

The ISM-instrument *Self-rated Exhaustion Disorder (s-UMS)*

1. Do you currently feel, and have felt for more than two weeks, physically and/or mentally exhausted? No Yes
2. Do you consider this exhaustion to be caused by long-term stress exposure (that you have been exposed to great strain or experienced pressure for 6 months or more) No Yes
3. During the last 2 weeks, have you experienced:
 - a) Concentration or memory problems? Yes No
 - b) Markedly reduced capacity to tolerate demands or to work under time pressure? Yes No
 - c) Emotional instability or irritability? Yes No
 - d) Sleeping problems? Yes No
 - e) Physical weakness or being more easily fatigued? Yes No
 - f) Physical symptoms such as muscular pain, chest pain, palpitations, gastrointestinal problems, vertigo, or increased sensitivity to sounds? Yes No
4. Have the complaints above (questions 1-3) markedly decreased your well-being and/or your functional capacity (work ability, family life, leisure activities or other important ways)? Yes, to a great extent
 Yes, somewhat
 No not at all