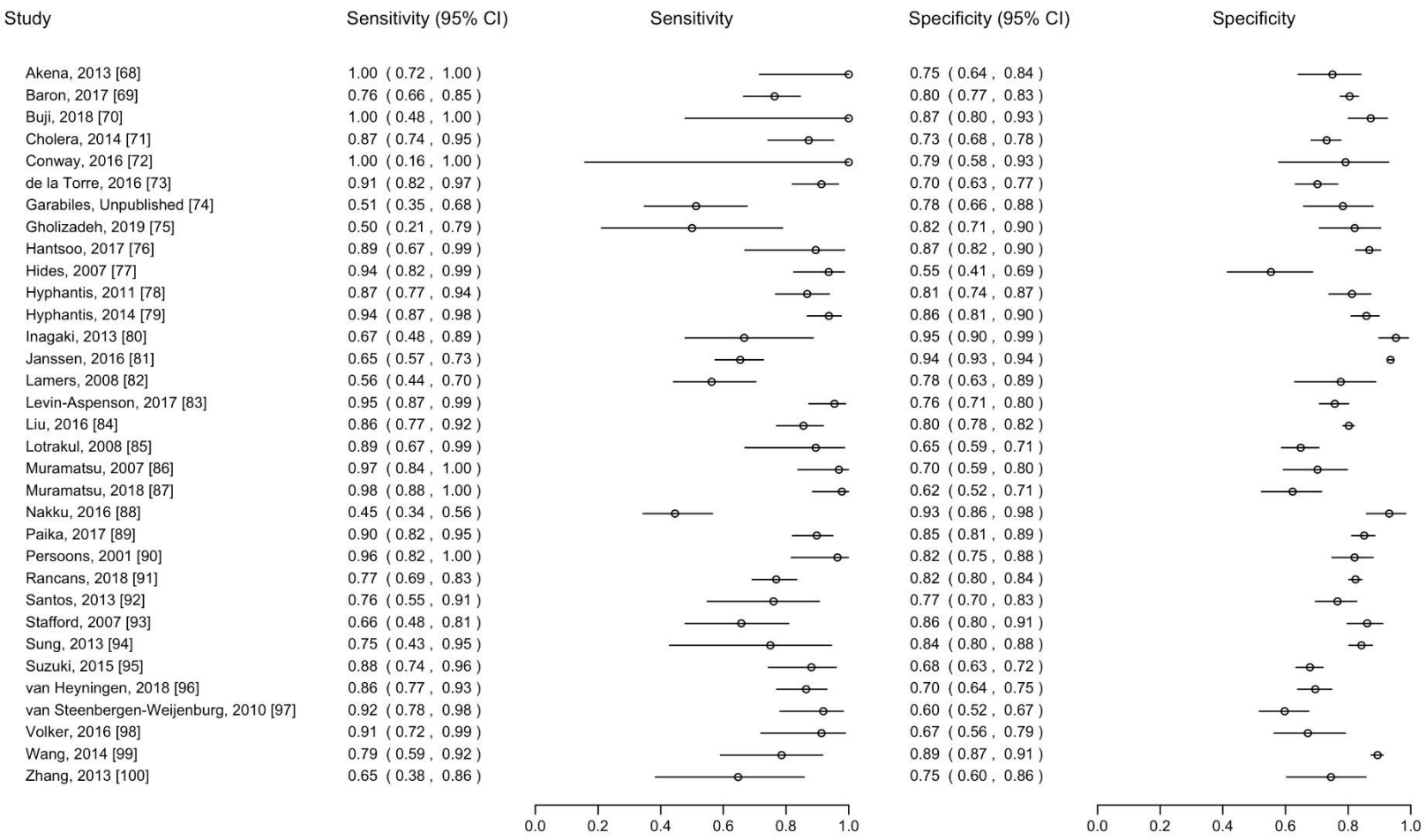
Supplementary Figure A9. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among women, among studies that used a fully structured diagnostic interview as the reference standard (Number of studies = 20; Number of participants = 9,603; Number with major depression =793)



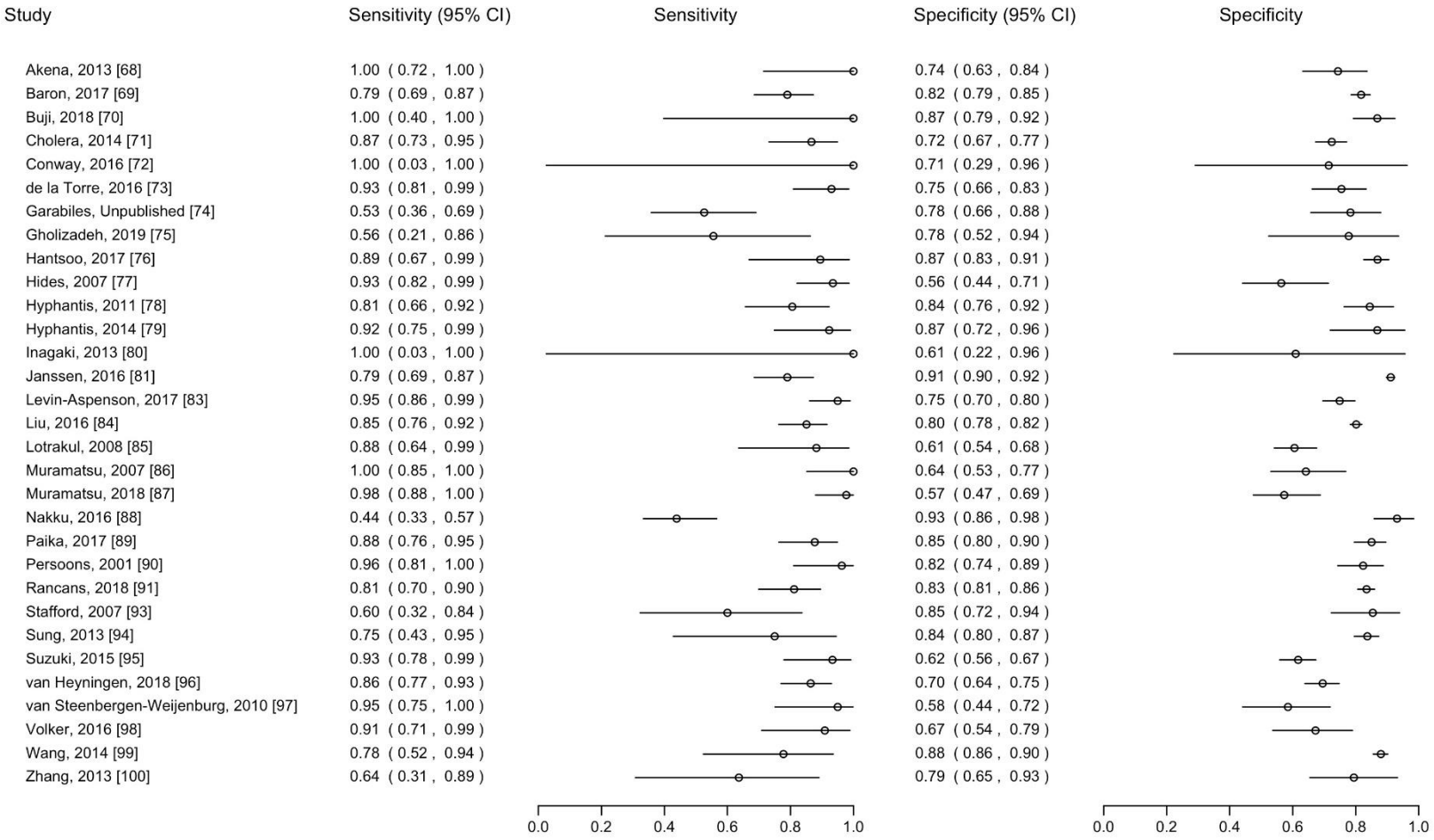
Supplementary Figure A10. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among men, among studies that used a fully structured diagnostic interview as the reference standard (Number of studies = 18; Number of participants = 7,554; Number with major depression =557)



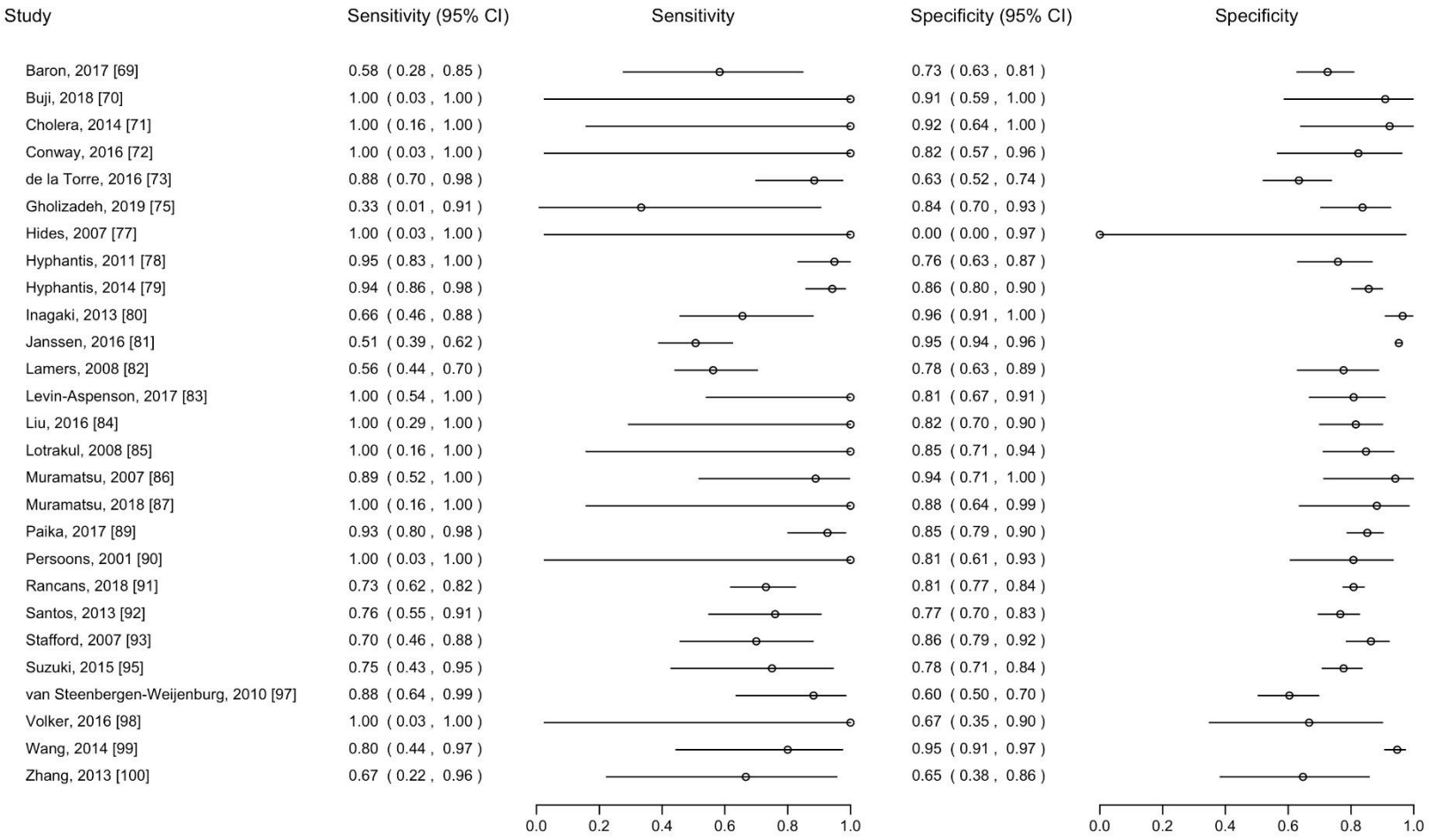
Supplementary Figure A11. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9, among studies that used the MINI as the reference standard (Number of studies = 33; Number of participants = 16,102; Number with major depression =1,661)



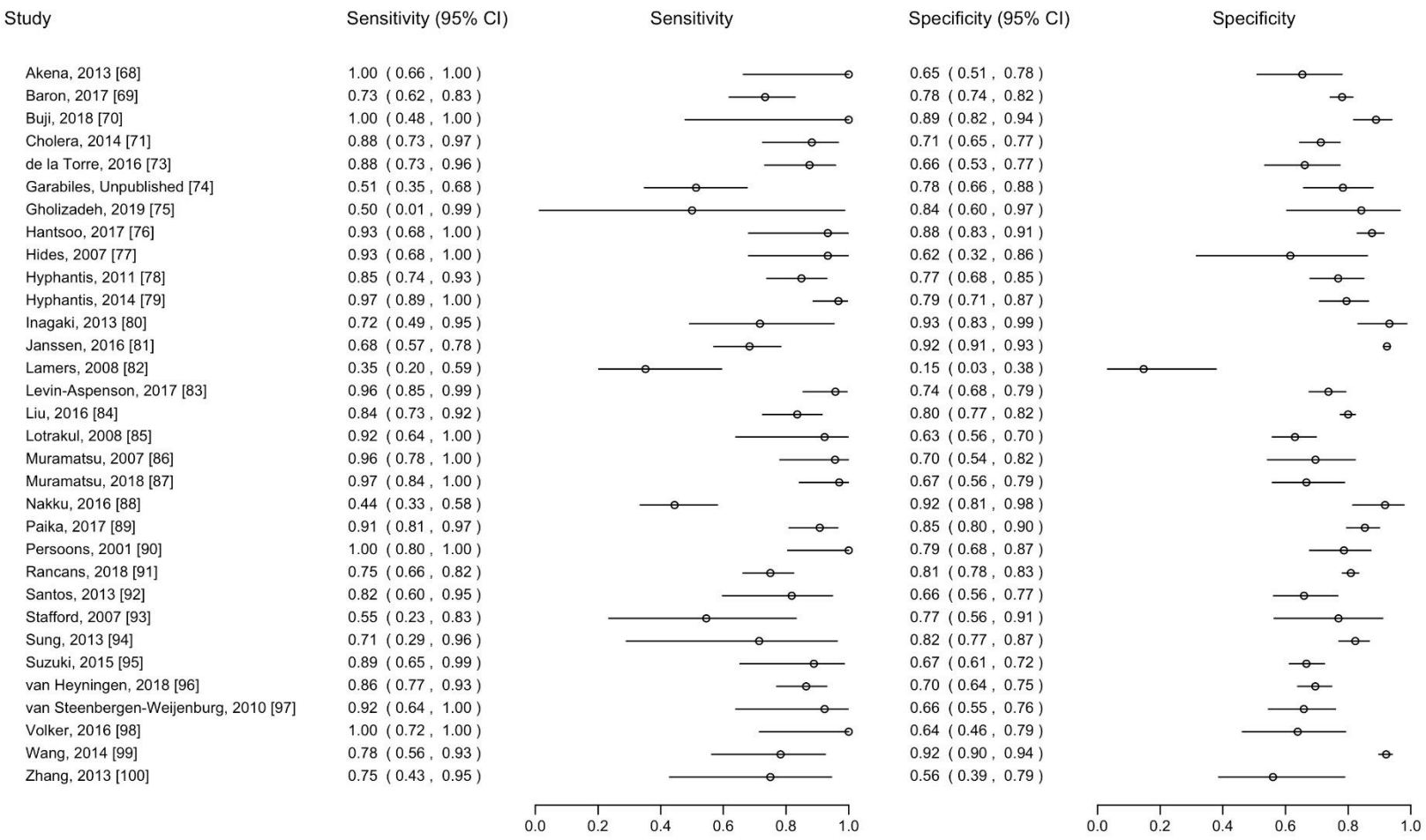
Supplementary Figure Al2. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among participants aged <60, among studies that used the MINI as the reference standard (Number of studies = 31; Number of participants = 10,489; Number with major depression =1,119)



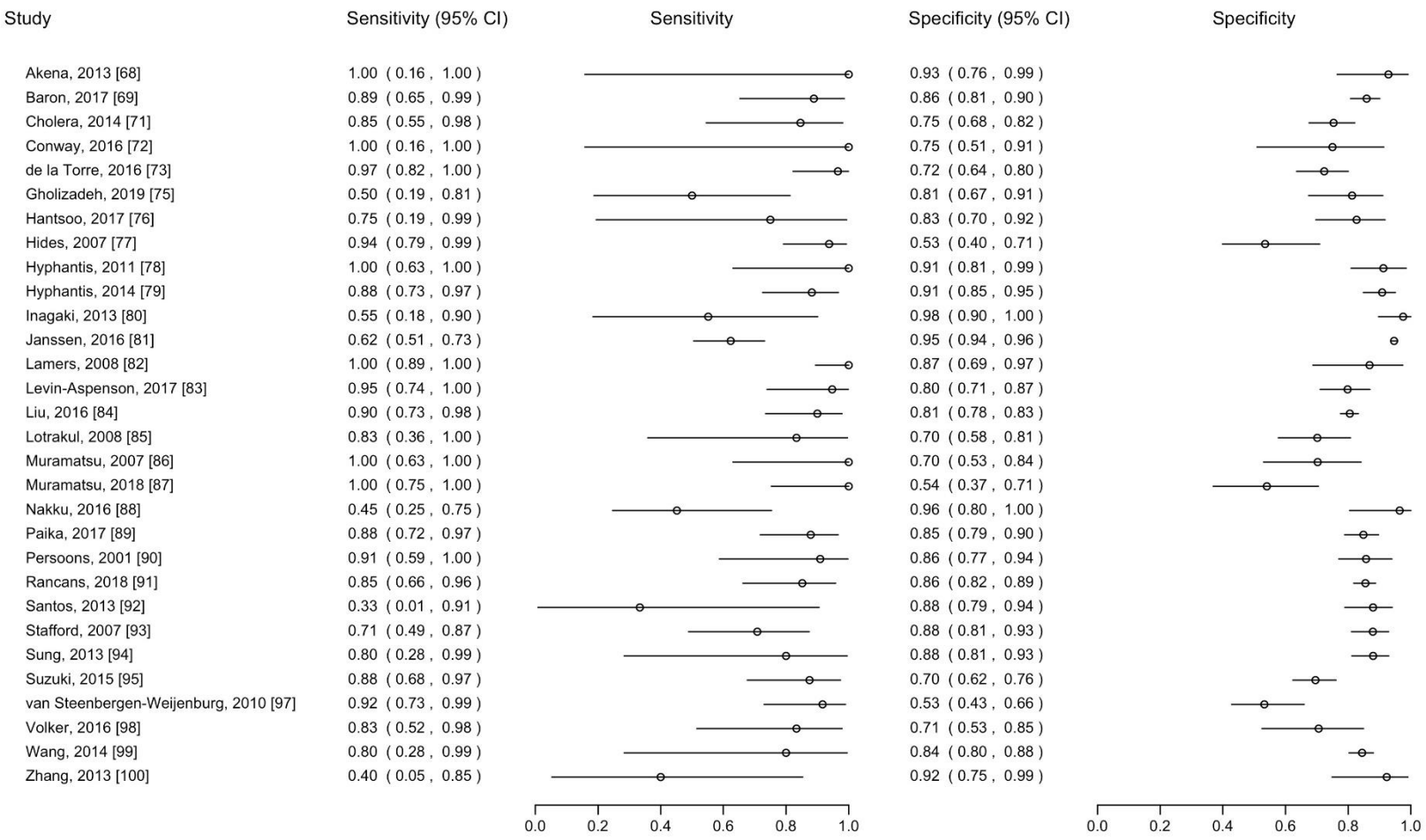
Supplementary Figure A13. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among participants aged ≥60, among studies that used the MINI as the reference standard (Number of studies = 27; Number of participants = 5,585; Number with major depression =533)



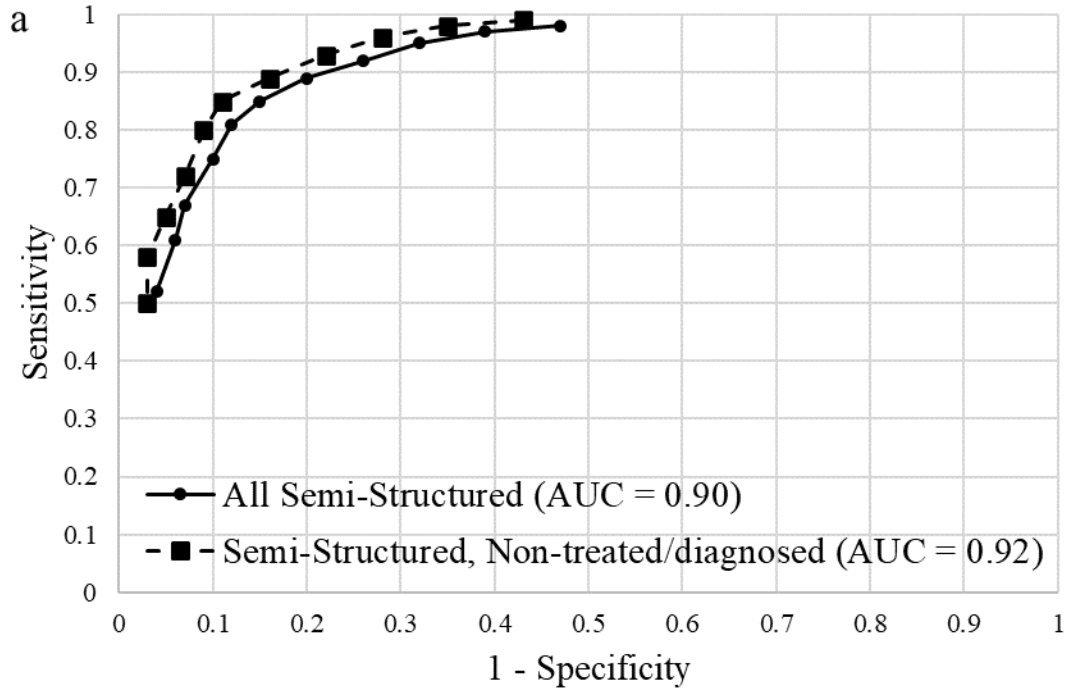
Supplementary Figure A14. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among women, among studies that used the MINI as the reference standard (Number of studies = 32; Number of participants = 9,574; Number with major depression =1,126)



