

Additional file 2. TCM kidney deficiency syndrome Scale

Follow the instructions in the table and mark with × in the <input type="checkbox"/> of the conforming item				
Symptoms or signs	Treatment ___ week	Evaluation time _____		
	No	Mild	Moderate	Severe
Dizziness	<input type="checkbox"/>	Dizziness, Sporadic <input type="checkbox"/>	Rotation of sight, Unable to walk <input type="checkbox"/>	Dizzy, Unable to stand <input type="checkbox"/>
Headache	<input type="checkbox"/>	Mild headache, Sporadic <input type="checkbox"/>	Headache is tolerable, Persistent non-remission <input type="checkbox"/>	Headache is unbearable <input type="checkbox"/>
Backache	<input type="checkbox"/>	Backache in the morning, Activity can be reduced <input type="checkbox"/>	Continuous backache, Work harder <input type="checkbox"/>	Backache continues, Unable to relieve <input type="checkbox"/>
Knee weakness	<input type="checkbox"/>	Occasionally knee weakness <input type="checkbox"/>	Unable to bear heavy objects <input type="checkbox"/>	Soft knees and unable to walk <input type="checkbox"/>
Fatigue and weakness	<input type="checkbox"/>	occasionally slight fatigue <input type="checkbox"/>	Feeling weak <input type="checkbox"/>	Weakness, Unwilling to speak <input type="checkbox"/>
Hot hands, feet, and heart	<input type="checkbox"/>	Hot hands, feet, and heart at night <input type="checkbox"/>	Five upset fever <input type="checkbox"/>	Irritability, irritability, heat <input type="checkbox"/>
Palpitations	<input type="checkbox"/>	occasionally slight palpitation <input type="checkbox"/>	Bursts <input type="checkbox"/>	Heart palpitations <input type="checkbox"/>
Insomnia	<input type="checkbox"/>	Occasionally have many dreams or Time reduction <input type="checkbox"/>	Often insomnia <input type="checkbox"/>	unable to sleep <input type="checkbox"/>
Nocturia	<input type="checkbox"/>	Nocturia 1 time <input type="checkbox"/>	Nocturia 2-3 times <input type="checkbox"/>	Nocturia more than 3 times <input type="checkbox"/>

Dry mouth	<input type="checkbox"/>	occasional attacks <input type="checkbox"/>	Dry mouth and less fluid <input type="checkbox"/>	I often feel dry mouth, Drink water all the time <input type="checkbox"/>
Forgetful	<input type="checkbox"/>	occasionally forget things, I can remember <input type="checkbox"/>	Often forget things, Not easy to remember <input type="checkbox"/>	Forget instantly, Can't remember <input type="checkbox"/>
Pale tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moss white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total score:				

Note: 0 points means: the symptom did not appear in the past 1 month; 1 point means: the symptoms are mild or the frequency of attacks is low; 2 points means: the symptoms are moderate or the frequency of attacks is moderate; 3 points: the symptoms are very severe, or the symptoms constantly puzzled.