

## Multimedia Appendix 2

### Complete Version of Survey

#### Information Preferences Questionnaire

**Background Information: Please mark your answer or fill in the bubble.**

**1. Today's Date: Day\_\_\_\_\_ Month\_\_\_\_\_ Year 2014**

**2. Your Age: \_\_\_\_\_**

**3. Gender: Male  (1) or Female  (2)**

**4. Which of the following best describes your marital status?**

- currently married or living with someone in marital-like relationship (1)
- never married & never lived with someone in a marital-like relationship (2)
- separated (3)
- divorced or formerly lived with someone in a marital-like relationship (4)
- widowed (5)

**5. In the past 12 months, what were you doing most of the time?**

- Working (full time) (1)     Retired (6)
- Working (part time) (2)     Disabled (7)
- Homemaking (3)             Something else (8). Please describe: \_\_\_\_\_
- School (4) \_\_\_\_\_
- Work half time/school half time (5) \_\_\_\_\_

**6. Education: How many years of education have you completed in the following areas?**

- Grade School: 0 1 2 3 4 5 6 7 8 9 10 11 12 13
- College, technical, business, vocational, nursing, apprenticeship program (non-university):        0 1 2 3 4 5 6
- University program: 0 1 2 3 4 5 6 7 8 9 10 11 12

**9. People living in Canada come from many different cultural and racial backgrounds (Please mark all that apply to your background).**

- White or Caucasian (1)             Black (2)                     Chinese (3)
- Japanese (4)                         Korean (5)
- Aboriginal (North American Indian, Métis or Inuit) (6)
- Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese) (7)
- South Asian (e.g., East Indian, Pakistani, Sri Lankan) (8)
- Middle Eastern (e.g., Afghan, Iranian) (9)
- Filipino (10)
- Latin American (11)

- O Arab (12)  
 O Other (Please Specify: \_\_\_\_\_) (13)

The following questions ask about how you have been feeling during the **past 30 days**. For each question, please mark the rating that best describes how often you had this feeling.

During the past 30 days, about how often did you feel ...	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)
1. ...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Many adults have difficult problems with depression at times. In fact, over any year about 1 in 10 people are having problems with depression. At times people decide they would like to look for assistance beyond the usual help that can be provided by their friends and family.

Here is the story of a person who is having problems with depression.

**Steven is a man who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time and has trouble sleeping at night. He doesn't feel like eating and has lost weight. He can't keep his mind on his work and his boss has not been too pleased with him. He puts off making any decisions and even day-to-day tasks seem too much for him. His parents and co-workers are very concerned about him.**

## Information Preferences

**1. a. DURING THE PAST 12 MONTHS, have you used the Internet to search for medical or health-related information?**

Yes  No

**b. If yes, how often do you use the Internet to search for medical or health-related information? Please circle the number that best fits.**

0  1  2  3  4  5  
 Prefer not to respond    Not at all    A little    Moderately    Quite a lot    A great deal

2. Please circle the number that best fits your rating from 0 to 8.

**How familiar are you with the types of help available for depression?**

0  1  2  3  4  5  6  7  8  
 Prefer not to respond    Not at all familiar    Moderately familiar    Very familiar

**At some time in your life you, a close friend, or a close family member might be having a problem with depression. What information would be important to you in considering the kinds of help available for depression? (Please circle the number that best fits).**

**3. All of the types of treatment available for depression.**

0  1  2  3  4  5  6  7  8  
 Prefer not to respond    Not at all important    Moderately important    Very important

**4. The various medication treatments for depression.**

0  1  2  3  4  5  6  7  8  
 Prefer not to respond    Not at all important    Moderately important    Very important

**5. The various counseling or psychological treatments for depression.**

0  1  2  3  4  5  6  7  8  
 Prefer not to respond    Not at all important    Moderately important    Very important

**6. Self-help treatment for depression (self-help book or website).**

O            0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not    Not at all                                  Moderately                                  Very  
to respond    important                                  important                                  important

**7. Herbal remedies for depression (such as St. John's wort, or something from a health foods store).**

O            0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not    Not at all                                  Moderately                                  Very  
to respond    important                                  important                                  important

**8. Exercise as a treatment for depression.**

O            0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not    Not at all                                  Moderately                                  Very  
to respond    important                                  important                                  important

**9. Meditation as a treatment for depression.**

O            0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not    Not at all                                  Moderately                                  Very  
to respond    important                                  important                                  important

**10. Bright light therapy for seasonal depression (seasonal affective disorder).**

O            0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not    Not at all                                  Moderately                                  Very  
to respond    important                                  important                                  important

**11. What you have to do as part of the treatment.**

O            0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not    Not at all                                  Moderately                                  Very  
to respond    important                                  important                                  important

**12. The cost of the treatment to you (if any).**

O            0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not    Not at all                                  Moderately                                  Very  
to respond    important                                  important                                  important

**13. The cost of the treatment to the health care system.**

O                   0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not       Not at all                                   Moderately                                   Very  
to respond       important                                   important                                   important

**14. The effectiveness or success of the treatment.**

O                   0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not       Not at all                                   Moderately                                   Very  
to respond       important                                   important                                   important

**15. How the treatment works.**

O                   0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not       Not at all                                   Moderately                                   Very  
to respond       important                                   important                                   important

