SUPPLEMENTARY MATERIALS

Clinical assessment
The diagnosis of schizophrenia was confirmed by the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Axis I Disorders.1 Throughout the study period, all patients were maintained on their medications (i.e., 2 patients were taking clozapine and atypical antipsychotics, 2 patients were taking clozapine only, and 3 patients were taking atypical antipsychotics only). The clinical status of each patient was assessed twice: at baseline (pre-tDCS) and after completing 10 stimulation sessions (post tDCS). The Positive and Negative Symptom Scale2 and the Psychotic Symptom Rating Scales3 were used to measure the severity of the psychotic symptoms. The Auditory Hallucination Rating Scale3 and the Hamilton Program for Schizophrenia Voices Questionnaire4 were used to assess the severity of the auditory hallucinations. All clinical assessments were conducted by experienced psychiatrists.

Image acquisition
Functional and structural images were collected with a Siemens 3T Trio MRI scanner (Siemens Magnetom Trio, Erlangen, Germany) using a 32-channel head coil. A T1-weighted structural image was obtained using magnetization prepared rapid gradient-echo [echo time (TE)/repetition time (TR)=1.89/1670 ms, field of view (FOV)=250 mm, flip angle=9°, matrix=256×256, voxel size=1.0×1.0×1.0 mm³, and 208 slices]. We acquired a rest scan comprising 244 contiguous echo-planar imaging (EPI) functional images (TE/TR=30/2000 ms, FOV=220 mm, flip angle=80°, matrix=64×64, voxel size=3.4×3.4×3.4 mm³, and 38 slices). During the rest scan, participants were asked to close their eyes and relax. Custom-built cushions were used to minimize motion artifacts, and participants were asked to move as little as possible. The time required to collect the resting-state scans was 8 minutes and 16 seconds.

REFERENCES