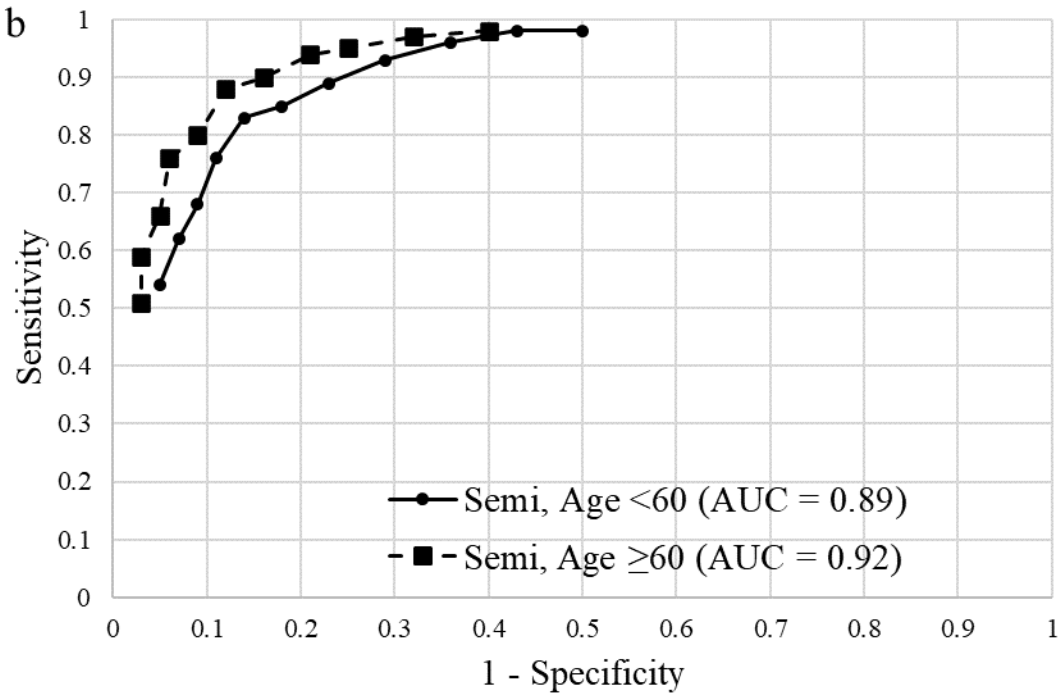
Supplementary Figure A15. Forest plots of sensitivity and specificity estimates for cut-off 10 for the PHQ-9 among men, among studies that used the MINI as the reference standard (Number of studies = 30; Number of participants = 6,511; Number with major depression =534)



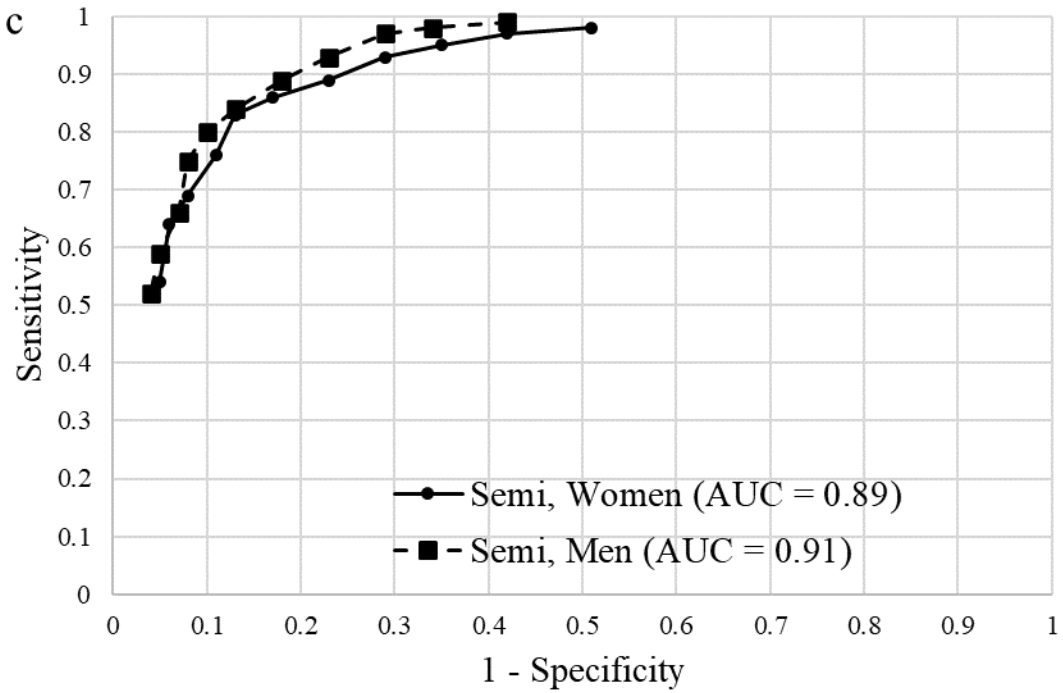
Supplementary Figure B1. ROC curves comparing PHQ-9 sensitivity and specificity among all participants compared to participants not currently diagnosed or receiving treatment for a mental health problem, among studies that used a semi-structured diagnostic interview as the reference standard



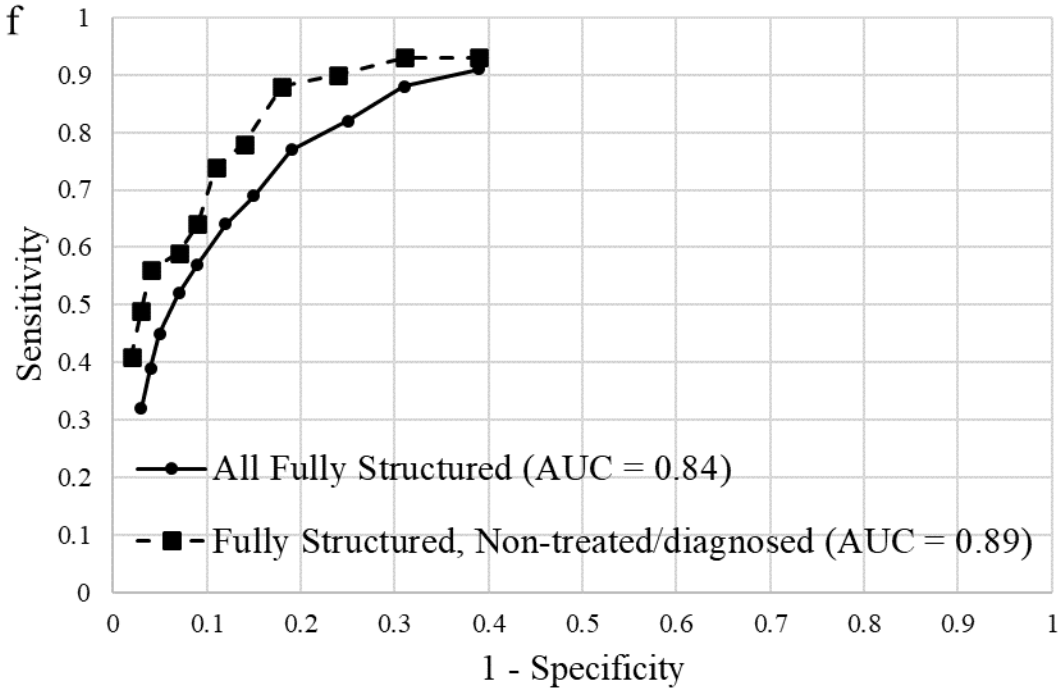
Supplementary Figure B2. ROC curves comparing PHQ-9 sensitivity and specificity among participants aged <60 compared to participants aged ≥60, among studies that used a semi-structured diagnostic interview as the reference standard



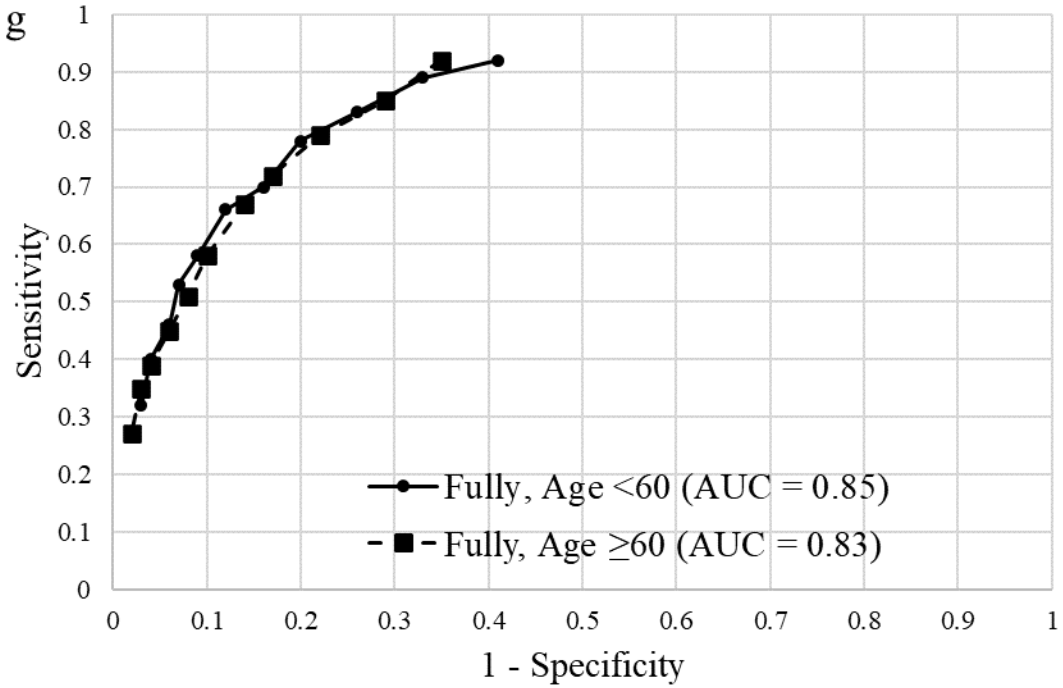
Supplementary Figure B3. ROC curves comparing PHQ-9 sensitivity and specificity among women compared to men, among studies that used a semi-structured diagnostic interview as the reference standard



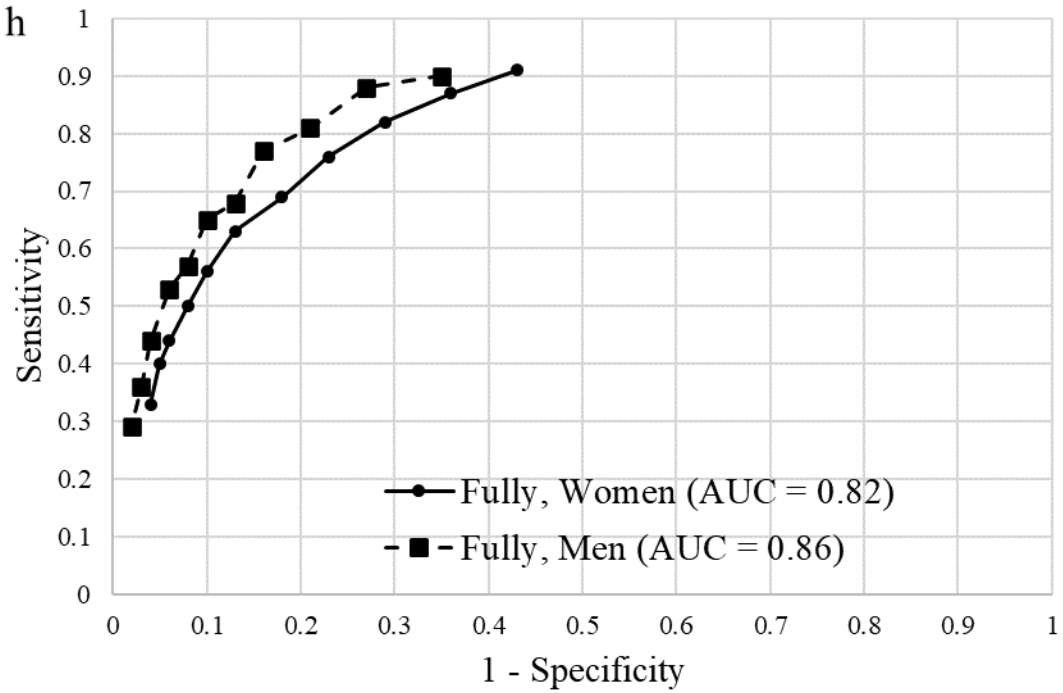
Supplementary Figure B4. ROC curves comparing PHQ-9 sensitivity and specificity among all participants compared to participants not currently diagnosed or receiving treatment for a mental health problem, among studies that used a fully structured diagnostic interview as the reference standard



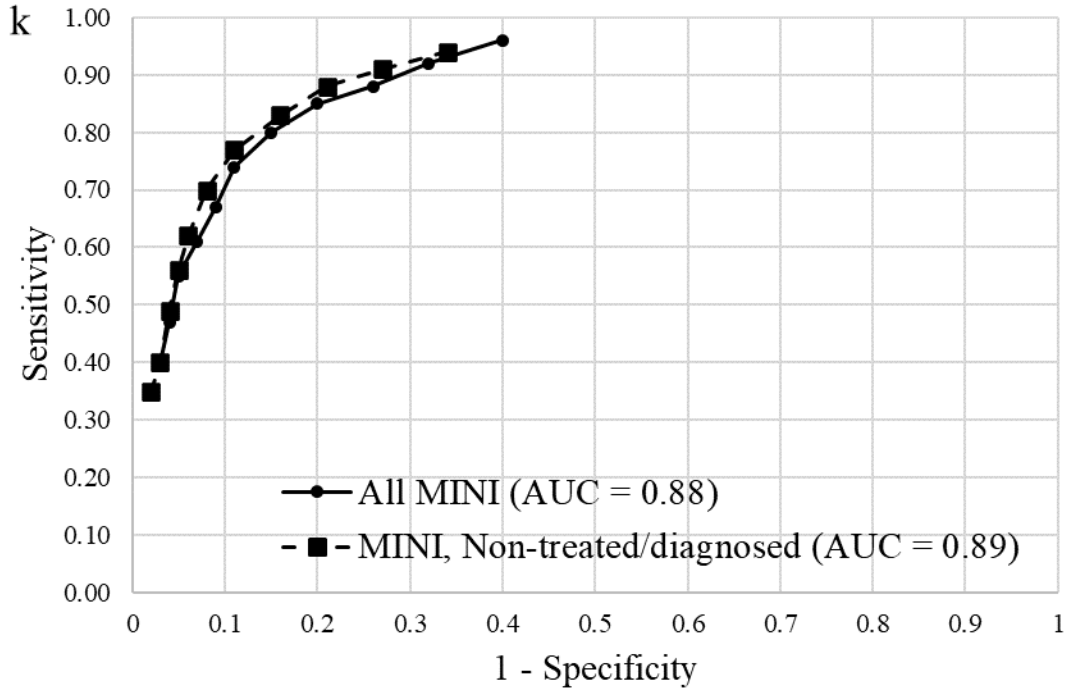
Supplementary Figure B5. ROC curves comparing PHQ-9 sensitivity and specificity among participants aged <60 compared to participants aged ≥60, among studies that used a fully structured diagnostic interview as the reference standard



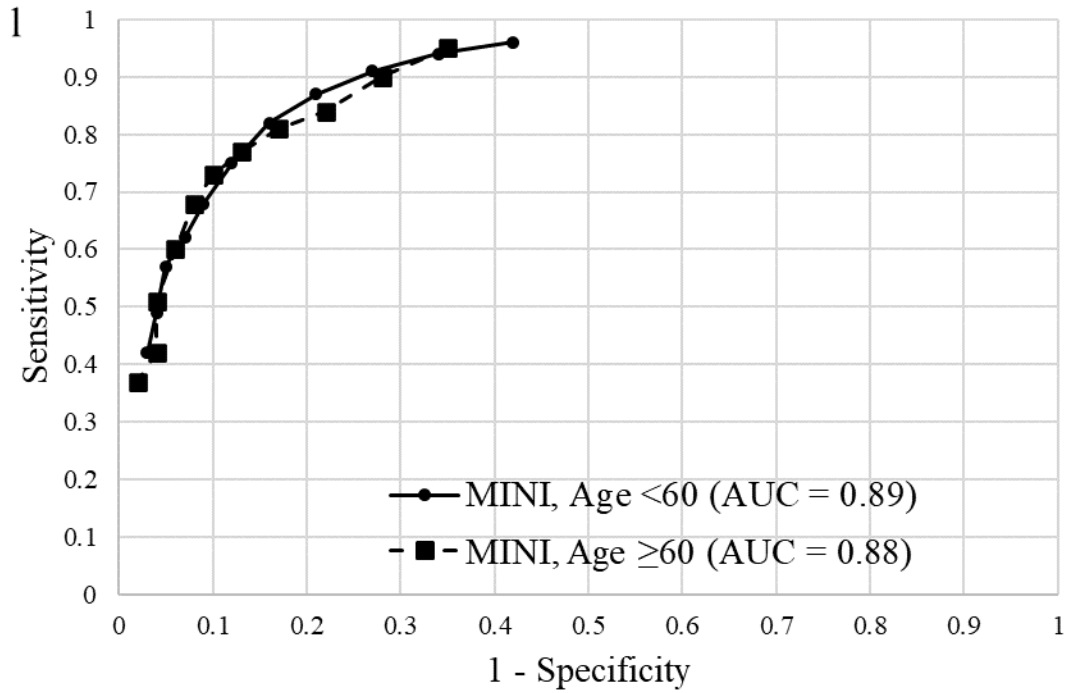
Supplementary Figure B6. ROC curves comparing PHQ-9 sensitivity and specificity among women compared to men, among studies that used a fully structured diagnostic interview as the reference standard



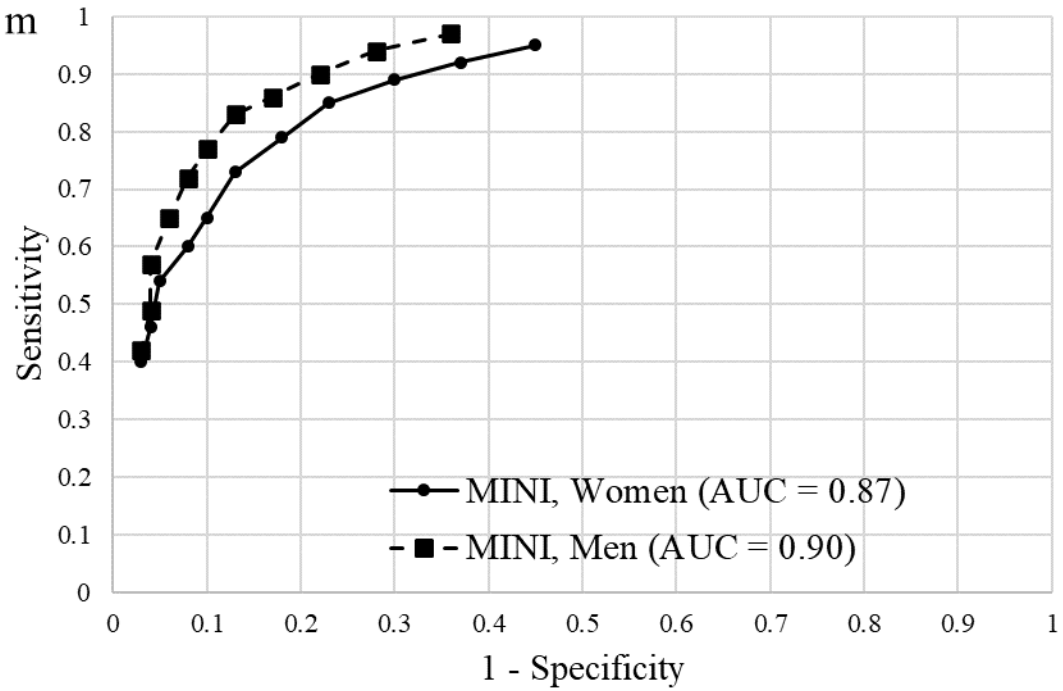
Supplementary Figure B7. ROC curves comparing PHQ-9 sensitivity and specificity among all participants compared to participants not currently diagnosed or receiving treatment for a mental health problem, among studies that used the MINI as the reference standard