**16. The goal or outcome of treatment.**

O                   0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not       Not at all                                   Moderately                                   Very  
to respond       important                                   important                                   important

**17. How long it takes for the treatment to produce results.**

O                   0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not       Not at all                                   Moderately                                   Very  
to respond       important                                   important                                   important

**18. How long the treatment continues.**

O                   0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not       Not at all                                   Moderately                                   Very  
to respond       important                                   important                                   important

**19. What happens when the treatment stops.**

O                   0-----1-----2-----3-----4-----5-----6-----7-----8  
Prefer not       Not at all                                   Moderately                                   Very  
to respond       important                                   important                                   important



**27. The amount of your time that is required to take the treatment (for appointments and so on).**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond    Not at all important                      Moderately important                      Very important

**28. The time of day that the appointments would be scheduled (e.g., morning, afternoon, after school or work, evening).**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond    Not at all important                      Moderately important                      Very important

**29. The treatment options that a health-care provider recommends for this situation and the reasons why.**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond    Not at all important                      Moderately important                      Very important

**30. Is there any other type of information about treatments for depression that you think is important?**

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**Amount of Information**

**Instructions:** In making decisions about services, many people find it helpful to have information about the choices available. This information may be provided in different ways (such as brochures, discussion with a service provider, Internet) and in different amounts of detail.

If you were considering help for yourself, a close friend, or a family member for problems with depression:

i) Please indicate (by circling) the amount of information you would prefer regarding these treatments.

**1. Information about medication treatment.**

0-----1-----2-----3-----4-----5

Prefer not To respond      0 pages (none)      2 pages      4 pages      6 pages      8 pages      10 pages or more

**2. Information about counseling or psychological treatments.**

O      0-----1-----2-----3-----4-----5  
 Prefer not To respond      0 pages (none)      2 pages      4 pages      6 pages      8 pages      10 pages or more

**3. Information about self-help approaches – such as self-help books or Internet based self-help programs.**

O      0-----1-----2-----3-----4-----5  
 Prefer not To respond      0 pages (none)      2 pages      4 pages      6 pages      8 pages      10 pages or more

**4. Information about herbal remedies (such as St. John's wort).**

O      0-----1-----2-----3-----4-----5  
 Prefer not To respond      0 pages (none)      2 pages      4 pages      6 pages      8 pages      10 pages or more

**5. Information about exercise as treatment for depression.**

O      0-----1-----2-----3-----4-----5  
 Prefer not To respond      0 pages (none)      2 pages      4 pages      6 pages      8 pages      10 pages or more

**6. Information about bright light therapy for seasonal depression.**

O      0-----1-----2-----3-----4-----5  
 Prefer not To respond      0 pages (none)      2 pages      4 pages      6 pages      8 pages      10 pages or more

**7. Information about meditation as treatment for depression.**

O      0-----1-----2-----3-----4-----5  
 Prefer not To respond      0 pages (none)      2 pages      4 pages      6 pages      8 pages      10 pages or more

**Source of Information**

**Please indicate by circling how likely you would be to talk to one of the following people for advice if you were having a serious problem with depression?**

**1. A romantic partner/spouse?**









0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond      Not at all helpful                      Moderately helpful                      Very helpful

**7. Visiting an Internet discussion group led by a professional about coping with depression.**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond      Not at all helpful                      Moderately helpful                      Very helpful

**8. Visiting an Internet discussion group led by a person who has coped with depression him or herself.**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond      Not at all helpful                      Moderately helpful                      Very helpful

**9. Taking a medication to help with depression recommended by your family doctor.**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond      Not at all helpful                      Moderately helpful                      Very helpful

**10. Taking a medication to help with depression recommended by a specialist in psychiatry.**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond      Not at all helpful                      Moderately helpful                      Very helpful

**11. Taking a herbal medication (like St. John's wort) to help with depression.**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond      Not at all helpful                      Moderately helpful                      Very helpful

**12. Doing regular exercise to help with depression.**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond      Not at all helpful                      Moderately helpful                      Very helpful

**13. Doing regular meditation to help with depression.**

0-----1-----2-----3-----4-----5-----6-----7-----8

Prefer not to respond      Not at all helpful      Moderately helpful      Very helpful

**14. Using daily bright light therapy to help with depression.**

0-----1-----2-----3-----4-----5-----6-----7-----8  
 Prefer not to respond      Not at all helpful      Moderately helpful      Very helpful

**15. Thinking about your past experiences, was there a time when you received counseling or therapy from a professional (such as a counselor, therapist, or doctor) for depression?**

Yes (1)       No (2)       Not sure (3)       Prefer not to respond (4)

**16. Thinking about your past experiences, was there a time when it would have been helpful to receive counseling or therapy from a professional (such as a counselor, therapist, or doctor) for depression, but you did not receive it?**

Yes (1)       No (2)       Not sure (3)       Prefer not to respond (4)

**17. Thinking about your past experiences, was there a time when you received medication prescribed by a doctor for depression?**

Yes (1)       No (2)       Not sure (3)       Prefer not to respond (4)

**18. Thinking about your past experiences, was there a time when it would have been helpful to take medication prescribed by a doctor for depression, but you did not receive it?**

Yes (1)       No (2)       Not sure (3)       Prefer not to respond (4)

**Thank you very much for completing this questionnaire!!**