Following is a translated copy of the original informed consent. The original version is in simplified Chinese.

Informed Consent

We are inviting you to participate in a subproject of "973" program of the Ministry of science and technology of the people's Republic of China -- ”Biological and psychological theoretical basis and verification criteria related to potential depression risk assessment - full index test”， to explore the high risk and early warning technology of depression. Before you decide whether to take part in the study, you need to understand why we do the study and the relevant precautions. When the researcher discuss this informed consent with you, please feel free to ask questions if you are unclear or want to know more. If you have any questions now or at any time during the course of the study, researchers can answer them for you. When you decide whether to participate in this study, you can refer to the opinions and suggestions of your family and friends. You can make decisions based on your own situation and have enough time to think about them.

1. Objective

The purpose of this study is to explore the objective index system related to the potential depression risk, and to verify the validity and universality of the potential depression risk early warning model.

2. Number of Subjects

This study will be carried out in Beijing Anding Hospital Affiliated to Capital Medical University and the Lanzhou University Second Hospital. 900 subjects will participate in the study. We sincerely hope that you can participate in this research.

3. Research Steps

This study only needs to collect your relevant information once. If you agree to participate in this study and sign the informed consent form, you will be interviewed by a research doctor first, and complete some questionnaires. If the study doctor determines that you meet the requirements of the trial, you will receive further

evaluation, and if you do not meet the requirements, the trial will be terminated.

The further evaluation is divided into three parts. The first part includes:

① You will be asked to fill in the general situation questionnaire, health questionnaire, childhood abuse questionnaire, life event questionnaire, simple coping style questionnaire, Eysenck Personality Questionnaire, social support questionnaire, generalized anxiety questionnaire and sleep questionnaire.

② In your case of fasting, collect 15ml of your elbow vein blood to measure your biological indexes such as Insulin, cortisol, thyroid hormone, Adrenocorticotropic hormone (ACTH), Corticotropin releasing hormone (CRF), Brain derived growth factor (BDNF), C-reactive protein

③ The eye tracker is used to record your eye movement signals. In this process, you need to look at the face pictures representing different emotional states in the computer screen, and the instrument will automatically record your eye movement track.

It will take you about 1 hour to appeal these interviews, questionnaires, examinations and blood sampling. The second part includes:

④ To record your EEG signals with EEG acquisition device, you need to keep quiet and close your eyes, and relax your body. We will record your EEG signals in the resting state and when you hear sound. In addition, during the process of collecting EEG signals, you need to tap different mouse buttons according to the pictures you see on the computer monitor;

⑤ Record your voice message. You will be asked to read the prepared text and answer some simple questions or emotional questions. At the same time, use a high-precision microphone to record your voice.

It will take you about 1 hour to interview and check the appeal. The third part includes:

⑥ Use the multi-channel sleep meter to record your sleep information. You need to come to the hospital for sleep monitoring for 2-3 consecutive nights. Wear the test equipment to record the sleep stages. You can arrange your own sleep and wake-up time according to your usual work and rest time and living habits;

⑦ For fMRI, you need to keep your head still during the examination, observe the pictures on the display, and press different mouse buttons as required. The whole inspection is about one hour.

If you feel tired during the experiment, you can inform the researchers at any time and arrange time for you to rest.

4. Risk or Uneasiness

The questions in the interview will involve some difficulties or questions you have encountered in the past, as well as your emotional state. If you feel that some questions make you feel uncomfortable, you can refuse to answer them. You can terminate the interview at any time, which will not affect the quality of medical services you receive. EEG and sleep monitoring will not cause any problems for most people. However, if someone touches the electrode, the skin will turn slightly red, and if someone touches the electrode, they will feel nervous or dizzy during the examination. You can inform researchers of any discomfort at any time and we will deal with it in a timely manner. You can terminate the examination at any time, which will not affect the quality of medical services you receive.