Supplementary Figure B8. ROC curves comparing PHQ-9 sensitivity and specificity among among participants aged <60 compared to participants aged ≥60, among studies that used the MINI as the reference standard



Supplementary Figure B9. ROC curves comparing PHQ-9 sensitivity and specificity among women compared to men, among studies that used the MINI as the reference



Supplementary Table A. Reasons for the exclusion of articles excluded at full-text level (N = 297)

Reference	Reason for Exclusion
Shoukri MM, Donner A. Bivariate modeling of interobserver agreement coefficients. Stat Med. 2009;28:430-440.	No original data
Priyanka P, Boyle LL, Tu XM, et al. Inter-rater reliability and validity of the PHQ-9 and GAD-7 to identify depression and anxiety in older adults receiving aging services care management. Am J Geriatr Psychiatry. 2010;18:S113-S114.	No original data
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Lamb RC, Matcham F, Turner MA, et al. Screening for anxiety and depression in people with psoriasis: a cross-sectional study in a tertiary referral setting. Br J Dermatol. 2017;176:1028-1034.	Major depression not assessed

Adam A, Faouzi M, Yersin B, et al. Women and Men Admitted for Alcohol Intoxication at an Emergency Department: Alcohol Use Disorders, Substance Use and Health and Social Status 7 Years Later. Alcohol Alcohol. 2016;51:567-575.	Major depression not assessed
Avalos LA, Raine-Bennett T, Chen H, et al. Improved Perinatal Depression Screening, Treatment, and Outcomes With a Universal Obstetric Program. Obstet Gynecol. 2016;127:917-925.	Major depression not assessed
Gupta S, Goren A, Dong P, et al. Prevalence, awareness, and burden of major depressive disorder in urban China. Expert Rev Pharmacoecon Outcomes Res. 2016;16:393-407.	Major depression not assessed
Khajehei M. Prevalence and Risk Factors of Relationship Dissatisfaction in Women During the First Year After Childbirth: Implications for Family and Relationship Counseling. J Sex Marital Ther. 2016;42:484-493.	Major depression not assessed
Cusimano P, Palermo A, Locascio G. Utilità di questionari di screening ultrabrevi per la stima della prevalenza di sintomi depressivi in pazienti anziani in emodialisi [Screening for depression in hemodialysis]. G Ital Nefrol. 2015;32:gin/32.3.7.	Major depression not assessed
Kaiser M, Kuwert P, Glaesmer H. Aufwachsen als Besatzungskind des Zweiten Weltkrieges in Deutschland - Hintergründe und Vorgehen einer Befragung deutscher Besatzungskinder [Growing up as an occupation child of World War II in Germany: Rationale and methods of a study on German occupation children]. Z Psychosom Med Psychother. 2015;61:191-205.	Major depression not assessed
DiNapoli EA, Cinna C, Whiteman KL, et al. Mental health treatment preferences and challenges of living with multimorbidity from the veteran perspective. Int J Geriatr Psychiatry. 2016;31:1097-1104.	Major depression not assessed
Georgiadis A, Byng R, Coomber R, et al. The social, relational and mental health characteristics of justice-involved men in the south-west England. J Forensic Psychiatry Psychol. 2016;27:835-852.	Major depression not assessed
Hobden B, Carey M, Bryant J, et al. Clinician identification of elevated symptoms of depression among individuals seeking treatment for substance misuse. Drug Alcohol Depend. 2017;181:71-76.	Major depression not assessed

Lee K, Lee HK, Kim SH. Temperament and character profile of college students who have suicidal ideas or have attempted suicide. J Affect Disord. 2017;221:198-204.	Major depression not assessed
Rogers CR, Robinson CD, Arroyo C, et al. Colorectal Cancer Screening Uptake's Association With Psychosocial and Sociodemographic Factors Among Homeless Blacks and Whites. Health Educ Behav. 2017;44:928-936.	Major depression not assessed
Vazquez K, Sandler J, Interian A, et al. Emotionally triggered asthma and its relationship to panic disorder, ataques de nervios, and asthma-related death of a loved one in Latino adults. J Psychosom Res. 2017;93:76-82.	Major depression not assessed
Wiltink J, Kliem S, Michal M, et al. Mini - social phobia inventory (mini-SPIN): psychometric properties and population based norms of the German version. BMC Psychiatry. 2017;17:377.	Major depression not assessed
Ziobrowski H, Sartor CE, Tsai J, et al. Sex differences in mental and physical health conditions in U.S. veterans: Results from the National Health and Resilience in Veterans Study. J Psychosom Res. 2017;101:110-113.	Major depression not assessed
Chilcot J, Hudson JL, Moss-Morris R, et al. Screening for psychological distress using the Patient Health Questionnaire Anxiety and Depression Scale (PHQ-ADS): Initial validation of structural validity in dialysis patients. Gen Hosp Psychiatry. 2018;50:15-19.	Major depression not assessed
Haile K, Awoke T, Ayano G, et al. Suicide ideation and attempts among people with epilepsy in Addis Ababa, Ethiopia. Ann Gen Psychiatry. 2018;17:4.	Major depression not assessed
Adewuya AO, Atilola O, Ola BA, et al. Current prevalence, comorbidity and associated factors for symptoms of depression and generalised anxiety in the Lagos State Mental Health Survey (LSMHS), Nigeria. Compr Psychiatry. 2018;81:60-65.	Major depression not assessed
Barnes D, Willmott LJ, Farley J, et al. Clinic-based Depression Screening in Gynecologic Oncology Patients using the Patient Health Questionnaires-2 (PHQ-2): are we identifying the highest risk patients? Gynecol Oncol. 2017;147:215.	Major depression not assessed

Beratis IN, Andronas N, Kontaxopoulou D, et al. Driving in mild cognitive impairment: The role of depressive symptoms. Traffic Inj Prev. 2017;18(5):470-476.	Major depression not assessed
Conwell Y, Simning A, Driffill N, et al. Validation of telephone-based behavioral assessments in aging services clients. Int Psychogeriatr. 2018;30:95-102.	Major depression not assessed
da Silva AT, Lopes CS, Susser E, et al. Work-Related Depression in Primary Care Teams in Brazil. Am J Public Health. 2016;106:1990-1997.	Major depression not assessed
Das M, Kaur A, Solanki HK, et al. Depression, its Correlates and Effects in Ever Married Urban Women Residing in Kumaon Region of Uttarakhand. J Clin Diagnostic Res. 2018;12.	Major depression not assessed
Gupta S, Witt EA. Application of item response theory in validating the patient health questionnare (phq-9) in the american general population. Value Health. 2016;19:PA91-A92.	Major depression not assessed
Herzog A, Shedden-Mora MC, Jordan P, et al. Duration of untreated illness in patients with somatoform disorders. J Psychosom Res. 2018;107:1-6.	Major depression not assessed
Linnenkamp U, Andrich S, Brune M, et al. Identifying depression among women and men with diabetes using three instruments: health insurance data, CES-D, PHQ-9 depression scales. Diabetologia. 2016;59:S391.	Major depression not assessed
Ormseth S, Draper T, Hernandez E, et al. Reliability and Validity of the Patient Health Questionnaire-9 for Assessment of Depression in Socioeconomically Disadvantaged Latinos with Rheumatoid Arthritis Living in the United States. Arthritis Rheumatol. 2016;68.	Major depression not assessed
Rodríguez-Muñoz MF, Castelao Legazpi PC, Olivares Crespo ME, et al. PHQ-2 como primer instrumento de cribado de la depresión prenatal [PHQ-2 as First Screening Instrument of Prenatal Depression in Primary Health Care, Spain]. Rev Esp Salud Publica. 2017;91:e201701010.	Major depression not assessed

Soria-Saucedo R, Lopez-Ridaura R, Lajous M, et al. The prevalence and correlates of severe depression in a cohort of Mexican teachers. J Affect Disord. 2018;234:109-116.	Major depression not assessed
Suzuki T, Shiga T, Nishimura K, et al. Impact of PHQ-2 screening in outpatients with heart failure: a multicenter prospective observational study. Eur Heart J. 2016;37:1119.	Major depression not assessed
Widmann M, Apondi B, Musau A, et al. Comorbid psychopathology and everyday functioning in a brief intervention study to reduce khat use among Somalis living in Kenya: description of baseline multimorbidity, its effects of intervention and its moderation effects on substance use. Soc Psychiatry Psychiatr Epidemiol. 2017;52:1425-1434.	Major depression not assessed
Yang L, Jiang D, He L, et al. Decision tree based depression classification from audio video and language information. Proceedings of the 6th international workshop on audio/visual emotion challenge. 2016;89-96.	Major depression not assessed
Zhou Y, Cao Z, Yang M, et al. Comorbid generalized anxiety disorder and its association with quality of life in patients with major depressive disorder. Sci Rep. 2017 Jan 18;7:40511.	Major depression not assessed
Corapcioglu A, Ozer GU. Adaptation of revised Brief PHQ (Brief-PHQ-r) for diagnosis of depression, panic disorder and somatoform disorder in primary healthcare settings. Int J Psychiatry Clin Pract. 2004;8:11-8.	No validated interview to assess major depression
Tavakkoli M, Ferrando SJ, Rabkin J, et al. Depression and fatigue in chronic hepatitis C patients with and without HIV co-infection. Psychosomatics. 2013;54:466-471.	No validated interview to assess major depression
Inoue T, Tanaka T, Nakagawa S, et al. Utility and limitations of PHQ-9 in a clinic specializing in psychiatric care. BMC Psychiatry. 2012;12:73.	No validated interview to assess major depression
Orive M, Padierna JA, Quintana JM, et al. Detecting depression in medically ill patients: Comparative accuracy of four screening questionnaires and physicians' diagnoses in Spanish population. J Psychosom Res. 2010;69:399-406.	No validated interview to assess major depression

Esler D, Johnston F, Thomas D, et al. The validity of a depression screening tool modified for use with Aboriginal and Torres Strait Islander people. Aust N Z J Public Health. 2008;32:317-321.	No validated interview to assess major depression
Carballeira Y, Dumont P, Borgacci S, et al. Criterion validity of the French version of Patient Health Questionnaire (PHQ) in a hospital department of internal medicine. Psychol Psychother. 2007;80:69-77.	No validated interview to assess major depression
Rentsch D, Dumont P, Borgacci S, et al. Prevalence and treatment of depression in a hospital department of internal medicine. Gen Hosp Psychiatry. 2007;29:25-31.	No validated interview to assess major depression
Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care. 2003;41:1284-1292.	No validated interview to assess major depression
Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001;16:606-613.	No validated interview to assess major depression
Diez-Quevedo C, Rangil T, Sanchez-Planell L, et al. Validation and utility of the patient health questionnaire in diagnosing mental disorders in 1003 general hospital Spanish inpatients. Psychosom Med. 2001;63:679-686.	No validated interview to assess major depression
Smith GC, Trauer T, Kerr PG, et al. Prospective psychosocial monitoring of living kidney donors using the Short Form-36 health survey: results at 12 months. Transplantation. 2004;78:1384-1389.	No validated interview to assess major depression
Hanlon C, Medhin G, Selamu M, et al. Validity of brief screening questionnaires to detect depression in primary care in Ethiopia. J Affect Disord. 2015;186:32-39.	No validated interview to assess major depression
Oladeji BD, Kola L, Abiona T, et al. A pilot randomized controlled trial of a stepped care intervention package for depression in primary care in Nigeria. BMC Psychiatry. 2015;15:96.	No validated interview to assess major depression

Maske UE, Busch MA, Jacobi F, et al. Current major depressive syndrome measured with the Patient Health Questionnaire-9 (PHQ-9) and the Composite International Diagnostic Interview (CIDI): results from a cross-sectional population-based study of adults in Germany. BMC Psychiatry. 2015;15:77.	No validated interview to assess major depression
Davis TM, Hunt K, Bruce DG, et al. Prevalence of depression and its associations with cardio-metabolic control in Aboriginal and Anglo-Celt patients with type 2 diabetes: the Fremantle Diabetes Study Phase II. Diabetes Res Clin Pract. 2015;107:384-391.	No validated interview to assess major depression
Starkstein SE, Davis WA, Dragovic M, et al. Diagnostic criteria for depression in type 2 diabetes: a data-driven approach. PLoS One. 2014;9:e112049.	No validated interview to assess major depression
O'Connor BC, Lewandowski RE, Rodriguez S, et al. Usual Care for Adolescent Depression From Symptom Identification Through Treatment Initiation. JAMA Pediatr. 2016;170:373-380.	No validated interview to assess major depression
Elbelt U, Ahnis A, Riedl A, et al. Associations of physical activity with depressiveness and coping in subjects with high-grade obesity aiming at bariatric surgery: a cross-sectional study. Biopsychosoc Med. 2015;9:16.	No validated interview to assess major depression
Tsai J, Armour C, Southwick SM, et al. Dissociative subtype of DSM-5 posttraumatic stress disorder in U.S. veterans. J Psychiatr Res. 2015;66-67:67-74.	No validated interview to assess major depression
Klingensmith K, Tsai J, Mota N, et al. Military sexual trauma in US veterans: results from the National Health and Resilience in Veterans Study. J Clin Psychiatry. 2014;75:e1133-e1139.	No validated interview to assess major depression
Mustillo SA, Kysar-Moon A, Douglas SR, et al. Overview of depression, post-traumatic stress disorder, and alcohol misuse among active duty service members returning from Iraq and Afghanistan, self-report and diagnosis. Mil Med. 2015;180:419-427.	No validated interview to assess major depression
Lewandowski RE, O'Connor B, Bertagnolli A, et al. Screening for and Diagnosis of Depression Among Adolescents in a Large Health Maintenance Organization. Psychiatr Serv. 2016;67:636-641.	No validated interview to assess major depression

Garrison GM, Angstman KB, O'Connor SS, et al. Time to Remission for Depression with Collaborative Care Management (CCM) in Primary Care. J Am Board Fam Med. 2016;29:10-17.	No validated interview to assess major depression
Fuehrlein BS, Mota N, Arias AJ, et al. The burden of alcohol use disorders in US military veterans: results from the National Health and Resilience in Veterans Study. Addiction. 2016;111:1786-1794.	No validated interview to assess major depression
Taft CT, Creech SK, Gallagher MW, et al. Strength at Home Couples program to prevent military partner violence: A randomized controlled trial. J Consult Clin Psychol. 2016;84:935-945.	No validated interview to assess major depression
Choi Y, Mayer TG, Williams MJ, et al. What is the best screening test for depression in chronic spinal pain patients?. Spine J. 2014;14:1175-1182.	> 2 weeks between PHQ and diagnostic interview
Prescott MR, Tamburrino M, Calabrese JR, et al. Validation of lay-administered mental health assessments in a large Army National Guard cohort. Int J Methods Psychiatr Res. 2014;23:109-119.	> 2 weeks between PHQ and diagnostic interview
Cassin S, Sockalingam S, Hawa R, et al. Psychometric properties of the Patient Health Questionnaire (PHQ-9) as a depression screening tool for bariatric surgery candidates. Psychosomatics. 2013;54:352-358.	> 2 weeks between PHQ and diagnostic interview
Liu LT, Chen SL, Jin T, et al. [Natural outcome and risk-prediction model of late-life depression]. Zhejiang Da Xue Xue Bao Yi Xue Ban. 2012 Nov;41:653-8.	> 2 weeks between PHQ and diagnostic interview
Chen S, Chiu H, Xu B, et al. Reliability and validity of the PHQ-9 for screening late-life depression in Chinese primary care. Int J Geriatr Psychiatry. 2010;25:1127-1133.	> 2 weeks between PHQ and diagnostic interview
Rief W, Mewes R, Martin Aet al. Are psychological features useful in classifying patients with somatic symptoms?. Psychosom Med. 2010;72:648-655.	> 2 weeks between PHQ and diagnostic interview

Yeung A, Fung F, Yu SC, et al. Validation of the Patient Health Questionnaire-9 for depression screening among Chinese Americans. Compr Psychiatry. 2008;49:211-217.	> 2 weeks between PHQ and diagnostic interview
Mehnert A, Brähler E, Faller H, et al. Four-week prevalence of mental disorders in patients with cancer across major tumor entities. J Clin Oncol. 2014;32:3540-3546.	> 2 weeks between PHQ and diagnostic interview
Kulathilaka S, Hanwella R, de Silva VA. Depressive disorder and grief following spontaneous abortion. BMC Psychiatry. 2016;16:100.	> 2 weeks between PHQ and diagnostic interview
Asih S, Mayer TG, Bradford EM, et al. The potential utility of the patient health questionnaire as a screener for psychiatric comorbidity in a chronic disabling occupational musculoskeletal disorder population. 2016;16:168-74.	> 2 weeks between PHQ and diagnostic interview
Faller H, Weis J, Koch U, et al. Perceived need for psychosocial support depending on emotional distress and mental comorbidity in men and women with cancer. J Psychosom Res. 2016;81:24-30.	> 2 weeks between PHQ and diagnostic interview
Brünahl C, Dybowski C, Albrecht R, et al. Mental disorders in patients with chronic pelvic pain syndrome (CPPS). J Psychosom Res. 2017;98:19-26.	> 2 weeks between PHQ and diagnostic interview
Hartung TJ, Friedrich M, Johansen C, et al. The Hospital Anxiety and Depression Scale (HADS) and the 9-item Patient Health Questionnaire (PHQ-9) as screening instruments for depression in patients with cancer. Cancer. 2017;123:4236-4243.	> 2 weeks between PHQ and diagnostic interview
Vehling S, Kissane DW, Lo C, et al. The association of demoralization with mental disorders and suicidal ideation in patients with cancer. Cancer. 2017;123:3394-3401.	> 2 weeks between PHQ and diagnostic interview
Gholizadeh L, Ali Khan S, Vahedi F, et al. Sensitivity and specificity of Urdu version of the PHQ-9 to screen depression in patients with coronary artery disease. Contemp Nurse. 2017;53:75-81.	> 2 weeks between PHQ and diagnostic interview

Angermann CE, Gelbrich G, Störk S, et al. Effect of Escitalopram on All-Cause Mortality and Hospitalization in Patients With Heart Failure and Depression: The MOOD-HF Randomized Clinical Trial. JAMA. 2016;315:2683-2693.	> 2 weeks between PHQ and diagnostic interview
Faller H, Weis J, Koch U, et al. Perceived need for psychosocial support depending on emotional distress and mental comorbidity in men and women with cancer. J Psychosom Res. 2016;81:24-30.	> 2 weeks between PHQ and diagnostic interview
Kuhnt S, Brähler E, Faller H, et al. Twelve-Month and Lifetime Prevalence of Mental Disorders in Cancer Patients. Psychother Psychosom. 2016;85:289-296.	> 2 weeks between PHQ and diagnostic interview
Faller H, Weis J, Koch U, et al. Utilization of professional psychological care in a large German sample of cancer patients. Psychooncology. 2017;26:537-543.	> 2 weeks between PHQ and diagnostic interview
Golden SH, Shah N, Naqibuddin M, et al. The Prevalence and Specificity of Depression Diagnosis in a Clinic-Based Population of Adults With Type 2 Diabetes Mellitus. Psychosomatics. 2017;58:28-37.	> 2 weeks between PHQ and diagnostic interview
Maske UE, Hapke U, Riedel-Heller SG, et al. Respondents' report of a clinician-diagnosed depression in health surveys: comparison with DSM-IV mental disorders in the general adult population in Germany. BMC Psychiatry. 2017;17:39.	> 2 weeks between PHQ and diagnostic interview
Sockalingam S, Hawa R, Wnuk S, et al. Psychosocial predictors of quality of life and weight loss two years after bariatric surgery: Results from the Toronto Bari-PSYCH study. Gen Hosp Psychiatry. 2017;47:7-13.	> 2 weeks between PHQ and diagnostic interview
Geue K, Brähler E, Faller H, et al. Prevalence of mental disorders and psychosocial distress in German adolescent and young adult cancer patients (AYA). Psychooncology. 2018;27:1802-1809.	> 2 weeks between PHQ and diagnostic interview
Angermann CE, Gelbrich G, Störk S, et al. Effect of Escitalopram on All-Cause Mortality and Hospitalization in Patients With Heart Failure and Depression: The MOOD-HF Randomized Clinical Trial. JAMA. 2016;315:2683-2693.	> 2 weeks between PHQ and diagnostic interview

