Supplementary Figure 1. Details of the trial schedule

			Clinical trial period							Clinical trial period (continuous trial)				- Follow-up period
Item		Pre-evaluation period			Evaluation period			Continuous-evaluation period						
		2 weeks before intervention	1st	day	2nd day	3rd day	4th day	5th day or abortion		1st week	2nd week	3rd week	4th week	4 weeks after completion of intervention
Informed consent		+												
Eligibility evaluation (V	AS, MMSE, BDI-II)	+												
Final eligibility test (Co	mpliance test)		+											
Definitive registration a	and assignment		+											
Eligibility evaluation for	r continuous trial								+					
Informed consent for continuous trial									+					
Intervention	Active or sham stimulation			+	+	+	+	+						
Intervention	Active stimulation									+	+	+	+	
VAS	Immediately before intervention			+	+	+	+	+		+	+	+	+	
VAS	Immediately after intervention			+	+	+	+	+		+	+	+	+	
SF-MPQ2	Immediately before intervention			+	+	+	+	+		+	+	+	+	
SF-MFQ2	Immediately after intervention			+	+	+	+	+		+	+	+	+	
PGIC ^a	After intervention							+					+b	
BDI-II ^a , EQ-5D-5L ^a				+ ^c				+ ^d					+ ^e	
Final evaluation (VAS, SF-MPQ2, MMSE, BDI-II)														+
Adverse events and malfunction of devices				+	+	+	+	+		+	+	+	+	+
Evaluation of blindness	s ^a After intervention			+				+						

The schedule of evaluations is shown. Evaluations during the continuous trial were performed on the day of the intervention (at least once weekly).

Abbreviations: VAS, visual analogue scale; MMSE, Mini mental state examination; BDI-II, Beck Depression Inventory second version; SF-MPQ2, short-form McGill pain questionnaire 2; PGIC,

Patient Global Impression of Change; EQ-5D-5L, European Quality of Life-5 Dimensions 5-level.

^a Performed on the day of treatment termination or the day after treatment termination in cases of study withdrawal.

^b Evaluated on the final day of intervention. ^c Evaluated before the intervention.

^d Evaluated after the intervention. ^e Evaluated after the final intervention.

	Active	Sham
First day, No. (%)	n=72	n=70
Thought that they received active	21 (29)	20 (29)
Thought that they received sham	11 (15)	11 (16)
Cannot tell	40 (56)	39 (56)
Fifth day, No. (%)	n=71	n=68
Thought that they received active	22 (31)	27 (40)
Thought that they received sham	13 (18)	14 (21)
Cannot tell	36 (51)	27 (40)

Supplementary Table 1. Evaluation of blinding

Among the active stimulation group, 21 patients (29%) correctly guessed their intervention on the first day and 22 (31%) on the fifth day. Among the sham group, 11 patients (16%) guessed correctly on the first day and 14 (21%) on the fifth day.

	Active	Sham	Mean difference or	<i>p</i> value	
	n=72	n=70	odds ratio (95% CI)		
VAS					
Decrease rate, mean (SD), %	12.1 (19.0)	13.5 (19.4)	-1.4 (-7.8 to 4.9)	0.66	
≥15% decrease, No. (%)	26 (36)	28 (40)	0.8 (0.4 to 1.7)	0.73	
≥30% decrease, No. (%)	10 (14)	12 (17)	0.8 (0.3 to 1.9)	0.65	
Short-term decrease rate, mean (SD), %	6.3 (11.9)	6.0 (15.2)	0.3 (-4.2 to 4.8)	0.89	
SF-MPQ2, mean (SD), %					
Decrease rate	33.4 (30.3)	29.1 (28.8)	4.3 (-5.5 to 14.1)	0.39	
Short-term decrease rate	14.2 (16.4)	14.1 (15.9)	0.1 (-5.2 to 5.4)	0.98	
EQ-5D-5L, mean (SD), %					
Index value rate of increase	14.7 (45.1)	10.6 (27.2)	4.0 (-8.5 to 16.6)	0.52	
VAS _{EQ-5D} rate of increase	8.0 (37.7)	7.3 (55.3)	0.7 (-15.1 to 16.5)	0.93	
BDI-II, mean (SD), %					
Decrease rate ^a	-1.1 (63.9)	8.6 (120.4)	7.5 (-27.9 to 42.8)	0.67	

Supplementary Table 2. Secondary outcomes of five daily interventions (change rate)

Analyses were performed on the intention-to-treat population (active vs. sham, n=72 vs. 70), except for analysis on decrease rate of BDI-II.

