

**Supplementary Table S1.** Evaluation of SEID criteria, extracted from the questionnaire, based on IOM/NAM proposals.

Mutiple choice questions.

Please, select the proposal closest to what you feel.

### **1- *Fatigue***

Compared to what you were able to do before being exhausted,

- I feel a flu-like fatigue/exhaustion  
Never    Less than 50% of time    More than 50% of time
- I feel like a battery that is never able to be recharged fully despite resting a lot and limiting my activities  
Never    Less than 50% of time    More than 50% of time
- Thinking takes a lot more work than it used to  
Never    Less than 50% of time    More than 50% of time

### **2- *Post-exertional malaise***

After a physical or mental activities, prolonged standing,

- I feel crashed, relapsed, collapsed  
Never    Less than 50% of time    More than 50% of time
- I feel mentally tired after the slightest effort  
Never    Less than 50% of time    More than 50% of time
- I feel physically drained or sick after mild activity  
Never    Less than 50% of time    More than 50% of time
- The more demanding or prolonged the activity, the more severe and prolonged the payback  
Never    Less than 50% of time    More than 50% of time

### **3- *Unrefreshing sleep***

Concerning my sleep,

- I feel exhausted like I never slept  
Never    Less than 50% of time    More than 50% of time
- I cannot fall asleep or stay asleep  
Never    Less than 50% of time    More than 50% of time
- After long or normal hours of sleep, I still don't feel good in the morning  
Never    Less than 50% of time    More than 50% of time

### **4- *Cognitive impairment***

On the intellectual level or to carry out certain activities such as driving, reading a book, watching a movie, working on computer or participating in a discussion,

- I feel like a brain fog  
Never    Less than 50% of time    More than 50% of time
- I feel confused  
Never    Less than 50% of time    More than 50% of time
- I feel disoriented  
Never    Less than 50% of time    More than 50% of time
- It is hard to concentrate, I cannot focus  
Never    Less than 50% of time    More than 50% of time
- I cannot process information  
Never    Less than 50% of time    More than 50% of time
- I cannot find the right words  
Never    Less than 50% of time    More than 50% of time
- I cannot do several tasks at the same time

- |   |       |                       |                       |
|---|-------|-----------------------|-----------------------|
|   | Never | Less than 50% of time | More than 50% of time |
| - I cannot do a choice, make a decision |       |                       |                       |
|   | Never | Less than 50% of time | More than 50% of time |
| - I am absent-minded, forgetful         |       |                       |                       |
|   | Never | Less than 50% of time | More than 50% of time |

**5- Orthostatic intolerance**

When I get up or when I have been standing for a long time,

- |   |       |                       |                       |
|---|-------|-----------------------|-----------------------|
| - I feel lightheadedness                                |       |                       |                       |
|   | Never | Less than 50% of time | More than 50% of time |
| - I feel unwell   |       |                       |                       |
|   | Never | Less than 50% of time | More than 50% of time |
| - I feel dizziness, fainting                            |       |                       |                       |
|   | Never | Less than 50% of time | More than 50% of time |
| - Symptoms get better if I lie down and/or lift my legs |       |                       |                       |
|   | Never | Less than 50% of time | More than 50% of time |