Greenhalgh T, Symonds P, Mitchell A. Validation of the PHQ2 and PHQ9 for depression and mood disorder using semi-structured interview in breast cancer. Psychooncology. 2016;25:151.	> 2 weeks between PHQ and diagnostic interview
Hartung TJ, Friedrich M, Johansen C, et al. Depression screening in cancer patients: diagnostic accuracy of HADS and PHQ-9. Psychooncology. 2017;26:39-40.	> 2 weeks between PHQ and diagnostic interview
Hanwella R, Ekanayake S, de Silva VA. The Validity and Reliability of the Sinhala Translation of the Patient Health Questionnaire (PHQ-9) and PHQ-2 Screener. Depress Res Treat. 2014;2014:768978.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Thapar A, Hammerton G, Collishaw S, et al. Detecting recurrent major depressive disorder within primary care rapidly and reliably using short questionnaire measures. Br J Gen Pract. 2014;64:e31-e37.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Uebelacker LA, German NM, Gaudiano BA, et al. Patient health questionnaire depression scale as a suicide screening instrument in depressed primary care patients: a cross-sectional study. Prim Care Companion CNS Disord. 2011;13:PCC.10m01027.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Vera M, Reyes-Rabanillo ML, Huertas S, et al. Suicide ideation, plans, and attempts among general practice patients with chronic health conditions in Puerto Rico. Int J Gen Med. 2011;4:197-205.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gibbons RD, Hooker G, Finkelman MD, et al. The computerized adaptive diagnostic test for major depressive disorder (CAD-MDD): a screening tool for depression. J Clin Psychiatry. 2013;74:669-674.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Smith AB, Rush R, Wright P, et al. Validation of an item bank for detecting and assessing psychological distress in cancer patients. Psychooncology. 2009;18:195-199.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Thekkumpurath P, Walker J, Butcher I, et al. Screening for major depression in cancer outpatients: the diagnostic accuracy of the 9-item patient health questionnaire. Cancer. 2011;117:218-227.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gibbons RD, Weiss DJ, Pilkonis PA, et al. Development of a computerized adaptive test for depression. Arch Gen Psychiatry. 2012;69:1104-1112.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Davis K, Pearlstein T, Stuart S, et al. Analysis of brief screening tools for the detection of postpartum depression: comparisons of the PRAMS 6-item instrument, PHQ-9, and structured interviews. Arch Womens Ment Health. 2013;16:271-277.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Berghöfer A, Hartwich A, Bauer M, et al. Efficacy of a systematic depression management program in high utilizers of primary care: a randomized trial. BMC Health Serv Res. 2012;12:298.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Lewis BA, Gjerdingen DK, Avery MD, et al. Examination of a telephone-based exercise intervention for the prevention of postpartum depression: design, methodology, and baseline data from The Healthy Mom study. Contemp Clin Trials. 2012;33:1150-1158.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Mao HJ, Li HJ, Chiu H, et al. Effectiveness of antenatal emotional self-management training program in prevention of postnatal depression in Chinese women. Perspect Psychiatr Care. 2012;48:218-224.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Mittal D, Fortney JC, Pyne JM, et al. Predictors of persistence of comorbid generalized anxiety disorder among veterans with major depressive disorder. J Clin Psychiatry. 2010 Dec 14;72:1445-51.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Sockalingam S, Blank D, Al Jarad A, et al. A comparison of depression screening instruments in hepatitis C and the impact of depression on somatic symptoms. Psychosomatics. 2011;52:433-440.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Lossnitzer N, Müller-Tasch T, Löwe B, et al. Exploring potential associations of suicidal ideation and ideas of self-harm in patients with congestive heart failure. Depress Anxiety. 2009;26:764-768.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Sayers SL, Farrow VA, Ross J, et al. Family problems among recently returned military veterans referred for a mental health evaluation. J Clin Psychiatry. 2009;70:163-170.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Reck C, Stehle E, Reinig K, et al. Maternity blues as a predictor of DSM-IV depression and anxiety disorders in the first three months postpartum. J Affect Disord. 2009;113:77-87.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gilbody S, Richards D, Barkham M. Diagnosing depression in primary care using self-completed instruments: UK validation of PHQ-9 and CORE-OM. Br J Gen Pract. 2007;57:650-652.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Yeung A, Yu SC, Fung F, et al. Recognizing and engaging depressed Chinese Americans in treatment in a primary care setting. Int J Geriatr Psychiatry. 2006;21:819-823.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Williams LS, Brizendine EJ, Plue L, et al. Performance of the PHQ-9 as a screening tool for depression after stroke. Stroke. 2005;36:635-638.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Bühler B, Kocalevent R, Berger R, et al. Versorgungssituation von Langzeitarbeitslosen mit psychischen Störungen [Treatment situation of long-term unemployed with psychological disorders]. Nervenarzt. 2013;84:603-607.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gawlik S, Waldeier L, Müller M, et al. Subclinical depressive symptoms during pregnancy and birth outcome--a pilot study in a healthy German sample. Arch Womens Ment Health. 2013;16:93-100.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Pibernik-Okanović M, Grgurević M, Dea A, et al. Screening performance of a short versus long version of the Patient Health Questionnaire-Depression in outpatients with diabetes. Diabetologia. 2009;S392.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Mahajan S, Avasthi A, Grover S, et al. Role of baseline depressive symptoms in the development of depressive episode in patients receiving antiviral therapy for hepatitis C infection. J Psychosom Res. 2014;77:109-115.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Grote NK, Katon WJ, Lohr MJ, et al. Culturally relevant treatment services for perinatal depression in socio-economically disadvantaged women: the design of the MOMCare study. Contemp Clin Trials. 2014;39:34-49.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Krause S, Rydall A, Hales S, et al. Initial validation of the Death and Dying Distress Scale for the assessment of death anxiety in patients with advanced cancer. J Pain Symptom Manage. 2015;49:126-134.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Olariu E, Castro-Rodriguez JI, Álvarez P, et al. Validation of clinical symptom IRT scores for diagnosis and severity assessment of common mental disorders. Qual Life Res. 2015;24:979-992.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Hu A, Xue Z, Mwansisya TE, et al. Major depressive disorder in hemodialysis patients in China. Asia Pac Psychiatry. 2015;7:78-84.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Sawaya H, Atoui M, Hamadeh A, et al. Adaptation and initial validation of the Patient Health Questionnaire - 9 (PHQ-9) and the Generalized Anxiety Disorder - 7 Questionnaire (GAD-7) in an Arabic speaking Lebanese psychiatric outpatient sample. Psychiatry Res. 2016;239:245-252.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Niemi M, Kiel S, Allebeck P, et al. Community-based intervention for depression management at the primary care level in Ha Nam Province, Vietnam: a cluster-randomised controlled trial. Trop Med Int Health. 2016;21:654-661.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Ishikawa M, Yamanaka G, Yamamoto N, et al. Depression and Altitude: Cross-Sectional Community-Based Study Among Elderly High-Altitude Residents in the Himalayan Regions. Cult Med Psychiatry. 2016;40:1-11.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
van der Zwaan GL, van Dijk SEM, Adriaanse MC, et al. Diagnostic accuracy of the Patient Health Questionnaire-9 for assessment of depression in type II diabetes mellitus and/or coronary heart disease in primary care. J Affect Disord. 2016;190:68-74.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Achtyes ED, Halstead S, Smart L, et al. Validation of Computerized Adaptive Testing in an Outpatient Nonacademic Setting: The VOCATIONS Trial. Psychiatr Serv. 2015;66:1091-1096.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Herzog A, Voigt K, Meyer B, et al. Psychological and interactional characteristics of patients with somatoform disorders: Validation of the Somatic Symptoms Experiences Questionnaire (SSEQ) in a clinical psychosomatic population. J Psychosom Res. 2015;78:553-562.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Helgadóttir B, Forsell Y, Ekblom Ö. Physical activity patterns of people affected by depressive and anxiety disorders as measured by accelerometers: a cross-sectional study. PLoS One. 2015;10:e0115894.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Fogliati VJ, Terides MD, Gandy M, et al. Psychometric properties of the Mini-Social Phobia Inventory (Mini-SPIN) in a large online treatment-seeking sample. Cogn Behav Ther. 2016;45:236-257.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Chang ET, Wells KB, Gilmore J, et al. Comorbid depression and substance abuse among safety-net clients in Los Angeles: a community participatory study. Psychiatr Serv. 2015;66:285-294.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Serfaty M, Ridgewell A, Drennan V, et al. Helping Aged Victims of Crime (the HAVoC Study): Common Crime, Older People and Mental Illness. Behav Cogn Psychother. 2016;44:140-155.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Gaynes BN, O'Donnell J, Nelson E, et al. Psychiatric comorbidity in depressed HIV-infected individuals: common and clinically consequential. Gen Hosp Psychiatry. 2015;37:277-282.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Tarolla E, Caredda M, Tarsitani L, et al. [Predictive factors for further suicide attempts in individuals presenting to an emergency service for an attempted suicide. A one-year longitudinal study]. Riv Psichiatr. 2015;50:28-33.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Battle CL, Uebelacker LA, Magee SR, et al. Potential for prenatal yoga to serve as an intervention to treat depression during pregnancy. Womens Health Issues. 2015;25:134-141.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Muñoz-Navarro R, Cano-Vindel A, Medrano LA, et al. Utility of the PHQ-9 to identify major depressive disorder in adult patients in Spanish primary care centres. BMC Psychiatry. 2017;17:291.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Karp JF, Dew MA, Wahed AS, et al. Challenges and Solutions for Depression Prevention Research: Methodology for a Depression Prevention Trial for Older Adults with Knee Arthritis and Emotional Distress. Am J Geriatr Psychiatry. 2016;24:433-443.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Quinlivan EB, Gaynes BN, Lee JS, et al. Suicidal Ideation is Associated with Limited Engagement in HIV Care. AIDS Behav. 2017;21:1699-1708.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Stolzenburg S, Freitag S, Evans-Lacko S, et al. The Stigma of Mental Illness as a Barrier to Self Labeling as Having a Mental Illness. J Nerv Ment Dis. 2017;205:903-909.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Pols AD, van Dijk SE, Bosmans JE, et al. Effectiveness of a stepped-care intervention to prevent major depression in patients with type 2 diabetes mellitus and/or coronary heart disease and subthreshold depression: A pragmatic cluster randomized controlled trial. PLoS One. 2017;12:e0181023.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Obindo J, Abdulmalik J, Nwefoh E, et al. Prevalence of depression and associated clinical and socio-demographic factors in people living with lymphatic filariasis in Plateau State, Nigeria. PLoS Negl Trop Dis. 2017;11:e0005567.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Cholera R, Pence BW, Bengtson AM, et al. Mind the Gap: Gaps in Antidepressant Treatment, Treatment Adjustments, and Outcomes among Patients in Routine HIV Care in a Multisite U.S. Clinical Cohort. PLoS One. 2017;12:e0166435	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Almeida OP, Marsh K, Murray K, et al. Reducing depression during the menopausal transition with health coaching: Results from the healthy menopausal transition randomised controlled trial. Maturitas. 2016;92:41-48.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Muñoz-Navarro R, Cano-Vindel A, Wood CM, et al. The PHQ-PD as a Screening Tool for Panic Disorder in the Primary Care Setting in Spain. PLoS One. 2016;11:e0161145.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Costa MV, Diniz MF, Nascimento KK, et al. Accuracy of three depression screening scales to diagnose major depressive episodes in older adults without neurocognitive disorders. Braz J Psychiatry. 2016;38:154-156.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Milgrom J, Danaher BG, Gemmill AW, et al. Internet Cognitive Behavioral Therapy for Women With Postnatal Depression: A Randomized Controlled Trial of MumMoodBooster. J Med Internet Res. 2016;18:e54.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Sirey JA, Banerjee S, Marino P, et al. Improving Mental Health Treatment Initiation among Depressed Community Dwelling Older Adults. Am J Geriatr Psychiatry. 2016;24:310-319.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gutnick D, Siegel C, Laska E, et al. Making the cut: Depression screening in urban general hospital clinics for culturally diverse Latino populations. Gen Hosp Psychiatry. 2017;45:85-90.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Maust DT, Sirey JA, Kales HC. Antidepressant Prescribing in Primary Care to Older Adults Without Major Depression. Psychiatr Serv. 2017;68:449-455.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Smith R, Shepard C, Wiltgen A, et al. Treatment outcomes for inpatients with obsessive-compulsive personality disorder: An open comparison trial. J Affect Disord. 2017;209:273-278.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Ambrosi E, Arciniegas DB, Madan A, et al. Insula and amygdala resting-state functional connectivity differentiate bipolar from unipolar depression. Acta Psychiatr Scand. 2017;136:129-139.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Arjadi R, Nauta MH, Scholte WF, et al. Guided Act and Feel Indonesia (GAF-ID) - Internet-based behavioral activation intervention for depression in Indonesia: study protocol for a randomized controlled trial. Trials. 2016;17:455.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Byrne G, Rosenfeld G, Leung Y, et al. Prevalence of Anxiety and Depression in Patients with Inflammatory Bowel Disease. Can J Gastroenterol Hepatol. 2017;2017:6496727.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Doherty K, Ismail MF, Lavelle C, et al. A two-item depression screen (Patient Health Questionnaire-2) with a 'help' question in cancer patients referred to a Psycho-Oncology service. Psychooncology. 2016;25:70.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Guiraud V, Gallarda T, Calvet D, et al. Depression predictors within six months of ischemic stroke: The DEPRESS Study. Int J Stroke. 2016;11:519-525.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Kananian S, Ayoughi S, Farugie A, et al. Transdiagnostic culturally adapted CBT with Farsi-speaking refugees: a pilot study. Eur J Psychotraumatol. 2017;8:1390362.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Li H, Luo X, Ke X, et al. Major depressive disorder and suicide risk among adult outpatients at several general hospitals in a Chinese Han population. PLoS One. 2017;12:e0186143.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Williams RT, Heinemann AW, Neumann HD, et al. Evaluating the psychometric properties and responsiveness to change of 3 depression measures in a sample of persons with traumatic spinal cord injury and major depressive disorder. Arch Phys Med Rehabil. 2016;9:929-37.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Lino VT, Portela MC, Camacho LA, et al. Screening for depression in low-income elderly patients at the primary care level: use of the patient health questionnaire-2. PLoS One. 2014;9:e113778.	Study only administered the PHQ-2
Osório FL, Lima MP, Chagas MH. Screening tools for psychiatry disorders in cancer setting: Caution when using. Psychiatry Res. 2015;229:739-742.	Study only administered the PHQ-2
Roch S, Fydrich T, Kuech D, et al. Measurement of Depression and Anxiety in Multidisciplinary Inpatient Orthopedic Rehabilitation-A Questionnaire Validation with the SCID. Phys Medizin Rehabilitationsmedizin Kurortmedizin. 2016;26:130-6.	Study only administered the PHQ-2
Swartz RH, Cayley ML, Lanctôt KL, et al. The "DOC" screen: Feasible and valid screening for depression, Obstructive Sleep Apnea (OSA) and cognitive impairment in stroke prevention clinics. PLoS One. 2017;12:e0174451.	Study only administered the PHQ-2
Park H, Kim JH, Hahm BJ. The Distress Thermometer and The PHQ-2 for Ultra-Brief Screening Depression Of Cancer Patients In Korea: P3-41. Pscyho-oncology. 2013;22:303-4.	Study only administered the PHQ-2
Margrove K, Mensah S, Thapar A, et al. Depression screening for patients with epilepsy in a primary care setting using the Patient Health Questionnaire-2 and the Neurological Disorders Depression Inventory for Epilepsy. Epilepsy Behav. 2011;21:387-390.	Study only administered the PHQ-2
Fisher L, Hessler DM, Polonsky WH, et al. Prevalence of depression in Type 1 diabetes and the problem of over-diagnosis. Diabet Med. 2016;33:1590-1597.	Study only administered the PHQ-8

Smith MV, Gotman N, Lin H, et al. Do the PHQ-8 and the PHQ-2 accurately screen for depressive disorders in a sample of pregnant women?. Gen Hosp Psychiatry. 2010;32:544-548.	Study only administered the PHQ-8

Supplementary Table B1. Characteristics of included primary studies

First Author, Year	Country	Recruited Population	Diagnostic Interview	Classification System	Total N	Major Depression N (%)
Semi-structured Interviews						
Alamri, 2017[1]	Saudi Arabia	Hospitalized elderly in medical and surgical wards	SCID	DSM-IV	199	24 (12)
Amoozegar, 2017[2]	Canada	Migraine patients	SCID	DSM-IV	203	49 (24)
Amtmann, 2015[3]	USA	Multiple sclerosis patients	SCID	DSM-IV	164	48 (29)
Ayalon, 2010[4]	Israel	Elderly primary care patients	SCID	DSM-IV	151	6 (4)
Beraldi, 2014[5]	Germany	Cancer inpatients	SCID	DSM-IV	116	7 (6)
Bernstein, 2018[6]	Canada	IBD patients	SCID	DSM-IV	240	21 (9)
Bhana, 2015[7]	South Africa	Chronic care patients	SCID	DSM-IV	679	78 (11)
Bombardier, 2012[8]	USA	Inpatients with spinal cord injuries	SCID	DSM-IV	160	14 (9)
Chagas, 2013[9]	Brazil	Outpatients with Parkinson's Disease	SCID	DSM-IV	84	19 (23)
Chibanda, 2016[10]	Zimbabwe	A primary care population with high HIV prevalence	SCID	DSM-IV	264	149 (56)
Eack, 2006[11]	USA	Women seeking psychiatric services for their children at two mental health centers	SCID	DSM-IV	48	12 (25)
Fann, 2005[12]	USA	Inpatients with traumatic brain injury	SCID	DSM-IV	135	45 (33)
Fiest, 2014[13]	Canada	Epilepsy outpatients	SCID	DSM-IV	169	23 (14)
Fischer, 2014[14]	Germany	Heart failure patients	SCID	DSM-IV	194	11 (6)

Gjerdingen, 2009[15]	USA	Mothers registering their newborns for well-child visits at medical or pediatric clinics	SCID	DSM-IV	419	19 (5)
Gräfe, 2004[16]	Germany	Medical and psychosomatic outpatients	SCID	DSM-IV	494	67 (14)
Green, 2017[17]	USA	Returning veterans	SCID	DSM-V	176	22 (13)
Green, 2018[18]	Kenya	Pregnant women and new mothers	SCID	DSM-V	192	10 (5)
Haroz, 2017[19]	Myanmar	Primary care patients	SCID	DSM-IV	132	29 (22)
Hitchon, 2019[20a]	Canada	Rheumatoid arthritis patients	SCID	DSM-IV	148	16 (11)
Khamseh, 2011[21]	Iran	Type 2 diabetes patients	SCID	DSM-IV	184	79 (43)
Kwan, 2012[22]	Singapore	Post-stroke inpatients undergoing rehabilitation	SCID	DSM-IV-TR	113	3 (3)
Lambert, 2015[23]	Australia	Cancer patients	SCID	DSM-IV	147	21 (14)
Lara, 2015[24]	Mexico	Pregnant women during the third trimester of pregnancy	SCID	DSM-IV	280	29 (10)
Liu, 2011[25]	Taiwan	Primary care patients	SCAN	DSM-IV	1532	50 (3)
Marrie, 2018[26]	Canada	Multiple sclerosis patients	SCID	DSM-IV	244	25 (10)
Martin-Subero, 2017[27]	Spain	Medical inpatients	SCID	DSM-III	1003	83 (8)
McGuire, 2013[28]	USA	Acute coronary syndrome inpatients	DISH	DSM-IV	100	9 (9)
Osório, 2009[29]	Brazil	Women in primary care	SCID	DSM-IV	177	60 (34)
Osório, 2012[30]	Brazil	Inpatients from various clinical wards	SCID	DSM-IV	86	28 (33)
Patten, 2015[31]	Canada	Multiple sclerosis patients	SCID	DSM-IV	143	20 (14)
Picardi, 2005[32]	Italy	Inpatients with skin diseases	SCID	DSM-IV	138	12 (9)
Prisnie, 2016[33]	Canada	Stroke and transient ischemic attack patients	SCID	DSM-IV	114	11 (10)

Quinn, Unpublished[a]	UK	Stroke patients	SCID	DSM-V	146	17 (12)
Richardson, 2010[34]	USA	Older adults undergoing in-home aging services care management assessment	SCID	DSM-IV	377	95 (25)
Rooney, 2013[35]	UK	Patients with cerebral glioma	SCID	DSM-IV	126	14 (11)
Shinn, 2017[36]	USA	Cancer patients	SCID	DSM-IV	139	12 (9)
Sidebottom, 2012[37]	USA	Pregnant women	SCID	DSM-IV	246	12 (5)
Simning, 2012[38]	USA	Older adults living in public housing	SCID	DSM-IV	190	10 (5)
Spangenberg, 2015[39]	Germany	Primary care patients	SCID	DSM-IV	160	1 (1)
Turner, 2012[40]	Australia	Stroke patients	SCID	DSM-IV	72	13 (18)
Turner, Unpublished[a]	Australia	Cardiac rehabilitation patients	SCID	DSM-IV	51	4 (8)
Twist, 2013[41]	UK	Type 2 diabetes outpatients	SCAN	DSM-IV	360	80 (22)
Vöhringer, 2013[42]	Chile	Primary care patients	SCID	DSM-IV	190	59 (31)
Wagner, 2017[43]	USA	Patients starting radiotherapy for the first diagnosis of any tumor	SCID	DSM-IV	54	6 (11)
Williams, 2012[44]	USA	Parkinson's Disease patients	SCID	DSM-IV	235	61 (26)
Wittkampf, 2009[45]	The Netherlands	Primary care patients at risk for depression	SCID	DSM-IV	260	45 (17)
Fully-structured Interviews						
Arroll, 2010[46]	New Zealand	Primary care patients	CIDI	DSM-IV	2528	156 (6)
Azah, 2005[47]	Malaysia	Adults attending family medicine clinics	CIDI	ICD-10	180	30 (17)
de Man-van Ginkel, 2012[48]	The Netherlands	Stroke patients	CIDI	DSM-IV	382	54 (14)
Delgadillo, 2011[49]	UK	Injecting drug users	CIS-R	ICD-10	103	51 (50)