Abbreviations: VAS, visual analogue scale; SF-MPQ2, short-form McGill pain questionnaire 2; EQ-5D-5L, European Quality of Life-5 Dimensions 5-level; BDI-II, Beck Depression Inventory second version.

^a Analysis was performed in 57 (active) and 64 (sham) patients because excluded patients had a score of zero at baseline.

		All p	oatients		Patients enrolled in the continuous trial			
	Active Sham		Mean difference	Nean difference		Sham	Mean difference	
	n=70	n=67	(95% CI)	<i>p</i> value	n=16	n=15	(95% CI)	<i>p</i> value
VAS decrease, mean (SD)	6.9±18.4	7.3±13.6	-0.4	0.90	24.7±22.6	21.4±23.5	3.3	0.69
			(-6.7 to 5.8)				(-13.6 to 20.2)	
VAS decrease rate, mean (SD), %	10.8±29.6	10.3±31.2	0.5	0.92	40.9±36.8	32.5±36.3	8.4	0.53
			(-9.7 to 10.8)				(-18.4 to 35.3)	
SF-MPQ2 decrease, mean (SD)	13.1±32.9	8.0±30.4	5.1	0.35	37.6±31.5	15.1±33.8	22.5	0.07
			(-5.6 to 15.8)				(-1.5 to 46.5)	
SF-MPQ2 decrease rate, mean	20.5±48.2	13.6±46.7	6.8	0.40	57.4±43.8	30.0±58.6	31.4	0.10
(SD), %			(-9.2 to 22.9)				(-6.4 to 69.3)	
BDI-II decrease, mean (SD)ª	0.4±5.3	0.9±5.9	-0.6	0.56	1.1±5.1	0.9±4.6	-0.2	0.91
			(-2.4 to 1.3)				(-3.4 to 3.8)	
BDI-II decrease rate, mean	1.5±86.9	-0.2±113.1	1.6	0.93	15.9±73.8	-10.7±169.9	26.7	0.60
(SD), % ^b			(-35.4 to 38.7)				(-76.6 to 129.9)	
MMSE increase, mean (SD)	0.1±1.7	0.1±1.8	-0.1	0.80	-0.4±1.8	0.1±1.6	-0.6	0.36
			(-0.7 to 0.5)				(-1.8 to 0.7)	
MMSE increase rate, mean	0.3±6.0	0.6±6.6	-0.3	0.78	-1.4±6.1	0.6±5.6	-2.0	0.36
(SD), %			(-2.5 to 1.8)				(-6.3 to 2.3)	

Supplementary Table 3. Results of the final evaluations at the last follow-up

Abbreviations: VAS, visual analogue scale; SF-MPQ2, short-form McGill pain questionnaire 2; BDI-II, Beck Depression Inventory second version; MMSE, Mini mental state examination.

^a Analysis was performed in 69 (active) and 67 (sham) patients for the all patients.

^b Analysis was performed in 56 (active) and 62 (sham) patients for the all patients, and in 14 (active) and 12 (sham) patients for the patients enrolled in the continuous trial.

	Active	Sham	Mean difference (95% CI)	p value			
SF-MPQ2 Decrease (per-protocol)	22.3 (24.3)	15.3 (19.8)	7.0 (-0.6 to 14.6)	0.07			
Decrease of SF-MPQ2 subscale sco	res (intention-1	o-treat)					
Continuous pain	7.9 (8.7)	4.8 (6.4)	3.1 (0.5 to 5.6)	0.02			
Intermittent pain	5.1 (8.8)	3.9 (7.6)	1.2 (-1.6 to 3.9)	0.41			
Neuropathic pain	5.0 (6.8)	4.0 (5.8)	1.0 (-1.1 to 3.1)	0.34			
Affective descriptors	3.7 (5.2)	3.5 (5.1)	0.2 (-1.5 to 1.9)	0.81			

Supplementary Table 4. Post-hoc analyses of SF-MPQ2 during 5-daily intervention

Data are mean (SD). Analyses were performed in the per-protocol population (active vs. sham,

n=72 vs. 70) or the intention-to-treat population (n=69 vs. 65). SF-MPQ2 = short-form McGill pain questionnaire 2.

