

National Survey for Depressed Patient Sample

[Information in brackets describes the formatting and flow of the survey in its online version. It is not displayed to participants.]
[PEI] denotes a place where the name of a participant's assigned PEI is automatically piped into the survey text.

Research Participant Information and Consent Form

1. EXPLANATION OF THE RESEARCH and WHAT YOU WILL DO

You are being asked to participate in a research project that will ask you about your views about clinical depression and its treatment. After answering a few preliminary questions, you will watch a brief video showing a hypothetical interaction between a psychiatrist and patient. You will then answer a few questions about the video before answering some other questions about the proposed intervention featured in the video. At the end, you will answer some basic questions about yourself (age, education, etc.). Completing this survey should take approximately 18-20 minutes. You must be at least 18 years old to participate in this research.

2. YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

Participation in this research project is completely voluntary. You have the right to say no. You may also change your mind at any time and stop answering questions or skip a question if you are uncomfortable with any question.

3. COSTS AND COMPENSATION FOR BEING IN THE STUDY

You will not incur any costs for participation in this research. For your participation, you will be compensated through your regular contract with your panel provider.

4. CONTACT INFORMATION FOR QUESTIONS AND CONCERNS

If you have concerns or questions about this study, please contact the researcher by postal mail: [REDACTED]
[REDACTED] Michigan State University; East Lansing, MI 48824, or by phone at [REDACTED], or by e-mail:
[REDACTED].

5. CONSENT TO PARTICIPATE

By clicking on the following button, you indicate your voluntary agreement to participate in this online survey.

- I agree to participate.

When you have completed answering the question on each page, click on the right arrow at the bottom of the page to advance.

Please Tell Us about Yourself

What is your gender?

- male
 female
 non-binary
 prefer to self-describe: _____

How old are you as of today?

- 18-24
 25-34
 35-44
 45-54
 55-64
 65 or older

Are you Hispanic, Latino, or Chicano?

- no
 yes

What is your race/ethnicity? Select all that apply.

- White
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 Native American/American Indian or Alaska Native
 Asian or Asian-American
 Arab-American or Middle Eastern
 other (please specify): _____

Information about income is very important to understand. Would you please give your best guess? Please indicate the answer that includes your entire household income (previous year) before taxes.

- less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- more than \$200,000

Your Views on Potential Sources of Mental Health Information

Where have you gotten information about mental health in the LAST 12 MONTHS? Select all that apply. [item order is randomized]

- my primary care physician
- psychiatrists
- psychologists or other mental health care providers
- newspapers or newsmagazines
- movies or television shows
- websites or social media
- family members or friends
- scientific articles or books

How much do you DISTRUST or TRUST each of the following groups or organizations when it comes to information about your mental health?

[item order is randomized]	strongly distrust	moderately distrust	slightly distrust	neither distrust nor trust	slightly trust	moderately trust	strongly trust
my primary care physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the scientific community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the US Centers for Disease Control and Prevention or CDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the US Food and Drug Administration or FDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
policy-makers in elected office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pharmaceutical companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
medical device companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alternative health care providers (including naturopathic or chiropractors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
family members or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
religious leaders and organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A Short Video on Clinical Depression and Its Treatment

We would like you to watch a short video featuring a HYPOTHETICAL INTERACTION between a psychiatrist and her patient with treatment-resistant depression, a type of clinical depression that is rather difficult to treat.

This video is a core element of our research study.

Thus, it is important to us that you CAREFULLY WATCH this hypothetical scenario IN ITS ENTIRETY.

If you are completing our survey on your smartphone, you may need to turn your phone 90 degrees (to landscape orientation) to see the full screen.

On subsequent pages, we will ask you several questions about the proposed intervention that is featured in the video.

[experimental stimulus: one of eight randomly assigned embedded videos]

Thanks for carefully watching this hypothetical scenario, which is central to our research study.

A Few Questions about the Hypothetical Interaction in the Video

How many trials of antidepressants has Mary tried so far?