Fisher, 2016[50]	Australia	Primiparous women less than 6 weeks postpartum	CIDI	DSM-IV	357	4 (1)
Gelaye, 2014[51]	Ethiopia	Outpatients at a general hospital	CIDI	DSM-IV	923	162 (18)
Grool, 2011[52]	The Netherlands	Non-demented patients with symptomatic atherosclerotic disease	CIDI	DSM-IV	477	22 (5)
Hahn, 2006[53]	Germany	Patients with chronic illnesses from rehabilitation centers	CIDI	DSM-IV	211	18 (9)
Henkel, 2004[54]	Germany	Primary care patients	CIDI	ICD-10	430	43 (10)
Hobfoll, 2011[55]	Israel	Jewish and Palestinian residents of Jerusalem exposed to war	CIDI	DSM-IV	144	42 (29)
Kiely, 2014[56]	Australia	Community sample of adults	CIDI	ICD-10	822	33 (4)
Kim, 2017[57]	South Korea	Randomly selected adults	CIDI	DSM-IV	3071	205 (7)
Kohrt, 2016[58]	Nepal	Primary care patients	CIDI	DSM-IV	125	17 (14)
Liu, 2015[59]	Canada	Working population	CIDI	DSM-IV	4182	91 (2)
Mohd Sidik, 2012[60]	Malaysia	Primary care patients	CIDI	DSM-IV	146	31 (21)
Patel, 2008[61]	India	Primary care patients	CIS-R	ICD-10	299	13 (4)
Pence, 2012[62]	Cameroon	HIV-infected patients	CIDI	DSM-IV	398	11 (3)
Razykov, 2013[63]	Canada	Patients with systemic sclerosis	CIDI	DSM-IV	345	13 (4)
Thombs, 2008[64]	USA	Outpatients with coronary artery disease	C-DIS	DSM-IV	1006	221 (22)
Zuithoff, 2009[65]	The Netherlands	General practice patients	CIDI	DSM-IV	1038	135 (13)
Mini International Neuropsychiatric Interviews (MINI)						
Akena, 2013[66]	Uganda	HIV/AIDS patients	MINI	DSM-IV	91	11 (12)

Baron, 2017[67]	South Africa	Xhosa, Afrikaans and Zulu-speaking general population	MINI	DSM-IV	851	93 (11)
Buji, 2018[68]	Malaysia	Patients with systemic lupus erythematosus	MINI	DSM-IV	130	5 (4)
Cholera, 2014[69]	South Africa	Patients undergoing routine HIV counseling and testing at a primary health care clinic	MINI	DSM-IV	397	47 (12)
Conway, 2016[70]	Australia	Heart transplant recipients	MINI	DSM-IV	26	2 (8)
de la Torre, 2016[71]	Argentina	Hospitalized general medical patients	MINI	DSM-IV	257	69 (27)
Garabiles, Unpublished[a]	China	Female Filipino domestic workers in Macao	MINI	DSM-IV	99	39 (39)
Gholizadeh, 2019[72a]	Iran	Coronary artery disease patients	MINI	DSM-IV	79	12 (15)
Hantsoo, 2017[73]	USA	General population	MINI	DSM-IV	321	19 (6)
Hides, 2007[74]	Australia	Injection drug users accessing a needle and syringe program	MINI	DSM-IV	103	47 (46)
Hyphantis, 2011[75]	Greece	Patients with various rheumatologic disorders	MINI	DSM-IV	213	69 (32)
Hyphantis, 2014[76]	Greece	Patients with chronic illnesses presenting at the emergency department	MINI	DSM-IV	349	95 (27)
Inagaki, 2013[77]	Japan	Internal medicine outpatients	MINI	DSM-III-R	104	21 (20)
Janssen, 2016[78]	The Netherlands	General population and Type 2 diabetes patients	MINI	DSM-IV	4695	156 (3)

Lamers, 2008[79]	The Netherlands	Elderly primary care patients with diabetes mellitus or chronic obstructive pulmonary disease	MINI	DSM-IV	104	59 (57)
Levin-Aspenson, 2017[80]	USA	General population	MINI	DSM-V	408	66 (16)
Liu, 2016[81]	China	Primary care patients	MINI	DSM-IV	1997	97 (5)
Lotrakul, 2008[82]	Thailand	Outpatients	MINI	DSM-IV	278	19 (7)
Muramatsu, 2007[83]	Japan	Primary care patients	MINI	DSM-IV	116	32 (28)
Muramatsu, 2018[84]	Japan	Primary care patients	MINI	DSM-IV	152	46 (30)
Nakku, 2016[85]	Uganda	Primary patients and hospital outpatients	MINI	DSM-IV	153	84 (55)
Paika, 2017[86]	Greece	Patients with long term medical conditions	MINI	DSM-IV	474	98 (21)
Persoons, 2001[87]	Belgium	Inpatients and patients at gastroenterological and hepatology wards	MINI	DSM-IV	173	28 (16)
Rancans, 2018[88]	Latvia	Primary care patients	MINI	DSM-IV	1467	147 (10)
Santos, 2013[89]	Brazil	General population	MINI	DSM-IV	196	25 (13)
Stafford, 2007[90]	Australia	Inpatients with coronary artery disease who had undergone surgery	MINI	DSM-IV	193	35 (18)
Sung, 2013[91]	Singapore	Primary care patients	MINI	DSM-IV	399	12 (3)
Suzuki, 2015[92]	Japan	Outpatients in general medicine department	MINI	DSM-IV	511	42 (8)
van Heyningen, 2018[93]	South Africa	Pregnant women	MINI	DSM-IV	373	81 (22)
van Steenbergen-Weijenburg, 2010[94]	The Netherlands	Diabetes patients	MINI	DSM-IV	196	37 (19)
Volker, 2016[95]	The Netherlands	Employees on sickness leave	MINI	DSM-IV	93	23 (25)
Wang, 2014[96]	China	General population	MINI	DSM-IV	1036	28 (3)

Zhang, 2013[97]	Hong Kong, China	Type 2 diabetes patients	MINI	DSM-IV	68	17 (25)

Abbreviations: C-DIS: Computerized Diagnostic Interview Schedule; CIDI: Composite International Diagnostic Interview; CIS-R: Clinical Interview Schedule Revised; DISH: Depression Interview and Structured Hamilton; DSM: Diagnostic and Statistical Manual of Mental Disorders; ICD: International Classification of Diseases; MINI: Mini Neurospsychiatric Diagnostic Interview; SCAN: Schedules for Clinical Assessment in Neuropsychiatry; SCID: Structured Clinical Interview for DSM Disorders; UK: United Kingdom; USA: United States of America.

[a]Was unpublished at the time of electronic database search

Supplementary Table B2. Characteristics of eligible primary studies not included in the present study

First Author, Year	Country	Recruited Population	Diagnostic Interview	Classification System	Total N	Major Depression N (%)	Could study have been added as a published dataset? (Reason)
Semi-structured Interviews							
Bailer, 2016[98]	Germany	Healthy participants and cognitive behaviour therapy outpatients	SCID	DSM-IV	200	68 (34)	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Becker, 2002[99]	Saudi Arabia	Primary care patients	SCID	DSM-III-R	173	NR	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Brodey, 2016[100]	USA	Perinatal women	SCID	DSM-IV	879	NR	Yes (Published accuracy results for PHQ-9 cutoff 7)
Chen, 2013[101]	China	Primary care populations	SCID	DSM-IV	280	NR	Yes (Published accuracy results for PHQ-9 cutoffs 6-15)
Chen, 2012[102]	China	Adults over 60 in primary care	SCID	DSM-IV	262	97 (37)	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Irmak, 2017[103]	Turkey	Battered women	SCID	DSM-V	150	63 (42)	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Lai, 2010[104]	China	Men with postpartum wives	SCID	DSM-IV	551	8 (1)	No (Published data ineligible: some participants had time intervals between PHQ-9 administration and diagnostic interview that were greater than 2 weeks)
Limon, 2016[105]	USA	Latino farmworkers	SCID	DSM-IV	99	NR	Yes (Published accuracy results for PHQ-9 cutoff 10)
Liu, 2016[106]	China	Rural elderly population	SCID	DSM-IV	839	57 (7)	Yes (Published accuracy results for PHQ-9 cutoffs 5-15)
Nacak, 2017[107]	Germany	Patients with somatoform pain disorder	SCID	DSM-IV	130	36 (28)	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Navinés, 2012[108]	Spain	Chronic hepatitis C patients	SCID	DSM-IV	500	32 (6)	Yes (Published accuracy results for PHQ-9 cutoff 9)
Phelan, 2010[109]	USA	Elderly primary care patients	SCID	DSM-IV	69	8 (12)	Yes (Published accuracy results for PHQ-9 cutoffs 8-12)

Thompson, 2011[110]	USA	Parkinson's patients	SCID	DSM-IV	214	30 (14)	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Watnick, 2005[111]	USA	Long term dialysis patients	SCID	DSM-IV	62	12 (19)	No (Published data ineligible: reported accuracy estimates were not for major depression, they were for a broader definition of depression)
Fully Structured Interviews							
Al-Ghafri, 2014[112]	Oman	Medical trainees	CIDI	NR	131	NR	No (Primary study did not report sample size or number of participants with major depression)
Haddad, 2013[113]	UK	Coronary heart disease patients	CIS-R	ICD-10	730	32 (4)	Yes (Published accuracy results for PHQ-9 cutoffs 7-10)
Ikin, 2016[114]	Australia	Veterans of the Gulf War	CIDI	DSM-IV	1356	NR	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Valencia-Garcia, 2017[115]	USA	Mexican american women	CIDI	DSM-IV	205	40 (20)	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Wang, 2015[116]	China	Cardiovascular outpatients	CIDI	DSM-IV	201	42 (21)	Yes (Published accuracy results for PHQ-9 cutoffs 7-13)
Mini International Neuropsychiatric Interviews (MINI)							
Choi, 2015[117]	Canada	HIV patients	MINI	DSM-IV	190	29 (15)	Yes (Published accuracy results for PHQ-9 cutoffs 8-11)
Griffith, 2015[118]	USA	Patients with epilepsy	MINI	DSM-IV and ICD-10	114	20 (18)	No (Published data ineligible: some participants had a current depression diagnosis or antidepressant prescription)
Persoons, 2003[119]	Belgium	Otorhinolaryngology outpatients	MINI	DSM-IV	97	16 (16)	No (Primary study did not report accuracy results for any PHQ-9 cutoff)
Rathore, 2014[120]	USA	Patients with epilepsy	MINI	DSM-IV	158	36 (23)	Yes (Published accuracy results for PHQ-9 cutoffs 10-15)
Scott, 2011[121]	USA	Chronic hepatitis C patients	MINI	DSM-IV and ICD-10	30	NR	No (Primary study did not report the number of participants with major depression)
Seo, 2015[122]	South Korea	Migrane patients	MINI	DSM-IV	132	39 (30)	Yes (Published accuracy results for PHQ-9 cutoffs 5-9)

Woldetensay, 2018[123]	Ethiopia	Pregnant women	MINI	DSM-IV	216	28 (13)	Yes (Published accuracy results for PHQ-9 cutoffs 5-14)
Xiong, 2014[124]	China	Outpatients with multiple somatic symptoms	MINI	DSM-IV	398	116 (29)	Yes (Published accuracy results for PHQ-9 cutoffs 5-15)

Abbreviations: CIDI: Composite International Diagnostic Interview; CIS-R: Clinical Interview Schedule Revised; DSM: Diagnostic and Statistical Manual of Mental Disorders; ICD: International Classification of Diseases; MINI: Mini International Neuropsychiatric Interview; NR: Not Reported; PHQ-9: Patient Health Questionnaire-9; SCID: Structured Clinical Interview for DSM Disorders; UK: United Kingdom; USA: United States of America.

Supplementary Table C1. Estimates of the impact (R) and extent (τ^2) of heterogeneity in sensitivity and specificity of PHQ-9 at cut-off score of 10

Participant Subgroup	Semi-structured Diagnostic Interviews				Fully Structured Diagnostic Interviews				Mini International Neuropsychiatric Interviews			
	R[a]		τ^2		R[a]		τ^2		R[a]		τ^2	
	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity
All participants	2.94	3.75	1.21	0.46	4.35	7.96	0.96	0.95	3.04	4.51	0.67	0.49
Participants not currently diagnosed or receiving treatment for a mental health problem	0.02	0.05	1.51	0.61	3.57	7.4	0.81	0.98	2.21	3.51	0.34	0.34
Age <60	2.75	3.42	1.30	0.44	3.97	7.55	0.96	1.03	2.60	4.06	0.66	0.48
Age ≥60	3.38	2.13	2.46	0.33	1.90	4.13	0.43	0.95	2.33	3.31	0.52	0.64
Women	3.42	5.20	1.18	0.89	3.03	6.69	0.66	1.08	2.69	4.08	0.65	0.59
Men	1.85	2.01	0.74	0.22	3.42	5.20	1.18	0.89	1.95	3.43	0.64	0.67
Very high human development index	2.2	2.98	0.77	0.26	4.48	8.58	0.99	1.07	2.86	4.75	0.58	0.60
High human development index	7.33	4.45	6.97	1.03	--	--	--	--	1.90	3.22	0.29	0.16
Low or medium human development index	4.64	7.7	1.32	1.65	4.55	4.49	1.28	0.35	4.01	3.54	0.94	0.28
Non-medical care	1.00	1.00	0.00	0.00	2.91	7.86	0.32	0.56	2.98	5.87	0.56	0.71
Primary care	4.71	5.04	2.18	0.92	2.91	4.38	0.44	0.32	4.71	3.76	1.44	0.26
Inpatient specialty care	2.92	1.55	1.85	0.02	2.22	5.10	0.46	0.52	1.60	1.67	0.21	0.07
Outpatient specialty care	1.96	3.22	0.51	0.37	4.71	8.86	1.12	1.48	1.93	4.16	0.28	0.62

[a] R is the ratio of the estimated standard errors of the pooled sensitivity (or specificity) from the random-effects model to the estimated standard errors of the pooled sensitivity (or specificity) from the corresponding fixed-effects model

Supplementary Table C2. Estimates of sensitivity, specificity, and their corresponding 95% prediction interval (PI) at cut-off score of 10

Participant Subgroup	Semi-structured Diagnostic Interviews		Fully Structured Diagnostic Interviews		Mini International Neuropsychiatric Interviews	
	Sensitivity (95% PI)	Specificity (95% PI)	Sensitivity (95% PI)	Specificity (95% PI)	Sensitivity (95% PI)	Specificity (95% PI)
All participants	0.85 (0.37, 0.98)	0.85 (0.58, 0.96)	0.64 (0.18, 0.94)	0.88 (0.48, 0.98)	0.74 (0.34, 0.94)	0.89 (0.65, 0.97)
Participants not currently diagnosed or receiving treatment for a mental health problem	0.85 (0.29, 0.99)	0.89 (0.61, 0.98)	0.74 (0.10, 0.99)	0.89 (0.20, 1.00)	0.70 (0.38, 0.90)	0.92 (0.75, 0.98)
Age <60	0.85 (0.36, 0.98)	0.82 (0.55, 0.95)	0.66 (0.18, 0.94)	0.88 (0.45, 0.98)	0.75 (0.36, 0.94)	0.88 (0.64, 0.97)
Age ≥60	0.88 (0.22, 1.00)	0.88 (0.70, 0.96)	0.58 (0.23, 0.86)	0.90 (0.50, 0.99)	0.73 (0.36, 0.93)	0.90 (0.62, 0.98)
Women	0.86 (0.32, 0.99)	0.83 (0.53, 0.96)	0.63 (0.23, 0.91)	0.87 (0.41, 0.98)	0.73 (0.34, 0.94)	0.87 (0.57, 0.97)
Men	0.84 (0.47, 0.97)	0.87 (0.71, 0.94)	0.65 (0.14, 0.95)	0.90 (0.53, 0.99)	0.77 (0.38, 0.95)	0.90 (0.63, 0.98)
Very high human development index	0.85 (0.47, 0.97)	0.85 (0.66, 0.94)	0.65 (0.17, 0.94)	0.89 (0.45, 0.99)	0.78 (0.40, 0.95)	0.88 (0.59, 0.98)
High human development index	0.97 (0.00, 1.00)	0.85 (0.14, 1.00)	--[a]	--[a]	0.63 (0.27, 0.89)	0.89 (0.72, 0.96)
Low or medium human development index	0.70 (0.01, 1.00)	0.81 (0.01, 1.00)	0.62 (0.01, 1.00)	0.86 (0.26, 0.99)	0.66 (0.06, 0.98)	0.88 (0.53, 0.98)
Non-medical care	0.82 (--, --)[b]	0.88 (--, --)[b]	0.47 (0.05, 0.93)	0.93 (0.27, 1.00)	0.71 (0.27, 0.94)	0.89 (0.50, 0.99)
Primary care	0.91 (0.25, 1.00)	0.88 (0.45, 0.98)	0.72 (0.28, 0.94)	0.89 (0.63, 0.97)	0.75 (0.13, 0.98)	0.89 (0.68, 0.97)
Inpatient specialty care	0.86 (0.20, 0.99)	0.80 (0.73, 0.86)	0.89 (--, --)[b]	0.75 (--, --)[b]	0.76 (0.00, 1.00)	0.85 (0.06, 1.00)
Outpatient specialty care	0.80 (0.46, 0.95)	0.83 (0.57, 0.95)	0.55 (0.06, 0.96)	0.87 (0.19, 0.99)	0.75 (0.46, 0.91)	0.90 (0.57, 0.98)

[a]There were no studies available.

[b]There were not enough studies to compute the degrees of freedom to get the 95% quantile of the t-distribution.

