

Appendix 1 (as supplied by the authors): Data Gathering Survey (Step 1)

SECTION I	
1. Please identify which perspective you are answering or creating questions from. If more than one applies to you, please only select one and offer impressions from that perspective.	<input type="radio"/> As a person living with depression <input type="radio"/> As a family member or 'carer' of a person with depression <input type="radio"/> As a health care professional caring for people with depression <input type="radio"/> As a clinician treating depression <input type="radio"/> Other
2. If you are a <u>health professional</u> or <u>clinician</u> , specify the type (check all that apply). If this question does not apply to you, skip to question 3.	<input type="radio"/> Family physician <input type="radio"/> Psychologist <input type="radio"/> Counsellor <input type="radio"/> Social worker <input type="radio"/> Naturopath <input type="radio"/> Herbalist <input type="radio"/> Elder <input type="radio"/> Traditional healer <input type="radio"/> Support group worker <input type="radio"/> other
3. Select your gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say <input type="radio"/> Other
4. Select your age group	<input type="radio"/> 17 and younger <input type="radio"/> 18-29 <input type="radio"/> 30-39 <input type="radio"/> 40-49 <input type="radio"/> 50-59 <input type="radio"/> 60-69 <input type="radio"/> 70-79
5. Where do you currently live	<input type="radio"/> Alberta <input type="radio"/> First Nation Reserve <input type="radio"/> Northwest Territories <input type="radio"/> Outside Alberta
6. Where is your primary residence? Only specify the option applicable to you, leave the other blank	<input type="radio"/> City (specify) <input type="radio"/> Rural or remote (specify)

7. Are you a recent immigrant or refugee to Canada (between 2011-2016)?	<input type="radio"/> Yes <input type="radio"/> No
8. What is your ethnic origin? Check all that apply	<input type="radio"/> First Nation <input type="radio"/> Inuit <input type="radio"/> Métis <input type="radio"/> African <input type="radio"/> European <input type="radio"/> Eastern European <input type="radio"/> Middle Eastern <input type="radio"/> Asian <input type="radio"/> South American <input type="radio"/> Central American <input type="radio"/> Canadian <input type="radio"/> North American <input type="radio"/> Prefer not to say <input type="radio"/> Other
SECTION II	
9. Based on the perspective you chose earlier (living with, caring and or/treat) indicate your experience with depression (select only one option)	<input type="radio"/> New diagnosis of depression <input type="radio"/> Less than one years of experience with depression <input type="radio"/> 1 to 2 years of experience with depression <input type="radio"/> 3 to 5 years of experience with depression <input type="radio"/> More than 5 years experience with depression <input type="radio"/> Lifetime experience with depression <input type="radio"/> Recovered from depression <input type="radio"/> Other <input type="radio"/> Not applicable
10. Indicate the <u>number of months</u> in the past year where you experienced symptoms of depression (select only one option)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10

	<input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> Not Applicable
11. Indicate <u>your care or support experience</u> with depression (check all that apply):	<input type="radio"/> Family Physician <input type="radio"/> Psychiatrist <input type="radio"/> Psychologist <input type="radio"/> Counsellor <input type="radio"/> Social Worker <input type="radio"/> Naturopath <input type="radio"/> Herbalist <input type="radio"/> Elder <input type="radio"/> Traditional Healer <input type="radio"/> Support Group <input type="radio"/> Self-care (please describe using the space below) <input type="radio"/> Other (please describe using the space below) <input type="radio"/> Not Applicable
12. If you are willing to share, please describe your personal circumstances that may affect your experience with depression	
SECTION III <p>The following section is your opportunity to create questions about depression that you want answered. We have included specific topic areas to help guide you, but if your question(s) do not fit within these topic areas, there is additional space at the end of this survey to submit these questions. We have included age groupings as a guide, but it is not necessary to have questions for each age group.</p> <p>Here are examples of questions that some people have submitted:</p> <ul style="list-style-type: none"> • Can exercise improve symptoms of depression? • How safe is it for my baby if I am breastfeeding and taking antidepressant medication? 	
13. If you have questions about the development of depression in children (0-10), youth/teens (11-18), young adults (19-29), adults (19-64) and/or mature adults (65 plus) write them in the space below	
14. If you have questions about the treatment of depression in children (0-10), youth/teens (11-18), young adults (19-29), adults (19-64) and/or mature adults (65 plus) write them in the space	

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15. If you have questions about the influence of depression in children (0-10), youth/teens (11-18), young adults (19-29), adults (19-64) and/or mature adults (65 plus) write them in the space below	
16. Do you have other questions about depression that you would like researchers to know?	

