**Appendix A.**

*Complete Case analyses (CC) of hierarchical linear regression analyses on scores of fatigue severity, physical limitations, functional impairment, and psychological distress at follow-up*

The first model accounting for the combined explained variance of age, level of education, and depressive symptoms (i.e., SCL-90 depression subscale) was significant for all criterion variables (CIS fatigue: *R2* = .04, *F*[4, 850] = 10.25, *p* < .01; SF-36 physical functioning: *R2* = .08, *F*[4, 850] = 19.14, *p* < .001; SIP total score: *R2* = .09, *F*[4, 851] = 20.57, *p* < .01; SCL-90 total core: *R2* = .18, *F*[4, 799] = 42.68, *p* < .01). This finding was repeated in the second model with the added continuous ASTM score as predictor of treatment outcome (CIS fatigue: *R2* = .04, *F*[5, 849] = 8.20, *p* < .01; SF-36 physical functioning: *R2* = .08, *F*[5, 849] = 15.180, *p* < .01; SIP total score: *R2* = .09, *F*[5, 850] = 16.96, *p* < .01; SCL-90 total core: *R2* = .18, *F*[5, 798] = 34.18, *p* < .01). Importantly, the added ASTM score in Model 2 did not yield a significant improvement in the prediction of treatment outcome for all criterion variables (CIS fatigue: *R*2 change <.01, *F*[1, 849] = .07, *p* = .79; SF-36 physical functioning: *R*2 change = < .01, *F*[1, 849] = 2.35, *p* = .13; SIP total score: *R*2 change = < .01, *F*[1, 850] = 2.36, *p* = .12; SCL-90; R2 change = < .01, *F*[1, 798] = .30, *p* = .58).