Supplementary Table D1. Multiple meta-regression model coefficients and p-values assessing interactions between reference standard category and logit(sensitivity) and logit(1-specificity)

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.154	0.108	-0.467	<0.001	-0.766	<0.001	-1.050	<0.001	-1.372	<0.001	-1.731	<0.001	-2.013	<0.001	-2.266	<0.001	-2.553	<0.001	-2.839	<0.001	-3.143	<0.001
d0fully	-0.285	0.106	-0.325	0.058	-0.360	0.045	-0.398	0.034	-0.365	0.056	-0.312	0.142	-0.322	0.151	-0.322	0.147	-0.389	0.119	-0.413	0.100	-0.411	0.126
d0mini	-0.250	0.089	-0.283	0.051	-0.303	0.049	-0.336	0.033	-0.347	0.037	-0.327	0.076	-0.332	0.079	-0.379	0.053	-0.416	0.049	-0.397	0.075	-0.495	0.039
d1[b]	3.457	<0.001	3.091	<0.001	2.787	<0.001	2.390	<0.001	1.966	<0.001	1.666	<0.001	1.404	<0.001	1.076	<0.001	0.710	<0.001	0.471	<0.001	0.105	0.395
d1fully	-0.973	0.022	-0.981	0.010	-1.133	0.001	-1.085	0.003	-1.128	<0.001	-1.054	<0.001	-1.099	<0.001	-0.989	<0.001	-0.884	<0.001	-0.894	<0.001	-0.859	<0.001
d1mini	-0.201	0.568	-0.526	0.098	-0.693	0.020	-0.635	0.029	-0.584	0.031	-0.618	0.013	-0.695	0.002	-0.610	0.005	-0.510	0.012	-0.589	0.002	-0.500	0.007

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D2. Multiple meta-regression model coefficients and p-values assessing interactions between subgrouping variables and logit(sensitivity) and logit(1-specificity), among participants administered semi-structured diagnostic interviews

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0	-0.201	0.238	-0.492	0.002	-0.741	<0.001	-1.046	<0.001	-1.405	<0.001	-1.646	<0.001	-1.908	<0.001	-2.168	<0.001	-2.486	<0.001	-2.831	<0.001	-3.170	<0.001
d0age	-0.349	<0.001	-0.332	<0.001	-0.366	<0.001	-0.298	<0.001	-0.270	<0.001	-0.268	<0.001	-0.313	<0.001	-0.293	<0.001	-0.280	<0.001	-0.230	0.003	-0.256	0.004
d0hdi.h	0.334	0.258	0.291	0.306	0.239	0.421	0.273	0.358	0.205	0.490	0.077	0.830	0.042	0.910	-0.030	0.937	0.092	0.816	0.109	0.795	0.301	0.517
d0hdi.lm	0.485	0.142	0.391	0.217	0.273	0.408	0.250	0.449	0.218	0.508	0.171	0.665	0.153	0.712	0.323	0.438	0.403	0.341	0.538	0.226	0.551	0.272
d0sex.m	-0.376	<0.001	-0.358	<0.001	-0.315	<0.001	-0.310	<0.001	-0.315	<0.001	-0.323	<0.001	-0.343	<0.001	-0.345	<0.001	-0.341	<0.001	-0.355	<0.001	-0.374	0.001
d0ps.nm	0.710	0.112	0.547	0.203	0.490	0.276	0.380	0.398	0.167	0.712	-0.097	0.858	-0.208	0.717	-0.219	0.708	-0.248	0.680	-0.401	0.534	-0.192	0.790
d0ps.ip	0.371	0.104	0.338	0.123	0.234	0.305	0.305	0.183	0.310	0.180	0.353	0.193	0.410	0.152	0.426	0.147	0.449	0.138	0.464	0.150	0.613	0.091
d0ps.op	0.025	0.872	0.019	0.898	-0.035	0.824	-0.056	0.727	-0.031	0.850	-0.218	0.242	-0.199	0.313	-0.132	0.520	-0.153	0.482	-0.082	0.727	-0.099	0.708
d1	5.205	<0.001	4.768	<0.001	4.453	<0.001	3.853	<0.001	3.304	<0.001	2.986	<0.001	2.422	<0.001	1.641	<0.001	1.318	<0.001	1.203	<0.001	0.581	0.074
d1age	-0.317	0.109	-0.292	0.093	-0.314	0.039	-0.282	0.035	-0.381	0.001	-0.322	0.003	-0.291	0.005	-0.190	0.042	-0.232	0.007	-0.257	0.002	-0.199	0.013
d1hdi.h	0.240	0.791	0.607	0.536	0.564	0.508	0.435	0.535	0.465	0.401	0.689	0.187	0.633	0.197	0.438	0.291	0.125	0.716	0.161	0.623	0.290	0.383
d1hdi.lm	-1.825	0.078	-1.840	0.090	-2.290	0.014	-2.109	0.007	-1.694	0.005	-1.884	0.001	-1.621	0.003	-1.353	0.004	-1.217	0.002	-1.073	0.005	-0.961	0.014
d1sex.m	0.128	0.677	0.051	0.850	0.155	0.512	0.060	0.773	0.201	0.277	-0.036	0.826	-0.160	0.302	-0.133	0.353	-0.145	0.275	-0.148	0.249	-0.138	0.272
d1ps.nm	-1.651	0.251	-1.421	0.345	-1.530	0.244	-1.260	0.254	-0.831	0.332	-0.794	0.323	-0.641	0.403	-0.448	0.504	-0.268	0.636	-0.257	0.633	-0.601	0.272
d1ps.ip	-1.744	0.052	-1.289	0.163	-1.342	0.096	-1.139	0.082	-0.838	0.102	-0.897	0.059	-0.536	0.233	-0.356	0.359	-0.248	0.445	-0.231	0.453	-0.251	0.419
d1ps.op	-1.841	0.023	-1.869	0.021	-2.016	0.004	-1.813	0.001	-1.397	0.001	-1.486	<0.001	-1.305	<0.001	-0.956	0.003	-0.804	0.002	-0.783	0.002	-0.628	0.012

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D3. Multiple meta-regression model coefficients and p-values assessing interactions between subgrouping variables and logit(sensitivity) and logit(1-specificity), among participants administered fully structured diagnostic interviews

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0[a]	-0.280	0.346	-0.740	0.018	-1.082	0.001	-1.446	<0.001	-1.789	<0.001	-2.147	<0.001	-2.406	<0.001	-2.647	<0.001	-3.162	<0.001	-3.590	<0.001	-3.703	<0.001
d0age	-0.305	<0.001	-0.275	<0.001	-0.291	<0.001	-0.288	<0.001	-0.271	<0.001	-0.282	<0.001	-0.266	<0.001	-0.308	<0.001	-0.341	<0.001	-0.304	<0.001	-0.276	<0.001
d0hdi.h[c]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d0hdi.lm	-0.046	0.915	-0.022	0.961	0.129	0.782	0.160	0.743	0.222	0.668	0.149	0.779	0.217	0.689	0.197	0.724	0.372	0.542	0.466	0.461	0.207	0.739
d0sex.m	-0.283	<0.001	-0.300	<0.001	-0.263	<0.001	-0.285	<0.001	-0.303	<0.001	-0.259	<0.001	-0.318	<0.001	-0.356	<0.001	-0.315	<0.001	-0.197	0.04	-0.377	0.001
d0ps.nm	-0.732	0.114	-0.543	0.264	-0.530	0.292	-0.497	0.345	-0.417	0.454	-0.389	0.497	-0.406	0.490	-0.354	0.554	-0.119	0.857	-0.014	0.984	-0.059	0.930
d0ps.ip	1.225	0.039	1.381	0.026	1.358	0.034	1.298	0.054	1.409	0.048	1.400	0.055	1.480	0.047	1.443	0.059	1.624	0.053	1.743	0.044	1.555	0.066
d0ps.op	-0.016	0.966	0.135	0.739	0.034	0.936	0.143	0.746	0.210	0.653	0.325	0.496	0.229	0.641	0.247	0.623	0.369	0.505	0.432	0.452	0.363	0.518
d1	2.760	<0.001	2.395	<0.001	1.904	<0.001	1.637	0.001	1.011	0.011	0.720	0.073	0.468	0.197	0.037	0.919	-0.276	0.461	-0.542	0.154	-0.923	0.011
d1age	-0.181	0.027	-0.163	0.031	-0.150	0.030	-0.153	0.020	-0.129	0.034	-0.127	0.033	-0.145	0.013	-0.113	0.053	-0.102	0.089	-0.068	0.267	-0.031	0.627
d1hdi.h[c]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d1hdi.lm	-0.406	0.586	-0.556	0.443	-0.814	0.23	-0.432	0.540	-0.268	0.616	-0.219	0.687	-0.185	0.698	-0.169	0.727	-0.130	0.790	-0.208	0.664	-0.273	0.534
d1sex.m	-0.088	0.599	-0.008	0.958	-0.106	0.456	-0.066	0.624	-0.056	0.667	-0.024	0.852	-0.011	0.928	0.010	0.935	-0.045	0.727	-0.163	0.223	-0.186	0.178
d1ps.nm	-1.511	0.029	-1.443	0.040	-1.347	0.046	-1.320	0.060	-1.082	0.040	-1.016	0.060	-1.016	0.031	-0.967	0.043	-1.028	0.031	-1.006	0.033	-0.940	0.027
d1ps.ip	1.199	0.303	1.125	0.306	1.326	0.200	1.023	0.313	1.158	0.129	1.197	0.117	1.219	0.066	1.405	0.037	1.118	0.090	1.153	0.074	1.168	0.041
d1ps.op	-0.565	0.387	-0.585	0.363	-0.466	0.442	-0.739	0.239	-0.635	0.180	-0.680	0.156	-0.637	0.129	-0.693	0.106	-0.614	0.153	-0.464	0.273	-0.417	0.282

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)
[c]No study from a country with high human development index (HDI) among studies that administered fully structured diagnostic interview

Supplementary Table D4. Multiple meta-regression model coefficients and p-values assessing interactions between subgrouping variables and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0	-0.168	0.398	-0.464	0.027	-0.800	<0.001	-1.121	<0.001	-1.439	<0.001	-1.774	<0.001	-1.996	<0.001	-2.301	<0.001	-2.595	<0.001	-2.968	<0.001	-3.318	<0.001
d0age	-0.200	<0.001	-0.160	<0.001	-0.195	<0.001	-0.214	<0.001	-0.182	<0.001	-0.184	<0.001	-0.167	0.002	-0.169	0.005	-0.228	0.001	-0.203	0.007	-0.320	<0.001
d0hdi.h	-0.059	0.817	-0.125	0.643	-0.094	0.741	-0.124	0.679	-0.248	0.424	-0.363	0.305	-0.483	0.205	-0.527	0.206	-0.798	0.097	-0.702	0.157	-0.736	0.164
d0hdi.lm	-0.020	0.939	-0.095	0.734	-0.201	0.497	-0.217	0.485	-0.224	0.486	-0.311	0.398	-0.329	0.402	-0.398	0.352	-0.503	0.300	-0.533	0.290	-0.749	0.161
d0sex.m	-0.290	<0.001	-0.298	<0.001	-0.279	<0.001	-0.266	<0.001	-0.260	<0.001	-0.263	<0.001	-0.239	0.001	-0.223	0.006	-0.203	0.029	-0.164	0.112	-0.095	0.424
d0ps.nm	-0.275	0.277	-0.256	0.343	-0.252	0.378	-0.253	0.395	-0.236	0.442	-0.181	0.605	-0.219	0.560	-0.274	0.503	-0.355	0.448	-0.235	0.626	-0.214	0.670
d0ps.ip	0.284	0.370	0.306	0.361	0.357	0.318	0.303	0.428	0.466	0.244	0.630	0.174	0.506	0.307	0.602	0.263	0.780	0.196	0.620	0.335	0.565	0.411
d0ps.op	-0.091	0.697	-0.107	0.666	-0.116	0.659	-0.124	0.652	-0.169	0.554	-0.201	0.540	-0.261	0.457	-0.224	0.556	-0.203	0.640	-0.041	0.927	-0.072	0.880
d1	3.128	<0.001	1.684	0.001	1.483	0.002	1.379	0.001	1.307	0.002	1.039	0.007	0.637	0.085	0.530	0.151	0.345	0.353	-0.013	0.971	-0.496	0.144
d1age	-0.027	0.806	0.074	0.432	0.006	0.941	-0.035	0.654	-0.071	0.327	-0.105	0.127	-0.061	0.360	-0.100	0.121	-0.178	0.006	-0.191	0.002	-0.195	0.002
d1hdi.h	-0.683	0.243	-0.602	0.311	-0.727	0.175	-0.901	0.056	-0.913	0.046	-0.804	0.051	-0.662	0.092	-0.634	0.105	-0.671	0.083	-0.504	0.141	-0.455	0.146
d1hdi.lm	-0.576	0.330	-0.102	0.868	-0.321	0.571	-0.461	0.355	-0.465	0.334	-0.572	0.184	-0.717	0.077	-0.788	0.050	-0.905	0.023	-0.817	0.019	-0.907	0.004
d1sex.m	-0.050	0.807	0.419	0.011	0.514	0.001	0.397	0.004	0.371	0.004	0.307	0.012	0.337	0.004	0.253	0.027	0.202	0.076	0.153	0.174	0.108	0.341
d1ps.nm	-0.007	0.990	0.549	0.350	0.224	0.678	0.072	0.879	-0.040	0.930	-0.083	0.838	-0.053	0.891	-0.118	0.758	-0.009	0.982	0.135	0.683	0.212	0.477
d1ps.ip	0.074	0.929	0.655	0.426	0.197	0.789	0.238	0.720	0.491	0.446	0.412	0.470	0.158	0.767	0.211	0.689	0.199	0.700	0.300	0.515	0.191	0.649
d1ps.op	-0.175	0.744	0.195	0.723	0.238	0.642	0.137	0.761	-0.119	0.785	0.031	0.936	-0.037	0.921	-0.020	0.956	0.080	0.823	0.235	0.450	0.238	0.398

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D5. Meta-regression model coefficients and p-values assessing interactions between older age (≥60) and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0	0.033	0.717	-0.26	0.003	-0.543	<0.001	-0.865	<0.001	-1.205	<0.001	-1.540	<0.001	-1.803	<0.001	-2.051	<0.001	-2.349	<0.001	-2.643	<0.001	-2.984	<0.001
d0age	-0.474	<0.001	-0.531	<0.001	-0.581	<0.001	-0.488	<0.001	-0.440	<0.001	-0.522	<0.001	-0.585	<0.001	-0.604	<0.001	-0.553	<0.001	-0.536	<0.001	-0.460	<0.001
d1	4.040	<0.001	3.584	<0.001	3.197	<0.001	2.616	<0.001	2.149	<0.001	1.762	<0.001	1.494	<0.001	1.103	<0.001	0.753	<0.001	0.504	<0.001	0.130	0.325
d1age	-0.769	0.026	-0.492	0.091	-0.426	0.114	-0.267	0.276	-0.330	0.126	-0.061	0.765	-0.110	0.564	-0.003	0.989	-0.127	0.439	-0.109	0.492	-0.094	0.549

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D6. Meta-regression model coefficients and p-values assessing interactions between older age (≥60) and logit(sensitivity) and logit(1-specificity), among participants administered a fully structured diagnostic interview

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0	-0.323	0.093	-0.689	0.001	-1.020	<0.001	-1.340	<0.001	-1.639	<0.001	-1.940	<0.001	-2.244	<0.001	-2.474	<0.001	-2.815	<0.001	-3.144	<0.001	-3.437	<0.001
d0age	-0.486	<0.001	-0.429	<0.001	-0.473	<0.001	-0.497	<0.001	-0.455	<0.001	-0.508	<0.001	-0.463	<0.001	-0.611	<0.001	-0.742	<0.001	-0.667	<0.001	-0.656	<0.001
d1	2.551	<0.001	2.176	<0.001	1.693	<0.001	1.389	<0.001	0.906	<0.001	0.696	0.005	0.387	0.083	0.155	0.504	-0.097	0.663	-0.369	0.094	-0.725	<0.001
d1age	-0.654	0.005	-0.639	0.003	-0.396	0.037	-0.519	0.004	-0.437	0.010	-0.507	0.003	-0.547	0.001	-0.461	0.006	-0.498	0.004	-0.356	0.043	-0.249	0.165

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D7. Meta-regression model coefficients and p-values assessing interactions between older age (≥60) and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0	-0.321	0.001	-0.678	<0.001	-1.003	<0.001	-1.315	<0.001	-1.652	<0.001	-2.013	<0.001	-2.298	<0.001	-2.628	<0.001	-2.937	<0.001	-3.227	<0.001	-3.587	<0.001
d0age	-0.328	<0.001	-0.293	<0.001	-0.294	<0.001	-0.318	<0.001	-0.297	<0.001	-0.245	0.002	-0.232	0.009	-0.134	0.174	-0.170	0.134	-0.098	0.433	-0.232	0.117
d1	3.335	<0.001	2.583	<0.001	2.139	<0.001	1.803	<0.001	1.451	<0.001	1.100	<0.001	0.720	<0.001	0.487	0.003	0.272	0.095	-0.015	0.919	-0.306	0.024
d1age	-0.424	0.058	-0.397	0.031	-0.367	0.028	-0.333	0.030	-0.322	0.023	-0.308	0.022	-0.161	0.211	-0.203	0.108	-0.313	0.013	-0.401	0.002	-0.350	0.006

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D8. Meta-regression model coefficients and p-values assessing interactions between sex and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0	0.007	0.944	-0.316	<0.001	-0.631	<0.001	-0.920	<0.001	-1.241	<0.001	-1.601	<0.001	-1.873	<0.001	-2.127	<0.001	-2.408	<0.001	-2.687	<0.001	-2.99	<0.001
d0sex.m	-0.394	<0.001	-0.377	<0.001	-0.335	<0.001	-0.326	<0.001	-0.330	<0.001	-0.332	<0.001	-0.355	<0.001	-0.358	<0.001	-0.355	<0.001	-0.366	<0.001	-0.382	<0.001
d1	3.800	<0.001	3.438	<0.001	3.031	<0.001	2.523	<0.001	1.998	<0.001	1.764	<0.001	1.525	<0.001	1.158	<0.001	0.778	<0.001	0.536	<0.001	0.163	0.216
d1sex.m	0.106	0.734	0.030	0.907	0.140	0.552	0.037	0.856	0.166	0.370	-0.064	0.701	-0.183	0.236	-0.173	0.225	-0.185	0.165	-0.188	0.145	-0.176	0.162

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D9. Meta-regression model coefficients and p-values assessing interactions between sex and logit(sensitivity) and logit(1-specificity), among participants administered a fully structured diagnostic interview

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0	-0.306	0.116	-0.654	0.001	-1.005	<0.001	-1.321	<0.001	-1.607	<0.001	-1.935	<0.001	-2.204	<0.001	-2.445	<0.001	-2.820	<0.001	-3.185	<0.001	-3.411	<0.001
d0sex.m	-0.299	<0.001	-0.314	<0.001	-0.281	<0.001	-0.304	<0.001	-0.320	<0.001	-0.276	<0.001	-0.335	<0.001	-0.376	<0.001	-0.338	<0.001	-0.217	0.023	-0.394	<0.001
d1	2.453	<0.001	2.052	<0.001	1.666	<0.001	1.330	<0.001	0.854	<0.001	0.623	0.011	0.305	0.170	0.08	0.730	-0.157	0.485	-0.362	0.106	-0.688	0.001
d1sex.m	-0.111	0.503	-0.029	0.847	-0.121	0.390	-0.090	0.502	-0.074	0.566	-0.048	0.704	-0.042	0.737	-0.014	0.908	-0.071	0.580	-0.182	0.174	-0.201	0.145

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D10. Meta-regression model coefficients and p-values assessing interactions between sex and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**	**Estimate**	**p-**
d0	-0.285	0.005	-0.630	<0.001	-0.958	<0.001	-1.278	<0.001	-1.61	<0.001	-1.946	<0.001	-2.242	<0.001	-2.544	<0.001	-2.871	<0.001	-3.152	<0.001	-3.591	<0.001
d0sex.m	-0.291	<0.001	-0.300	<0.001	-0.282	<0.001	-0.273	<0.001	-0.271	<0.001	-0.283	<0.001	-0.257	<0.001	-0.253	0.002	-0.249	0.007	-0.205	0.044	-0.121	0.304
d1	3.142	<0.001	2.334	<0.001	1.866	<0.001	1.575	<0.001	1.245	<0.001	0.925	<0.001	0.587	<0.001	0.369	0.019	0.120	0.454	-0.184	0.197	-0.448	0.001
d1sex.m	0.003	0.990	0.431	0.008	0.508	0.001	0.384	0.005	0.361	0.005	0.300	0.013	0.332	0.004	0.254	0.025	0.216	0.054	0.168	0.130	0.130	0.246

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D11. Multiple meta-regression model coefficients and p-values for assessing interactions between QUADAS-2 signalling questions and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-
d0[a]	-1.650	0.020	-1.890	0.010	-2.050	<0.001	-2.410	<0.001	-2.810	<0.001	-4.690	<0.001	-4.670	<0.001	-4.960	<0.001	-5.450	<0.001	-5.610	<0.001	-6.770	<0.001
d0.d1.s1	0.230	0.230	0.220	0.230	0.240	<0.001	0.240	0.220	0.240	0.230	0.330	0.150	0.300	0.230	0.260	0.300	0.300	0.250	0.450	0.100	0.520	0.080
d0.d3.s2	1.290	<0.001	1.250	<0.001	1.220	<0.001	1.070	0.010	0.870	0.050	0.980	0.050	0.850	0.110	0.830	0.140	0.740	0.190	0.740	0.210	0.660	0.300
d0.d4.s2	-0.050	0.930	-0.060	0.920	-0.180	<0.001	<0.001	0.990	0.320	0.590	1.700	0.020	1.530	0.040	1.600	0.040	1.870	0.020	1.600	0.050	2.420	0.020
d0.d4.s4	0.180	0.410	0.150	0.460	0.130	<0.001	0.190	0.390	0.160	0.500	0.140	0.560	0.180	0.520	0.200	0.470	0.210	0.470	0.230	0.450	0.330	0.320
d1[b]	30.89	0.980	7.590	0.730	3.760	<0.001	8.120	0.580	0.750	0.540	0.590	0.690	0.890	0.570	0.930	0.450	0.580	0.580	0.500	0.620	0.280	0.780
d1.d1.s1	-0.360	0.590	-0.290	0.660	-0.360	<0.001	-0.180	0.710	-0.020	0.970	-0.150	0.730	-0.270	0.500	-0.250	0.470	-0.250	0.390	-0.240	0.380	-0.270	0.320
d1.d3.s2	-13.54	0.980	-7.440	0.730	-3.890	<0.001	-8.090	0.580	-0.880	0.300	-0.590	0.510	-0.760	0.380	-0.820	0.260	-0.870	0.140	-0.790	0.160	-0.990	0.070
d1.d4.s2	-12.77	0.990	4.260	0.010	4.410	<0.001	2.920	0.030	2.620	0.010	2.240	0.060	1.650	0.180	1.310	0.190	1.330	0.120	1.050	0.210	1.160	0.170
d1.d4.s4	-1.020	0.220	-1.160	0.160	-1.380	<0.001	-0.580	0.300	-0.580	0.220	-0.500	0.290	-0.160	0.710	-0.200	0.600	-0.210	0.510	-0.160	0.590	-0.220	0.460

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D12. Multiple meta-regression model coefficients and p-values for assessing interactions between QUADAS-2 signalling questions and logit(sensitivity) and logit(1-specificity), among participants administered a fully structured diagnostic interview

