

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 |
|-------|-----------------------|-----------------------|