Patients with metal fixations such as pacemakers, metal dentures and magnetic sensitive devices installed in the body can not participate in the MRI. Before the examination, the staff will ask if there is any metal substance in your body. If you report false or forgotten, the MRI may bring you physical injury.

For most people, the use of blood sampling needles to extract venous blood does not cause serious problems. However, bleeding, bruising, pain or infection may occur at the acupuncture site, and dizziness may also occur.

5. Possible Benefits

You will receive a systematic psychiatric examination and assessment. If you like, we can provide the assessment results to you and relevant medical service personnel. These materials can make the medical service personnel have a more in-depth understanding of your situation. By participating in this study, you may be able to help those at risk of depression and get help early.

6. Secrecy

Your clinical data, evaluation results, image information, and experiment data will be included in the database for scientific study only. Study staff will try the best to protect your personal information closely so no one will be able to connect your responses and any other information that directly identifies you. Directly identifying information (e.g. names, addresses) will be safeguarded and maintained under controlled conditions. The study data and results may be published in a medical journal or shared with others as

part of a scientific discussion, but do not include your name, address, or other information that directly confirms the subject identity. Medical records and research data in the study may be stored and processed in a computer with a password. At any time, we will keep your identity and privacy strictly confidential. However, under the following conditions your identity may be revealed to people outside the project:

① Laws may require us to show information to university or government officials (or sponsors), who are responsible for monitoring the safety of this study.

② Audio recording may cause your identity to be revealed, despite the recording will not include your directly identifying information. (If you choose not to perform the audio part of the experiment, you may leave the checkbox unchecked in the "Informed Consent Statement" section.)

7. Expenses and Compensation

All interviews and inspections during the study are free of charge and you will not be responsible for any research costs. After completing the first part of the assessment, you will receive a transportation and work delay allowance of 100 yuan. If you have completed the second part of the assessment, you will receive a transportation and work delay allowance of 200 yuan. If you complete the third part of sleep monitoring, you will get 100 yuan of transportation subsidy, and if you complete the MRI, you will get 200 yuan of transportation and work delay subsidy.

8. Volunteer

Your participation in this study is entirely voluntary. You can exit the study at any time during the course of the study. Your decision will not affect your future treatment. Researchers may terminate your study during the course of the study as required by the study protocol.

9. Contacts

If you have any questions about this study or your rights, please contact your researcher____ (phone:). If you find problems in the research, make suggestions or your rights are damaged, you can contact the ethics committee of____ hospital (phone:).

10. Informed Consent Statement

☐ I have fully understood the purpose, content, risks and benefits of this research.

☐ I can read and understand the language of this informed consent.

☐ I have enough time and opportunity to ask questions. The doctor's response to the questions is satisfactory to me.

☐ I have also been told who I should contact when I have questions or want further information.

☐ I agree to participate in the study. At the same time, I have the right to terminate the interview and withdraw the informed consent at any time. My decision not to participate in the study will not affect my medical services.

☐ I agree for the transcript of my interview to be studied, archived and disseminated for reuse.

☐ I agree for my blood data to be studied, archived and disseminated for reuse.

☐ I agree for my eye movement data to be studied, archived and disseminated for reuse.

☐ I agree for my EEG data to be studied, archived and disseminated for reuse.

☐ I agree for the audio recording to be studied, archived and disseminated for reuse.（By checking the checkbox, it means you understand your audio recording may cause your identity to be revealed, despite the recording will not include your directly identifying information.）

☐ I agree for my sleep information data to be studied, archived and disseminated for reuse.

☐ I agree for my fMRI data to be studied, archived and disseminated for reuse.

_____

Subject name (print)

_____

Subject signature Signature date (mm/DD/yyyy)

_____

Name of experiment technician (print)

_____

Signature of experiment technician Signature date (mm/DD/yyyy)

_____

Name of legal guardian (print) (when the subject's ability of informed consent is incomplete)

_____

Signature of legal guardian Signature date (mm/DD/yyyy)