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-
d0[a]	-1.100	0.110	-1.560	0.010	-1.970	0.020	-2.280	0.010	-2.650	<0.001	-3.030	<0.001	-3.220	<0.001	-3.540	<0.001	-3.810	<0.001	-4.180	<0.001	-4.260	<0.001
d0.d1.s1	-0.460	0.260	-0.550	0.180	-0.460	0.290	-0.510	0.270	-0.610	0.200	-0.680	0.130	-0.720	0.140	-0.690	0.150	-0.640	0.220	-0.760	0.170	-0.720	0.170
d0.d4.s4	1.050	0.160	1.220	0.070	1.230	0.160	1.260	0.170	1.410	0.100	1.540	0.040	1.460	0.100	1.500	0.070	1.370	0.110	1.520	0.150	1.260	0.200
d1[b]	1.830	0.060	1.500	0.050	0.940	0.470	0.540	0.620	0.290	0.730	-0.070	0.920	-0.290	0.720	-0.530	0.470	-0.770	0.330	-1.060	0.180	-1.260	0.090
d1.d1.s1	-0.760	0.260	-0.770	0.240	-0.900	0.200	-0.570	0.420	-0.530	0.310	-0.530	0.290	-0.360	0.450	-0.510	0.290	-0.360	0.440	-0.220	0.650	-0.260	0.560
d1.d4.s4	1.180	0.280	1.140	0.180	1.380	0.340	1.230	0.300	0.960	0.290	1.110	0.170	0.880	0.310	1.030	0.200	0.890	0.300	0.830	0.340	0.720	0.390

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D13. Multiple meta-regression model coefficients and p-values for assessing interactions between QUADAS-2 signalling questions and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cut-off	5		6		7		8		9		10		11		12		13		14		15	
Factors	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-	Estimate	p-
d0[a]	-0.170	0.750	-0.320	0.520	-0.680	0.200	-0.840	0.140	-0.980	0.100	-1.230	0.060	-1.690	0.010	-1.840	0.020	-2.300	0.010	-2.610	<0.001	-2.680	<0.001
d0.d1.s1	-0.370	0.180	-0.290	0.290	-0.310	0.300	-0.320	0.300	-0.240	0.470	-0.210	0.560	-0.210	0.600	0.030	0.950	0.050	0.920	0.020	0.970	-0.060	0.900
d0.d3.s2	-0.910	0.130	-1.160	0.040	-1.130	0.060	-1.150	0.070	-1.250	0.050	-1.440	0.050	-1.240	0.100	-1.520	0.070	-1.360	0.160	-1.340	0.130	-1.610	0.090
d0.d4.s2	0.230	0.420	0.290	0.320	0.390	0.210	0.440	0.170	0.470	0.160	0.620	0.100	0.660	0.100	0.600	0.180	0.740	0.140	0.860	0.080	0.830	0.120
d0.d4.s4	0.820	0.030	0.750	0.040	0.670	0.090	0.490	0.240	0.280	0.520	0.220	0.640	0.150	0.770	0.140	0.810	-0.040	0.950	-0.100	0.870	-0.070	0.920
d1[b]	2.090	0.020	2.780	<0.001	2.950	<0.001	2.510	<0.001	2.370	<0.001	2.320	<0.001	0.920	0.150	0.190	0.800	-0.390	0.580	-0.920	0.120	-1.420	0.010
d1.d1.s1	0.130	0.820	-0.090	0.840	0.410	0.310	0.460	0.240	0.450	0.240	0.520	0.120	0.460	0.160	0.420	0.260	0.370	0.310	0.380	0.210	0.220	0.440
d1.d3.s2	0.100	0.920	-2.510	<0.001	-3.100	<0.001	-2.710	<0.001	-2.830	<0.001	-3.160	<0.001	-2.120	<0.001	-1.510	0.060	-1.330	0.080	-1.090	0.090	-0.740	0.220
d1.d4.s2	0.880	0.120	0.140	0.750	-0.010	0.970	-0.020	0.970	0.120	0.780	0.140	0.720	0.390	0.270	0.430	0.270	0.550	0.160	0.650	0.050	0.800	0.010
d1.d4.s4	0.040	0.950	2.220	<0.001	1.900	<0.001	1.580	<0.001	1.370	0.010	1.330	<0.001	1.230	<0.001	1.110	0.020	1.190	0.010	1.060	0.010	0.940	0.010

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table D14. Estimates of PHQ-9 sensitivity and specificity for semi-structured interviews based on IPD alone and after including published eligible accuracy results from studies that did not contribute primary data

	IPD Only[a]				IPD + Published Accuracy Results[b]						
Cutoff	Sensitivity	95% CI	Specificity	95% CI	N Studies	N Participants	N Major Depression	Sensitivity	95% CI	Specificity	95% CI
5	0.98	(0.95, 0.99)	0.53	(0.49, 0.58)	48	12,073	1,585	0.98	(0.96, 0.99)	0.53	(0.48, 0.57)
6	0.97	(0.94, 0.98)	0.61	(0.57, 0.65)	48	12,073	1,585	0.97	(0.94, 0.99)	0.60	(0.56, 0.64)
7	0.95	(0.92, 0.98)	0.68	(0.64, 0.72)	48	12,073	1,585	0.95	(0.92, 0.98)	0.67	(0.62, 0.71)
8	0.92	(0.88, 0.95)	0.74	(0.70, 0.77)	49	12,142	1,593	0.92	(0.88, 0.95)	0.72	(0.67, 0.76)
9	0.89	(0.84, 0.92)	0.80	(0.76, 0.82)	50	12,642	1,625	0.89	(0.84, 0.92)	0.76	(0.71, 0.81)
10	0.85	(0.79, 0.89)	0.85	(0.82, 0.87)	50	12,241	1,605	0.85	(0.80, 0.89)	0.82	(0.77, 0.86)
11	0.81	(0.75, 0.86)	0.88	(0.85, 0.90)	49	12,142	1,593	0.81	(0.75, 0.86)	0.86	(0.82, 0.90)
12	0.75	(0.69, 0.80)	0.90	(0.88, 0.92)	49	12,142	1,593	0.75	(0.69, 0.80)	0.89	(0.85, 0.92)
13	0.67	(0.61, 0.72)	0.93	(0.91, 0.94)	48	12,073	1,585	0.67	(0.61, 0.72)	0.92	(0.89, 0.94)
14	0.61	(0.55, 0.67)	0.94	(0.93, 0.96)	48	12,073	1,585	0.61	(0.55, 0.67)	0.94	(0.91, 0.96)
15	0.52	(0.46, 0.58)	0.96	(0.94, 0.97)	48	12,073	1,585	0.53	(0.47, 0.58)	0.95	(0.93, 0.97)

[a]N Studies = 47; N Participants = 11,234; N major depression = 1,528

[b]Among 4 studies that administered semi-structured interviews and did not contribute primary data but published eligible accuracy results, the most commonly reported cut-offs were ≥ 9 and ≥10 (in 3 studies each); followed by cut-offs ≥ 8, ≥11 and ≥12 (in 2 studies each); cut-offs ≥ 5 to ≥7 and ≥ 13 to ≥15 were reported by a single study each.

Abbreviations: CI: confidence interval; IPD: individual participant data

Supplementary Table D15. Estimates of PHQ-9 sensitivity and specificity for fully structured interviews based on IPD alone and after including published eligible accuracy results from studies that did not contribute primary data

	IPD Only[a]				IPD + Published Accuracy Results[b]						
Cutoff	Sensitivity	95% CI	Specificity	95% CI	N Studies	N Participants	N Major Depression	Sensitivity	95% CI	Specificity	95% CI
7	0.82	(0.73, 0.89)	0.75	(0.67, 0.82)	22	18,098	1,426	0.84	(0.75, 0.90)	0.72	(0.63, 0.80)
8	0.77	(0.66, 0.86)	0.81	(0.74, 0.86)	22	18,098	1,426	0.79	(0.69, 0.87)	0.77	(0.67, 0.84)
9	0.69	(0.59, 0.78)	0.85	(0.79, 0.90)	22	18,098	1,426	0.71	(0.62, 0.79)	0.81	(0.71, 0.88)
10	0.64	(0.53, 0.74)	0.88	(0.83, 0.92)	22	18,098	1,426	0.67	(0.56, 0.76)	0.84	(0.74, 0.91)
11	0.57	(0.46, 0.67)	0.91	(0.87, 0.94)	21	17,368	1,394	0.57	(0.48, 0.67)	0.89	(0.83, 0.94)
12	0.52	(0.41, 0.63)	0.93	(0.89, 0.95)	21	17,368	1,394	0.52	(0.42, 0.63)	0.92	(0.86, 0.95)
13	0.45	(0.35, 0.56)	0.95	(0.92, 0.97)	21	17,368	1,394	0.45	(0.36, 0.55)	0.94	(0.88, 0.97)

[a]N Studies = 20; N Participants = 17,167; N major depression = 1,352

[b]Among 2 studies that administered fully structured interviews and did not contribute primary data but published eligible accuracy results, 2 studies reported results for cut-offs ≥ 7 to ≥10; 1 study reported results for cut-offs ≥ 11 to ≥ 13.

Abbreviations: CI: confidence interval; IPD: individual participant data

Supplementary Table D16. Estimates of PHQ-9 sensitivity and specificity for the MINI based on IPD alone and after including published eligible accuracy results from studies that did not contribute primary data

	IPD Only[a]				IPD + Published Accuracy Results[b]						
Cutoff	Sensitivity	95% CI	Specificity	95% CI	N Studies	N Participants	N Major Depression	Sensitivity	95% CI	Specificity	95% CI
5	0.96	(0.93, 0.97)	0.60	(0.55, 0.64)	36	16,854	1,844	0.95	(0.93, 0.97)	0.58	(0.54, 0.63)
6	0.92	(0.89, 0.95)	0.68	(0.63, 0.72)	36	16,854	1,844	0.92	(0.88, 0.94)	0.65	(0.60, 0.70)
7	0.88	(0.83, 0.92)	0.74	(0.70, 0.78)	36	16,854	1,844	0.88	(0.83, 0.91)	0.71	(0.65, 0.76)
8	0.85	(0.79, 0.89)	0.80	(0.76, 0.83)	37	17,033	1,873	0.84	(0.79, 0.88)	0.75	(0.68, 0.81)
9	0.80	(0.73, 0.85)	0.85	(0.82, 0.88)	37	17,033	1,873	0.79	(0.73, 0.84)	0.79	(0.72, 0.85)
10	0.74	(0.67, 0.79)	0.89	(0.86, 0.91)	37	17,059	1,864	0.74	(0.68, 0.80)	0.84	(0.78, 0.89)
11	0.67	(0.60, 0.73)	0.91	(0.89, 0.93)	37	17,059	1,864	0.67	(0.61, 0.73)	0.87	(0.80, 0.92)
12	0.61	(0.54, 0.68)	0.93	(0.91, 0.95)	36	16,880	1,835	0.62	(0.55, 0.68)	0.90	(0.85, 0.94)
13	0.55	(0.47, 0.62)	0.95	(0.93, 0.96)	36	16,880	1,835	0.55	(0.48, 0.62)	0.93	(0.88, 0.96)
14	0.47	(0.41, 0.54)	0.96	(0.95, 0.97)	36	16,880	1,835	0.48	(0.42, 0.54)	0.94	(0.89, 0.97)
15	0.40	(0.35, 0.46)	0.97	(0.96, 0.98)	35	16,658	1,807	0.41	(0.36, 0.47)	0.97	(0.94, 0.98)

[a]N Studies = 33; N Participants = 16,102; N major depression = 1,661

[b]Among 5 studies that administered the MINI interview and did not contribute primary data but published eligible accuracy results, the most commonly reported cut-offs were ≥ 8 to ≥ 11 (in 4 studies); 3 studies each reported results for cut-offs ≥5 to ≥7 and ≥12 to ≥14; 2 studies reported results for cut-off ≥15.

Abbreviations: CI: confidence interval; IPD: individual participant data

Supplementary Table E1. Estimates of PHQ-9 sensitivity and specificity at cut-off 10 among all participants, among participants not currently diagnosed or receiving treatment for a mental health problem, and among participant subgroups based on age, sex, human development index, and care setting

Participant Subgroup	Semi-structured Diagnostic Interviews				Fully Structured Diagnostic Interviews				Mini International Neuropsychiatric Interviews			
	Sensitivity		Specificity		Sensitivity		Specificity		Sensitivity		Specificity	
	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI
All participants	0.85	(0.79, 0.89)	0.85	(0.82, 0.87)	0.64	(0.53, 0.74)	0.88	(0.83, 0.92)	0.74	(0.67, 0.79)	0.89	(0.86, 0.91)
Participants not currently diagnosed or receiving treatment for a mental health problem	0.85	(0.75, 0.91)	0.89	(0.85, 0.92)	0.74	(0.54, 0.87)	0.89	(0.77, 0.95)	0.70	(0.62, 0.77)	0.92	(0.89, 0.94)
Age <60	0.85	(0.79, 0.90)	0.82	(0.79, 0.85)	0.66	(0.54, 0.75)	0.88	(0.82, 0.92)	0.75	(0.69, 0.81)	0.88	(0.85, 0.91)
Age ≥60	0.88	(0.77, 0.94)	0.88	(0.86, 0.91)	0.58	(0.47, 0.69)	0.90	(0.84, 0.94)	0.73	(0.64, 0.80)	0.90	(0.86, 0.93)
Women	0.86	(0.80, 0.91)	0.83	(0.79, 0.86)	0.63	(0.53, 0.72)	0.87	(0.81, 0.91)	0.73	(0.66, 0.79)	0.87	(0.83, 0.90)
Men	0.84	(0.78, 0.89)	0.87	(0.84, 0.89)	0.65	(0.51, 0.76)	0.90	(0.85, 0.93)	0.77	(0.70, 0.83)	0.90	(0.87, 0.93)
Very high human development index	0.85	(0.79, 0.89)	0.85	(0.82, 0.87)	0.65	(0.53, 0.76)	0.89	(0.83, 0.93)	0.78	(0.70, 0.83)	0.88	(0.84, 0.91)
High human development index	0.97	(0.62, 1.00)	0.85	(0.70, 0.94)	--	--	--	--	0.63	(0.51, 0.74)	0.89	(0.85, 0.92)
Low or medium human development index	0.70	(0.41, 0.88)	0.81	(0.55, 0.94)	0.62	(0.32, 0.85)	0.86	(0.77, 0.92)	0.66	(0.44, 0.83)	0.88	(0.82, 0.93)
Non-medical care	0.82	(0.73, 0.88)	0.88	(0.85, 0.91)	0.47	(0.33, 0.62)	0.93	(0.87, 0.97)	0.71	(0.59, 0.81)	0.89	(0.82, 0.94)
Primary care	0.91	(0.80, 0.96)	0.88	(0.81, 0.93)	0.72	(0.59, 0.82)	0.89	(0.84, 0.93)	0.75	(0.57, 0.87)	0.89	(0.84, 0.92)
Inpatient specialty care	0.86	(0.70, 0.94)	0.80	(0.78, 0.83)	0.89	(0.66, 0.97)	0.75	(0.51, 0.89)	0.76	(0.60, 0.87)	0.85	(0.78, 0.90)
Outpatient specialty care	0.80	(0.73, 0.86)	0.83	(0.79, 0.87)	0.55	(0.34, 0.74)	0.87	(0.73, 0.94)	0.75	(0.67, 0.81)	0.90	(0.84, 0.93)

Abbreviations: CI: confidence interval

Supplementary Table E2. Estimates of PHQ-9 sensitivity and specificity among participants not currently diagnosed or receiving treatment for a mental health problem compared to all participants, among participants administered a semi-structured diagnostic interview

	All participants[a]		Participants not currently diagnosed or receiving treatment for a mental health problem[b]		Difference across groups (All participants – participants not currently diagnosed or receiving treatment for a mental health problem)	
Cut-off	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.98 (0.95, 0.99)	0.53 (0.49, 0.58)	0.99 (0.92, 1.00)	0.57 (0.50, 0.63)	-0.01 (-0.02, 0.01)	-0.04 (-0.09, 0.01)
6	0.97 (0.94, 0.98)	0.61 (0.57, 0.65)	0.98 (0.91, 1.00)	0.65 (0.59, 0.71)	-0.01 (-0.03, 0.02)	-0.04 (-0.09, 0.00)
7	0.95 (0.92, 0.98)	0.68 (0.64, 0.72)	0.96 (0.88, 0.99)	0.72 (0.66, 0.77)	-0.01 (-0.03, 0.04)	-0.04 (-0.08, 0.00)
8	0.92 (0.88, 0.95)	0.74 (0.70, 0.77)	0.93 (0.85, 0.97)	0.78 (0.73, 0.82)	-0.01 (-0.05, 0.05)	-0.04 (-0.08, -0.01)
9	0.89 (0.84, 0.92)	0.80 (0.76, 0.82)	0.89 (0.82, 0.94)	0.84 (0.80, 0.87)	0.00 (-0.06, 0.06)	-0.04 (-0.08, -0.02)
10	0.85 (0.79, 0.89)	0.85 (0.82, 0.87)	0.85 (0.75, 0.91)	0.89 (0.85, 0.92)	0.00 (-0.07, 0.09)	-0.04 (-0.07, -0.02)
11	0.81 (0.75, 0.86)	0.88 (0.85, 0.90)	0.80 (0.70, 0.88)	0.91 (0.88, 0.94)	0.01 (-0.08, 0.10)	-0.03 (-0.06, -0.01)
12	0.75 (0.69, 0.80)	0.90 (0.88, 0.92)	0.72 (0.63, 0.79)	0.93 (0.91, 0.95)	0.03 (-0.05, 0.15)	-0.03 (-0.05, -0.01)
13	0.67 (0.61, 0.72)	0.93 (0.91, 0.94)	0.65 (0.57, 0.72)	0.95 (0.93, 0.97)	0.02 (-0.04, 0.14)	-0.02 (-0.04, -0.01)
14	0.61 (0.55, 0.67)	0.94 (0.93, 0.96)	0.58 (0.49, 0.66)	0.97 (0.95, 0.98)	0.03 (-0.05, 0.16)	-0.03 (-0.04, -0.01)
15	0.52 (0.46, 0.58)	0.96 (0.94, 0.97)	0.50 (0.41, 0.59)	0.97 (0.96, 0.98)	0.02 (-0.06, 0.15)	-0.01 (-0.03, 0.00)

[a] Number of Studies = 47; Number of Participants = 11,234; Number with major depression = 1,528
[b] Number of Studies = 26; Number of Participants = 3,687; Number with major depression = 603

Supplementary Table E3. Estimates of PHQ-9 sensitivity and specificity among participants aged <60 compared to ≥60, among participants administered a semi-structured diagnostic interview

	Age <60[a]		Age ≥60[b]	
Cut-off score	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.98 (0.96, 0.99)	0.50 (0.45, 0.54)	0.98 (0.89, 1.00)	0.60 (0.55, 0.64)
6	0.98 (0.95, 0.99)	0.57 (0.53, 0.62)	0.97 (0.89, 0.99)	0.68 (0.64, 0.71)
7	0.96 (0.93, 0.98)	0.64 (0.59, 0.68)	0.95 (0.86, 0.98)	0.75 (0.71, 0.78)
8	0.93 (0.89, 0.96)	0.71 (0.67, 0.75)	0.94 (0.84, 0.98)	0.79 (0.76, 0.82)
9	0.89 (0.85, 0.93)	0.77 (0.73, 0.80)	0.90 (0.80, 0.95)	0.84 (0.81, 0.86)
10	0.85 (0.79, 0.90)	0.82 (0.79, 0.85)	0.88 (0.77, 0.94)	0.88 (0.86, 0.91)
11	0.83 (0.76, 0.88)	0.86 (0.83, 0.89)	0.80 (0.71, 0.88)	0.91 (0.89, 0.93)
12	0.76 (0.69, 0.81)	0.89 (0.86, 0.91)	0.76 (0.66, 0.83)	0.94 (0.92, 0.95)
13	0.68 (0.61, 0.74)	0.91 (0.89, 0.93)	0.66 (0.56, 0.75)	0.95 (0.94, 0.96)
14	0.62 (0.56, 0.69)	0.93 (0.91, 0.95)	0.59 (0.49, 0.68)	0.97 (0.95, 0.98)
15	0.54 (0.47, 0.61)	0.95 (0.93, 0.96)	0.51 (0.41, 0.60)	0.97 (0.96, 0.98)

[a] Number of Studies = 42; Number of Participants = 7,349; Number with major depression = 1,131
[b] Number of Studies = 39; Number of Participants = 3,860; Number with major depression = 397

Supplementary Table E4. Estimates of PHQ-9 sensitivity and specificity among women compared to men, among participants administered a semi-structured diagnostic interview

	Women[a]		Men[b]	
Cut-off score	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.98 (0.95, 0.99)	0.49 (0.45, 0.54)	0.99 (0.94, 1.00)	0.58 (0.54, 0.62)
6	0.97 (0.93, 0.99)	0.58 (0.53, 0.62)	0.98 (0.93, 1.00)	0.66 (0.61, 0.70)
7	0.95 (0.91, 0.98)	0.65 (0.61, 0.70)	0.97 (0.91, 0.99)	0.71 (0.67, 0.75)
8	0.93 (0.88, 0.96)	0.71 (0.67, 0.75)	0.93 (0.87, 0.96)	0.77 (0.73, 0.80)
9	0.89 (0.83, 0.93)	0.77 (0.74, 0.81)	0.89 (0.83, 0.93)	0.82 (0.79, 0.84)
10	0.86 (0.80, 0.91)	0.83 (0.79, 0.86)	0.84 (0.78, 0.89)	0.87 (0.84, 0.89)
11	0.83 (0.76, 0.88)	0.87 (0.83, 0.89)	0.80 (0.73, 0.85)	0.90 (0.87, 0.91)
12	0.76 (0.69, 0.82)	0.89 (0.87, 0.91)	0.75 (0.67, 0.81)	0.92 (0.90, 0.93)
13	0.69 (0.62, 0.75)	0.92 (0.89, 0.93)	0.66 (0.59, 0.72)	0.93 (0.92, 0.95)
14	0.64 (0.57, 0.71)	0.94 (0.92, 0.95)	0.59 (0.52, 0.66)	0.95 (0.94, 0.96)
15	0.54 (0.54, 0.54)	0.95 (0.95, 0.95)	0.52 (0.45, 0.58)	0.96 (0.95, 0.97)