- none, only psychotherapy
- one trial of antidepressants
- two trials of antidepressants
- three trials of antidepressants

Given what you saw in the video, rate Mary's clinical depression on the following scale.

mild depression				moderate depression				severe depression
1	2	3	4	5	6	7		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

What BEST describes the essence of the new intervention that Dr. Wilson suggested to Mary?

- the intervention works via ingested mood-altering chemicals
- the intervention sends electrical stimulation through the scalp
- the intervention sends magnetic stimulation through the scalp
- the intervention sends constant electrical stimulation through a brain implant
- the intervention sends variable electrical stimulation through a brain implant

Using the scales below, tell us what you think of the new intervention that Dr. Wilson suggested to Mary.

On some smartphones, you may need to scroll left and right to see the full horizontal scale.

In your opinion, [PEI] seems: [item order is randomized]

dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	safe
scary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	comforting
inhumane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	humane
crude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sophisticated
disgusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pleasant
barbaric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	civilized
dubious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reputable
unpredictable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	predictable

Some Questions about [PEI]

We will now ask you some questions about the proposed intervention featured in the video. For each question on this page, place yourself in Mary's shoes and think about the intervention that Dr. Wilson proposed.

We want to know YOUR VIEWS AND ATTITUDES about this intervention.

In your view, how much would getting [PEI] INTERFERE with the following aspects of Mary's life?

[item order is randomized]	not at all interfere	minimally interfere	somewhat interfere	moderately interfere	substantially interfere	greatly interfere
the physical structure of her brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the electrical signals in her brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
her bodily functioning in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
her sense of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
her expression of emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
her daily lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your view, how much of a NEGATIVE or POSITIVE influence would getting [PEI] have on the following?

[item order is randomized]	strong negative influence	moderate negative influence	slight negative influence	no influence at all	slight positive influence	moderate positive influence	strong positive influence
Mary's agency or free will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary's authentic self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary's ability to function in daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary's independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary's self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary's influence over her life circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary's personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your view, to what extent would each of the following be a RISK for Mary getting [PEI]?

[item order is randomized]	no risk at all	minimal risk	slight risk	moderate risk	substantial risk	great risk
it causes physical injury (e.g., brain damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
it creates biochemical dependence (e.g., increased craving/tolerance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
it triggers personality change (e.g., erratic moods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
it produces cognitive impairment (e.g., memory loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
it provokes social stigma (e.g., negative peer judgments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your view, to what extent would each of the following be a BENEFIT for Mary getting [PEI]

[item order is randomized]	no benefit at all	minimal benefit	slight benefit	moderate benefit	substantial benefit	great benefit
it precisely targets depression in Mary's brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
it is safer than taking antidepressant medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
it quickly relieves depression symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
its stimulus is not addictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
its stimulus is easily adjustable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
it reduces Mary's need to take a daily antidepressant drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with it, Mary won't have to talk about her feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some More Questions about [PEI]

Use the following scale. In your view, how bad would it be to live with treatment-resistant depression every day?

moderately bad										extremely bad
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Think about the symptoms of treatment-resistant depression and what you now know about [PEI]. Which phrase below BEST captures your current thinking on these?

Overall, I think [PEI] seems _____ than living with treatment-resistant depression.

- much worse than
- slightly worse than
- the same as
- slightly better than
- much better than

In the comment box below, please FULLY EXPLAIN your answer to the PREVIOUS QUESTION.

The more details that you provide, the better we will understand your reasoning--which is crucial for our research project.

[insert comment box]

If you were in Mary's shoes, how UNLIKELY or LIKELY would you be to get [PEI] to improve your depression?

- very unlikely
- somewhat unlikely
- I'm not sure
- somewhat likely
- very likely

A Few More Questions about [PEI]

Consider each of the following policies or actions about using [PEI] to treat clinical depression. Indicate whether you OPPOSE or SUPPORT each one IN YOUR STATE.

