

Supplementary material 1 Flow Chart of Study Procedures

Visit	Times after treatments (days)		
	Baseline	Day 4	Day 10
Acquisition of basic medical history			
Diagnosis of common cold with wind-cold type established by respiratory expert	×		
Inclusion/exclusion criteria confirmed	×		
Written informed consent	×		
Randomization	×		
Fill in general information	×		
Past medical history and treatment history			
The combined disease	×		
Medical examination	×	×	×
Combined drug	×	×	×
Efficacy of observation			
Individual symptom score	×	×	×
Main symptom score			
Minor symptom score			
Cumulative symptom score	×	×	×
Safety evaluations			
Blood	×	×	
Urine	×	×	
Stool	×	×	
Liver and renal functions	×	×	×
Electrocardiogram (ECG)	×	×	
Investigation project			
Chest radiography	×		
Pregnancy test	×		
Reporting the adverse events			
Others			
Supply or recovery of investigational product to the patients	×	×	×
Medication accountability assessed		×	×

Supplementary material 2 Symptom Questionnaire

Hospital No:		Date:	Patient No:	Patient name:	Diagnosis:	Patient address:
Clinical Symptom		Score	Not at all [†]	Mild	Moderate	Severe
Main symptom	Aversion to cold		None	Slight, no need of extra clothes	Need of extra clothes	Need of thick clothes or blanket
	Nasal discharge		None	Occasional nasal discharge	Nasal discharge	Large amount of nasal discharge
Main symptom score						
			Not at all [‡]	Mild	Moderate	Severe
Minor symptom	Arthralgia of extremities		None	Slight arthralgia of extremities	Arthralgia of extremities	Incapable of flexing and extending
	Fever		None	37.3-37.5 °C	37.6-38°C	≥ 38.1°C
	Headache		None	Slight and occasional	Lasting	Severe and unable to work
	Stuffy nose		None	Slight, no breathing difficulty	Congestion and not smooth breathing	Obvious with mouth assistance
	Sneezing		None	Occasional	Between slight and severe	Frequent
	Spiritlessness and weakness		None	Malaise	Difficult but able to work	Unable to work
Cumulative symptom score						
Tongue and pulse						
Tongue and pulse	Tongue proper			Pale tongue proper <input type="checkbox"/> others <input type="checkbox"/>		
	Tongue fur			White fur on tongue <input type="checkbox"/> others <input type="checkbox"/>		
	Pulse			Floating pulse <input type="checkbox"/> others <input type="checkbox"/>		

[†] Not at all = 0 score; Mild = 3 scores; Moderate = 6 scores; Severe = 9 scores.

[‡] Not at all = 0 score; Mild = 1 score; Moderate = 2 scores; Severe = 3 scores.