[a] Number of Studies = 46; Number of Participants = 6,986; Number with major depression = 1,040
[b] Number of Studies = 39; Number of Participants = 4,168; Number with major depression = 488

Supplementary Table E5. Estimates of PHQ-9 sensitivity and specificity among participants not currently diagnosed or receiving treatment for a mental health problem compared to all participants, among participants administered a fully structured diagnostic interview

	All participants[a]		Participants not currently diagnosed or receiving treatment for a mental health problem[b]		Difference across groups (All participants – participants not currently diagnosed or receiving treatment for a mental health problem)	
Cut-off	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.91 (0.85, 0.95)	0.61 (0.51, 0.69)	0.95 (0.88, 0.98)	0.60 (0.44, 0.74)	-0.04 (-0.10, 0.03)	0.01 (-0.10, 0.17)
6	0.88 (0.80, 0.93)	0.69 (0.60, 0.76)	0.94 (0.85, 0.97)	0.68 (0.51, 0.81)	-0.06 (-0.14, 0.01)	0.01 (-0.09, 0.17)
7	0.82 (0.73, 0.89)	0.75 (0.67, 0.82)	0.91 (0.79, 0.97)	0.76 (0.63, 0.85)	-0.09 (-0.19, 0.01)	-0.01 (-0.08, 0.12)
8	0.77 (0.66, 0.86)	0.81 (0.74, 0.86)	0.88 (0.74, 0.95)	0.81 (0.70, 0.89)	-0.11 (-0.23, 0.01)	0.00 (-0.08, 0.10)
9	0.69 (0.59, 0.78)	0.85 (0.79, 0.90)	0.79 (0.65, 0.89)	0.85 (0.74, 0.92)	-0.10 (-0.24, 0.02)	0.00 (-0.06, 0.08)
10	0.64 (0.53, 0.74)	0.88 (0.83, 0.92)	0.75 (0.59, 0.86)	0.89 (0.79, 0.94)	-0.11 (-0.26, 0.02)	-0.01 (-0.05, 0.07)
11	0.57 (0.46, 0.67)	0.91 (0.87, 0.94)	0.66 (0.52, 0.78)	0.91 (0.82, 0.96)	-0.09 (-0.23, 0.04)	0.00 (-0.04, 0.08)
12	0.52 (0.41, 0.63)	0.93 (0.89, 0.95)	0.62 (0.48, 0.75)	0.93 (0.86, 0.96)	-0.10 (-0.26, 0.03)	0.00 (-0.03, 0.05)
13	0.45 (0.35, 0.56)	0.95 (0.92, 0.97)	0.57 (0.44, 0.69)	0.95 (0.91, 0.98)	-0.12 (-0.27, 0.01)	0.00 (-0.03, 0.03)
14	0.39 (0.30, 0.50)	0.96 (0.94, 0.97)	0.50 (0.38, 0.62)	0.97 (0.93, 0.98)	-0.11 (-0.26, 0.03)	-0.01 (-0.03, 0.02)
15	0.32 (0.24, 0.41)	0.97 (0.95, 0.98)	0.44 (0.32, 0.56)	0.98 (0.96, 0.99)	-0.12 (-0.29, -0.01)	-0.01 (-0.02, 0.02)

[a] Number of Studies = 20; Number of Participants = 17,167; Number with major depression = 1,352
[b] Number of Studies = 6; Number of Participants = 4,383; Number with major depression = 343

Supplementary Table E6. Estimates of PHQ-9 sensitivity and specificity among participants aged <60 compared to ≥60, among participants administered a fully structured diagnostic interview

	Age <60[a]		Age ≥60[b]	
Cut-off score	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.92 (0.85, 0.96)	0.59 (0.50, 0.68)	0.92 (0.81, 0.97)	0.65 (0.53, 0.75)
6	0.89 (0.81, 0.94)	0.67 (0.58, 0.75)	0.85 (0.75, 0.91)	0.71 (0.61, 0.80)
7	0.83 (0.73, 0.90)	0.74 (0.66, 0.81)	0.79 (0.69, 0.87)	0.78 (0.68, 0.85)
8	0.78 (0.67, 0.86)	0.80 (0.72, 0.86)	0.72 (0.60, 0.82)	0.83 (0.76, 0.89)
9	0.70 (0.59, 0.79)	0.84 (0.77, 0.89)	0.67 (0.54, 0.78)	0.86 (0.79, 0.91)
10	0.66 (0.54, 0.75)	0.88 (0.82, 0.92)	0.58 (0.47, 0.69)	0.90 (0.84, 0.94)
11	0.58 (0.48, 0.68)	0.91 (0.86, 0.94)	0.51 (0.38, 0.63)	0.92 (0.87, 0.95)
12	0.53 (0.42, 0.64)	0.93 (0.89, 0.95)	0.45 (0.34, 0.58)	0.94 (0.91, 0.97)
13	0.46 (0.36, 0.57)	0.94 (0.91, 0.96)	0.39 (0.28, 0.50)	0.96 (0.93, 0.98)
14	0.40 (0.30, 0.50)	0.96 (0.93, 0.97)	0.35 (0.24, 0.47)	0.97 (0.94, 0.99)
15	0.32 (0.25, 0.41)	0.97 (0.95, 0.98)	0.27 (0.16, 0.42)	0.98 (0.95, 0.99)

[a] Number of Studies = 20; Number of Participants = 13,784; Number with major depression = 1,087
[b] Number of Studies = 15; Number of Participants = 3,374; Number with major depression = 265

Supplementary Table E7. Estimates of PHQ-9 sensitivity and specificity among women compared to men, among participants administered a fully structured diagnostic interview

	Women[a]		Men[b]	
Cut-off score	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.91 (0.84, 0.96)	0.57 (0.47, 0.66)	0.90 (0.83, 0.95)	0.65 (0.55, 0.73)
6	0.87 (0.78, 0.93)	0.64 (0.54, 0.73)	0.88 (0.78, 0.94)	0.73 (0.64, 0.80)
7	0.82 (0.71, 0.89)	0.71 (0.61, 0.80)	0.81 (0.71, 0.89)	0.79 (0.71, 0.84)
8	0.76 (0.65, 0.85)	0.77 (0.68, 0.85)	0.77 (0.64, 0.86)	0.84 (0.77, 0.88)
9	0.69 (0.58, 0.77)	0.82 (0.75, 0.88)	0.68 (0.56, 0.78)	0.87 (0.82, 0.91)
10	0.63 (0.53, 0.72)	0.87 (0.81, 0.91)	0.65 (0.51, 0.76)	0.90 (0.85, 0.93)
11	0.56 (0.45, 0.66)	0.90 (0.85, 0.93)	0.57 (0.45, 0.69)	0.92 (0.88, 0.95)
12	0.50 (0.40, 0.61)	0.92 (0.88, 0.95)	0.53 (0.40, 0.65)	0.94 (0.91, 0.96)
13	0.44 (0.34, 0.55)	0.94 (0.91, 0.96)	0.44 (0.33, 0.57)	0.96 (0.93, 0.97)
14	0.40 (0.30, 0.50)	0.95 (0.93, 0.97)	0.36 (0.26, 0.48)	0.97 (0.95, 0.98)
15	0.33 (0.25, 0.43)	0.96 (0.95, 0.98)	0.29 (0.20, 0.39)	0.98 (0.97, 0.99)

[a] Number of Studies = 20; Number of Participants = 9,603; Number with major depression = 793
[b] Number of Studies = 18; Number of Participants = 7,554; Number with major depression = 557

Supplementary Table E8. Estimates of PHQ-9 sensitivity and specificity among participants not currently diagnosed or receiving treatment for a mental health problem compared to all participants, among participants administered the MINI

	All participants[a]		Participants not currently diagnosed or receiving treatment for a mental health problem[b]		Difference across groups (All participants – participants not currently diagnosed or receiving treatment for a mental health problem)	
Cut-off	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.96 (0.93, 0.97)	0.60 (0.55, 0.64)	0.94 (0.89, 0.97)	0.66 (0.60, 0.71)	0.02 (-0.02, 0.06)	-0.06 (-0.11, -0.01)
6	0.92 (0.89, 0.95)	0.68 (0.63, 0.72)	0.91 (0.85, 0.95)	0.73 (0.68, 0.78)	0.01 (-0.03, 0.07)	-0.05 (-0.10, -0.01)
7	0.88 (0.83, 0.92)	0.74 (0.70, 0.78)	0.88 (0.80, 0.93)	0.79 (0.75, 0.83)	0.00 (-0.06, 0.07)	-0.05 (-0.09, -0.01)
8	0.85 (0.79, 0.89)	0.80 (0.76, 0.83)	0.83 (0.75, 0.89)	0.84 (0.80, 0.88)	0.02 (-0.05, 0.10)	-0.04 (-0.08, -0.01)
9	0.80 (0.73, 0.85)	0.85 (0.82, 0.88)	0.77 (0.67, 0.85)	0.89 (0.85, 0.91)	0.03 (-0.05, 0.10)	-0.04 (-0.07, -0.01)
10	0.74 (0.67, 0.79)	0.89 (0.86, 0.91)	0.70 (0.62, 0.77)	0.92 (0.89, 0.94)	0.04 (-0.05, 0.12)	-0.03 (-0.06, -0.01)
11	0.67 (0.60, 0.73)	0.91 (0.89, 0.93)	0.62 (0.54, 0.70)	0.94 (0.91, 0.96)	0.05 (-0.05, 0.14)	-0.03 (-0.05, -0.01)
12	0.61 (0.54, 0.68)	0.93 (0.91, 0.95)	0.56 (0.47, 0.64)	0.95 (0.93, 0.97)	0.05 (-0.05, 0.15)	-0.02 (-0.04, 0.00)
13	0.55 (0.47, 0.62)	0.95 (0.93, 0.96)	0.49 (0.41, 0.57)	0.96 (0.95, 0.98)	0.06 (-0.07, 0.16)	-0.01 (-0.03, 0.00)
14	0.47 (0.41, 0.54)	0.96 (0.95, 0.97)	0.40 (0.34, 0.47)	0.97 (0.96, 0.98)	0.07 (-0.04, 0.16)	-0.01 (-0.02, 0.00)
15	0.40 (0.35, 0.46)	0.97 (0.96, 0.98)	0.35 (0.28, 0.42)	0.98 (0.97, 0.99)	0.05 (-0.05, 0.14)	-0.01 (-0.02, 0.00)

[a] Number of Studies = 33; Number of Participants = 16,102; Number with major depression = 1,661
[b] Number of Studies = 15; Number of Participants = 8,365; Number with major depression = 587

Supplementary Table E9. Estimates of PHQ-9 sensitivity and specificity among participants aged <60 compared to ≥60, among participants administered the MINI

	Age <60[a]		Age ≥60[b]	
Cut-off score	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.96 (0.94, 0.98)	0.58 (0.53, 0.63)	0.95 (0.90, 0.97)	0.65 (0.59, 0.70)
6	0.94 (0.90, 0.96)	0.66 (0.61, 0.71)	0.90 (0.83, 0.94)	0.72 (0.67, 0.77)
7	0.91 (0.86, 0.94)	0.73 (0.69, 0.77)	0.84 (0.77, 0.89)	0.78 (0.73, 0.82)
8	0.87 (0.82, 0.91)	0.79 (0.75, 0.82)	0.81 (0.73, 0.87)	0.83 (0.79, 0.87)
9	0.82 (0.75, 0.86)	0.84 (0.80, 0.87)	0.77 (0.68, 0.84)	0.87 (0.83, 0.90)
10	0.75 (0.69, 0.81)	0.88 (0.85, 0.91)	0.73 (0.64, 0.80)	0.90 (0.86, 0.93)
11	0.68 (0.61, 0.74)	0.91 (0.88, 0.93)	0.68 (0.59, 0.76)	0.92 (0.89, 0.95)
12	0.62 (0.54, 0.70)	0.93 (0.91, 0.95)	0.60 (0.51, 0.68)	0.94 (0.91, 0.96)
13	0.57 (0.49, 0.64)	0.95 (0.93, 0.97)	0.51 (0.43, 0.60)	0.96 (0.93, 0.97)
14	0.49 (0.42, 0.56)	0.96 (0.95, 0.97)	0.42 (0.35, 0.50)	0.96 (0.94, 0.98)
15	0.42 (0.36, 0.49)	0.97 (0.96, 0.98)	0.37 (0.30, 0.43)	0.98 (0.96, 0.99)

[a] Number of Studies = 31; Number of Participants = 10,489; Number with major depression = 1,119
[b] Number of Studies = 27; Number of Participants = 5,585; Number with major depression = 533

Supplementary Table E10. Estimates of PHQ-9 sensitivity and specificity among women compared to men, among participants administered the MINI

	Women[a]		Men[b]	
Cut-off score	**Sensitivity (95% CI)**	**Specificity (95% CI)**	**Sensitivity (95% CI)**	**Specificity (95% CI)**
5	0.95 (0.93, 0.97)	0.55 (0.49, 0.61)	0.97 (0.93, 0.99)	0.64 (0.58, 0.69)
6	0.92 (0.88, 0.95)	0.63 (0.57, 0.68)	0.94 (0.89, 0.96)	0.72 (0.67, 0.77)
7	0.89 (0.83, 0.93)	0.70 (0.65, 0.75)	0.90 (0.85, 0.93)	0.78 (0.73, 0.82)
8	0.85 (0.79, 0.90)	0.77 (0.72, 0.81)	0.86 (0.80, 0.91)	0.83 (0.79, 0.87)
9	0.79 (0.72, 0.85)	0.82 (0.78, 0.86)	0.83 (0.76, 0.88)	0.87 (0.83, 0.90)
10	0.73 (0.66, 0.79)	0.87 (0.83, 0.90)	0.77 (0.70, 0.83)	0.90 (0.87, 0.93)
11	0.65 (0.58, 0.72)	0.90 (0.87, 0.92)	0.72 (0.64, 0.78)	0.92 (0.90, 0.95)
12	0.60 (0.52, 0.68)	0.92 (0.90, 0.94)	0.65 (0.57, 0.72)	0.94 (0.92, 0.96)
13	0.54 (0.46, 0.62)	0.95 (0.92, 0.96)	0.57 (0.50, 0.64)	0.96 (0.94, 0.97)
14	0.46 (0.39, 0.53)	0.96 (0.94, 0.97)	0.49 (0.42, 0.56)	0.96 (0.95, 0.98)
15	0.40 (0.34, 0.46)	0.97 (0.96, 0.98)	0.42 (0.35, 0.49)	0.97 (0.96, 0.98)

[a] Number of Studies = 32; Number of Participants = 9,574; Number with major depression = 1,126
[b] Number of Studies = 30; Number of Participants = 6,511; Number with major depression = 534

Supplementary Table F. QUADAS-2 ratings for each primary study included in the present study

First Author, Year	Domain 1: Participant Selection					Domain 2: Index Text				Domain 3: Reference Standard					Domain 4: FLow and Timing				
	SQ1	SQ2	SQ3	RoB	AC	SQ1	SQ2	RoB	AC	SQ1	SQ2	SQ3	RoB	AC	SQ1	SQ2	SQ3	SQ4	RoB
Semi-Structured Interviews																			
Alamri, 2017[1]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	U/C	Yes	Yes	Yes	Yes	Low
Amoozegar, 2017[2]	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	U/C	Yes	Yes	No	U/C
Amtmann, 2015[3]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Ayalon, 2010[4]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Beraldi, 2014[5]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Bernstein, 2018[6]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Bhana, 2015[7]	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Bombardier, 2012[8]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	IPD[b]	Yes	Yes	U/C	U/C
Chagas, 2013[9]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	No	U/C
Chibanda, 2016[10]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Eack, 2006[11]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Fann, 2005[12]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	No	Yes	High	Low	Yes	U/C	Yes	No	High
Fiest, 2014[13]	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	U/C	Yes	Yes	No	U/C
Fischer, 2014[14]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Gjerdingen, 2009[15]	No	No	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	U/C	U/C
Gräfe, 2004[16]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	Yes	Yes	Yes	U/C	U/C
Green, 2017[17]	No	Yes	No	High	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	IPD[b]	Yes	Yes	No	U/C
Green, 2018[18]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Haroz, 2017[19]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Hitchon, 2019[20a]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	Yes	U/C
Khamseh, 2011[21]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Kwan, 2012[22]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	U/C	Yes	Yes	Yes	U/C	U/C
Lambert, 2015[23]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Lara, 2015[24]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Liu, 2011[25]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	No	U/C
Marrie, 2018[26]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Martin-Subero, 2017[27]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low

McGuire, 2013[28]	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	No	High	Low	Yes	Yes	Yes	Yes	Low
Osório, 2009[29]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Osório, 2012[30]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Patten, 2015[31]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	Yes	U/C
Picardi, 2005[32]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Prisnie, 2016[33]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	No	U/C
Quinn, Unpublished[a]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Richardson, 2010[34]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Rooney, 2013[35]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Shinn, 2017[36]	U/C	Yes	Yes	Low	High	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Sidebottom, 2012[37]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	IPD[b]	Yes	Yes	No	U/C
Simning, 2012[38]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Spangenberg, 2015[39]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	U/C	No	High	U/C	Yes	Yes	Yes	Yes	Low
Turner, 2012[40]	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Turner, Unpublished[a]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Twist, 2013[41]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	No	Yes	High	Low	Yes	Yes	Yes	U/C	U/C
Vöhringer, 2013[42]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Wagner, 2017[43]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	IPD[b]	No	Yes	No	High
Williams, 2012[44]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	IPD[b]	Yes	Yes	Yes	IPD[b]
Wittkampf, 2009[45]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	No	U/C
Fully-structured Interviews																			
Arroll, 2010[46]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Azah, 2005[47]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	U/C	Yes	U/C	U/C
de Man-van Ginkel, 2012[48]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Delgadillo, 2011[49]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Fisher, 2016[50]	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Gelaye, 2014[51]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Grool, 2011[52]	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Hahn, 2006[53]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Henkel, 2004[54]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Hobfoll, 2011[55]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Kiely, 2014[56]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	U/C	Yes	U/C	U/C
Kim, 2017[57]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low

Kohrt, 2016[58]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Liu, 2015[59]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Mohd Sidik, 2012[60]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Patel, 2008[61]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Pence, 2012[62]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Razykov, 2013[63]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Thombs, 2008[64]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Zuithoff, 2009[65]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	U/C	IPD[b]	Yes	Yes	No	U/C
Mini International Neuropsychiatric Interviews (MINI)																			
Akena, 2013[66]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Baron, 2017[67]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Buji, 2018[68]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Cholera, 2014[69]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	U/C	Yes	No	Yes	Yes	High
Conway, 2016[70]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	IPD[b]	Yes	Yes	Yes	IPD[b]
de la Torre, 2016[71]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Garabiles, Unpublished[a]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Gholizadeh, 2019[72a]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	IPD[b]	Yes	Yes	Yes	IPD[b]
Hantsoo, 2017[73]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Hides, 2007[74]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Hyphantis, 2011[75]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	U/C	Yes	U/C	U/C
Hyphantis, 2014[76]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Inagaki, 2013[77]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	No	Yes	Yes	High
Janssen, 2016[78]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	IPD[b]	Yes	Yes	U/C	U/C
Lamers, 2008[79]	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	IPD[b]	Yes	Yes	No	U/C
Levin-Aspenson, 2017[80]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Liu, 2016[81]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Lotrakul, 2008[82]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	No	Yes	Yes	High
Muramatsu, 2007[83]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Muramatsu, 2018[84]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Nakku, 2016[85]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	No	Yes	No	High
Paika, 2017[86]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Persoons, 2001[87]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Rancans, 2018[88]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low

Santos, 2013[89]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Stafford, 2007[90]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	U/C	U/C
Sung, 2013[91]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Suzuki, 2015[92]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
van Heyningen, 2018[93]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
van Steenbergen-Weijenburg, 2010[94]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	No	Yes	High	Low	IPD[b]	Yes	Yes	No	U/C
Volker, 2016[95]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	U/C	IPD[b]	Yes	Yes	Yes	IPD[b]
Wang, 2014[96]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Zhang, 2013[97]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	IPD[b]	Yes	Yes	Yes	IPD[b]

Abbreviations: AC: acceptability concern, RoB: risk of bias, SQ: signalling question, N/A: not applicable; U/C: Unclear

[a]Was unpublished at the time of electronic database search

[b]Rating varies at the individual participant level

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