[item order is randomized]	strongly oppose	moderately oppose	slightly oppose	neither oppose nor support	slightly support	moderately support	strongly support
use state tax revenue to cover the costs of using [PEI] for treating depression for those with verified financial need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use state tax revenue to fund more research on using [PEI] for treating depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
require each county to have at least one medical facility that offers [PEI] for treating depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prohibit the use of [PEI] for treating depression until we have more evidence of its safety and efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prohibit the use of [PEI] for treating depression in legal minors (under the age of 18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ban all use of [PEI] for treating depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below are potential factors that may limit the use of [PEI] for addressing treatment-resistant depression in society generally. Please indicate what you think are the THREE MOST IMPORTANT PRACTICAL BARRIERS to its use. [item order is randomized]

- Enter "1" to the left of the factor you think is the **first** most important barrier.
- Enter "2" to the left of the factor you think is the **second** most important barrier.
- Enter "3" to the left of the factor you think is the **third** most important barrier.

- limited evidence of the treatment's effectiveness
- lack of understanding of [PEI]
- out-of-pocket cost
- lack of insurance coverage
- low public trust in mental health system
- treatment is not available in all geographic areas
- stigma about treatment
- frequency of treatment

Below are other potential concerns you may have about [PEI] for addressing treatment-resistant depression. Please indicate your THREE TOP CONCERNS about its use. [item order is randomized]

- Enter "1" to the left of the item that is your **first** most important concern.
- Enter "2" to the left of the item that is your **second** most important concern.
- Enter "3" to the left of the item that is your **third** most important concern.

- limited evidence of the treatment's safety
- treatment is too intrusive
- patient may lack sufficient information for informed consent
- treatment may be delivered without the patient's consent
- patient not getting the treatment when it would actually help them

Please Tell Us about Yourself

Before today, were you aware of any of the following? Select all that apply.

- an adaptive brain implant
- antidepressant medication
- deep brain stimulation
- electroconvulsive therapy
- psychotherapy
- repetitive transcranial magnetic stimulation
- vagus nerve stimulation
- I was unaware of all of these

Have you tried any of following interventions as a way to deal with depression? Select all that apply.

- CBD oil
- deep brain stimulation
- electroconvulsive therapy
- exercise
- ketamine
- light therapy
- repetitive transcranial magnetic stimulation
- prescription medication
- psychotherapy
- vagus nerve stimulation
- I have not tried any of these

What is your gender?

- male
- female
- non-binary
- prefer to self-describe: _____

How old are you as of today?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

Are you Hispanic, Latino, or Chicano?

- no
- yes

What is your race/ethnicity? Select all that apply.

- White
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- Native American/American Indian or Alaska Native
- Asian or Asian-American
- Arab-American or Middle Eastern
- other (please specify): _____

What is the highest degree or credential you have earned?

- 12th grade or less
- high school diploma or GED equivalent
- associate's degree
- bachelor's degree
- master's degree
- professional degree (e.g., law or medicine)
- doctorate degree

Do you think of yourself as liberal or conservative?

- very liberal
- liberal
- slightly liberal
- middle-of-the-road
- slightly conservative
- conservative
- very conservative

How often do you attend religious services?

- never
- about once a year
- a few times a year
- once a month
- a few times a month
- every week
- more than once a week

Thank You!

Thank you for participating in our study. Please let us tell you more about it.

We are investigating people's views on a class of interventions for treatment-resistant depression that are called psychiatric electroceutical interventions (PEIs). Specifically, we are examining how the severity of a patient's depression and the characteristics of a PEI may influence people's views about such an intervention.

We created eight videos that featured a hypothetical interaction between a psychiatrist and her patient. Each character was played by a professional actor. [REDACTED] was the psychiatrist "Dr. Erica Wilson," and [REDACTED] was the patient "Mary." Sue Way recorded and edited the videos.

You were randomly assigned to watch one of these eight video vignettes. Your video vignette highlighted one of four PEIs: electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation (rTMS), deep brain stimulation (DBS), or an adaptive brain implant (ABI). Also, your video vignette presented a patient with either moderate or severe depression.

ECT and rTMS are approved by the US Food and Drug Administration (FDA) as therapies for depression. DBS and ABIs are still under investigation and are not FDA-approved therapies for depression.

Your participation in this study is really important to us, and your answers will help advance our understanding of how people view these types of interventions for treatment-resistant depression.

Thank you!