Supplementary Figure 2A. Subgroup analyses of VAS decrease during the evaluation period

	lumber of atients	VA	S decrease		Mean difference	95%	6 CI	Interaction p value
All patients	142				-1.2	[-5.5	- 3.1]	<u> </u>
<60 years ≥60 years	54 88				1.6 -2.9	[-5.8 [-8.2	- 9.0] - 2.4]	0.32
Central Peripheral	88 54		_ <u></u>		-2.5 1.0	[-8.5 [-4.8	- 3.5] - 6.9]	0.56
Osaka Hamamatsu Kindai Sakai	108 18 16	-	╼┼╴╺		-2.5 8.6 -1.5		- 2.1] - 27.3] - 9.9]	0.24
Male Female	93 49		━━━		0.8 -5.2	-	- 6.0] - 2.6]	0.19
Inpatient Outpatient	66 76		₽		-5.1 1.2	[-12.2 [-4.1	- 2.0] - 6.5]	0.15
Face Hand Foot	16 67 59				-9.9 4.3 -4.1	[-29.1 [-1.8 [-9.9	- 9.3] - 10.4] - 1.7]	0.06
VAS ≥60mm VAS <60mm	101 41				1.6 -7.4	[-2.9 [-17.2	- 6.1] - 2.5]	0.06
	-3	30 -20 -10 Sham better	0 10 Active	20 30 better)			

Subgroup analyses of decrease in visual analogue scale (VAS) were performed to evaluate the influence of background factors (age, cause of pain, trial site, inpatient vs. outpatient, location with maximum pain [i.e. stimulation location], and VAS at baseline [≥60 vs. <60 mm]) in the intention-to-treat population. Analyses of maximum pain and VAS at baseline were performed as post-hoc analyses.

Abbreviations: Osaka, Osaka University Hospital; Hamamatsu, Hamamatsu University Hospital; Kindai Sakai, Kindai University Sakai Hospital.

Supplementary Figure 2B. Subgroup analyses of SF-MPQ2 decrease during the evaluation period

	Number of Datients	SF-MPQ2 decrease	Mean difference	95% CI	Interaction <i>p</i> value
All patients	142		5.5 [-1.8 - 12.8]	
<60 years ≥60 years	54 88		-	-8.9 - 13.5] -2.6 - 16.6]	
-				-	
Central Peripheral	88 54		1.9 [11.3 [-7.8 - 11.6] 0.1 - 22.4]	0.22
Osaka	108		-	-	0.90
Hamamatsu	108			-3.7 - 12.5] -19.3 - 38.6]	0.89
Kindai Sakai	16			-18.2 - 32.6]	
Male	93			-4.0 - 13.9]	0.82
Female	49		6.7 [-6.4 - 19.9]	
Inpatient	66		-	-13.4 - 10.6]	0.13
Outpatient	76		10.0 [0.7 - 19.3]	
Face	16		-0.8 [-29.6 - 27.9]	0.61
Hand	67		8.8 [-1.9 - 19.5]	
Foot	59		2.1 [-9.0 - 13.3]	
VAS ≥60mm	101		6.3 [-3.0 - 15.5]	0.67
VAS <60mm	41		2.8 [-	
	-3		40		
		Sham better Active better			

Subgroup analyses of decrease in short-form McGill pain questionnaire 2 (SF-MPQ2) were performed to evaluate the influence of background factors (age, cause of pain, trial site, inpatient vs. outpatient, location with maximum pain [i.e. stimulation location], and VAS at baseline [≥60 vs. <60 mm]) in the intention-to-treat population. Subgroup analyses of SF-MPQ2 decrease were performed as post-hoc analyses.

Abbreviations: Osaka, Osaka University Hospital; Hamamatsu, Hamamatsu University Hospital; Kindai Sakai, Kindai University Sakai Hospital.