**Supplementary method information**

*Design and procedures*

The follow up questionnaires or assessment link was sent again if patients did not return or did not complete them online within two weeks. If only a postal or e-mail address was known, the invitation letter was send without a previous phone call. If no address was known, the municipal registration was checked. When patients refused to fill in questionnaires, they were asked if they were willing to complete the fatigue severity subscale of the CIS by phone.

*Intervention*

The Physical Activity Questionnaire (PAQ) was used to determine the physical activity pattern of patients (Scheeres, Knoop, Meer, & Bleijenberg, 2009). Two different physical activity patterns can be discerned, a low active and relative active pattern (van der Werf, Prins, Vercoulen, van der Meer, & Bleijenberg, 2000). The activity pattern is used to tailor treatment. The instructions described in the minimal intervention booklet included personal goal setting, regulating the sleep-wake cycle, reducing the focus on fatigue, and the systematic challenge of dysfunctional fatigue-related beliefs. Relatively active patients, characterized by an alternation of periods of (over)activity and periods of rest, first learned to divide their activities more evenly before gradual increasing their activities. After gradual increase of activities, patients start to accomplish personal goals including full resumption of work or study. Low active patients immediately started with graded activity. Last treatment module contains information about how to let go treatment principles and maintain a normal, healthy lifestyle.

*Therapists training and supervision*

The minimal intervention was carried out by eight psychiatric nurses. They were trained in four training sessions of 4 hours and received two-weekly supervision (Tummers et al., 2012). Face-to-face CBT was given by four clinical psychologists who followed a 4-day training in CBT for CFS and received two-weekly supervision. Training and supervision was provided by a clinical psychologist/ cognitive behavioural therapist experienced in delivering the minimal intervention and face-to-face CBT for CFS (HK).