### Additional file 2. Heat-sensitized Sensation Self-evaluation Scale

| Sensation Types | Dimensions | Options for each dimension |
|-----------------|------------|----------------------------|
| 1. Do you feel heat penetrating from the surface of the skin to the inside? | Comfort, Depth, Intensity, Frequency (per 10 times) | None, Slight, Moderate, Considerable, Extreme |
| 2. Do you feel heat spreading from the place of moxibustion? | Comfort, Range, Intensity, Frequency (per 10 times) | None, Slight, Moderate, Considerable, Extreme |
| 3. Do you feel heat transfer from one direction to a distant place? | Comfort, Distance, Intensity, Frequency (per 10 times) | None, Slight, Moderate, Considerable, Extreme |
| 4. Do you feel that the place of moxibustion are not or not so hot, but hot in a distant place? | Comfort, Distance, Intensity, Frequency (per 10 times) | None, Slight, Moderate, Considerable, Extreme |
| 5. Do you feel that the surface of the skin is not or not so hot but hot in the depths? | Comfort, Depth, Intensity, Frequency (per 10 times) | None, Slight, Moderate, Considerable, Extreme |
| 6. Do you have a feeling like ants crawling at the place of moxibustion? | Comfort, Range, Intensity, Frequency (per 10 times) | None, Slight, Moderate, Considerable, Extreme |
| 7. Do you feel a swelling sensation at the place of moxibustion? | Comfort, Range, Intensity, Frequency (per 10 times) | None, Slight, Moderate, Considerable, Extreme |
| 8. Do you feel soreness at the place of moxibustion? | Comfort, Range, Intensity, Frequency (per 10 times) | None, Slight, Moderate, Considerable, Extreme |
9. Do you have a feeling like cool air coming out at the place of moxibustion?
□ No □ Yes

10. Do you feel that your stomach and intestines are moving faster?
□ No □ Yes

11. Do you feel face flushing or forehead sweating but actually no moxibustion on these places?
□ No □ Yes

12. Do you feel heat in the palms and soles but actually no moxibustion on these places?
□ No □ Yes

| 10 times) | Comfort | Range | Intensity |
|-----------|---------|-------|-----------|
| □, None □, Slight □, Moderate □, Considerable □, Extreme |
| □, Very small □, Relatively small □, Moderate □, Larger □, Very large |
| □, Very weak □, Weak □, Moderate □, Strong □, Very strong |

| Frequency (per 10 times) |
|--------------------------|
| □, ≤1 time □, 2-4 times □, 4-6 times □, 7-9 times □, every time |

| 11 times) | Comfort | Range | Intensity |
|-----------|---------|-------|-----------|
| □, None □, Slight □, Moderate □, Considerable □, Extreme |
| □, Very weak □, Weak □, Moderate □, Strong □, Very strong |

| Frequency (per 10 times) |
|--------------------------|
| □, ≤1 time □, 2-4 times □, 4-6 times □, 7-9 times □, every time |

| 12 times) | Comfort | Range | Intensity |
|-----------|---------|-------|-----------|
| □, None □, Slight □, Moderate □, Considerable □, Extreme |
| □, Very weak □, Weak □, Moderate □, Strong □, Very strong |

| Frequency (per 10 times) |
|--------------------------|
| □, ≤1 time □, 2-4 times □, 4-6 times □, 7-9 times □, every time |