Table C. Trial quality scores* [posted as supplied by author]

Study, year	Cochrane Menstrual Disorders and Subfertility Group Checklist of Internal (I) and External (E) Validity Criteria for RCTs†																
	I1	I2	I3	I4	I5	I6	I7	I8	I9	I10	I11	Total I1-11	E1	E2	E3	E4	E5	Total E1-5
Benson[w1]	[Y]	[N]‡	Y	?	N¶	N	?	Y	[Y]	[Y]	NA	5	[Y]/?**	[Y]	[Y]	[Y]	N††	3.5
Dieterele[w2]	[Y]	[Y]	Y	[Y]	Y	Y	Y	Y	Y	Y	N	10	[Y]/[Y]	[Y]	Y	[Y]	Y	5
Domar[w3]	[Y]	[Y]	N	Y	N¶	N	Y	Y	[Y]	Y	NA	7	Y/?**	[Y]	[Y]	[Y]	N	3.5
Paulus 2002[w4]	Y	[Y]	Y	[Y]	Y	N	Y	Y	[Y]	[Y]	NA	9	Y/?**	Y	Y	Y	?	3.5
Paulus 2003[w5]	[Y]	[Y]	Y	[Y]	[Y]	Y	[Y]	Y	[Y]	[Y]	N	10	Y/?**	Y	Y	Y	?	3.5
Smith[w6]	Y	[Y]	Y	[N]	Y	Y	[N]	Y	Y	Y	Y	9	Y/[Y]	[Y]	Y	[Y]	Y	5
Westergaard[w7]	[Y]	[Y]§	Y‖	?	Y	N	?	Y	Y	Y	NA	7	Y/?**	Y	Y	Y	Y	4.5

* NA = not applicable;

† Cochrane Menstrual Disorders and Subfertility Group internal validity criteria: I1 = method of randomization adequate?; I 2= treatment allocation concealed?; I3 = outcomes of patients who withdrew or were excluded after allocation described and included in 'intention to treat' analysis, for meta-analysis? I4 = outcome assessors blind to assignment status?; I5 = the treatment and control group comparable at entry?; I6 = subjects blind to assignment status following allocation?; I7 = physician treatment providers blind to assignment status?; I8 = care programs, other than the trial options, identical (i.e. was there a co-intervention)?; I9 = reasons for withdrawals stated?; I10 = percentage of dropouts less than 10%; I11 = sham credibility testing?;

Cochrane Menstrual Disorders and Subfertility Group external validity criteria: E1= inclusion and exclusion criteria for entry clearly defined?; E2 = outcome measures used clearly defined and reported?; E3 = accuracy, precision, and observer variation of the outcome measures adequate?; E4 = timing of the outcome measures appropriate?; E5 = power calculation performed?;

If the information necessary to score the item was not reported in the article but was obtained by contacting the author, the score for the relevant item is enclosed in brackets.

‡ Of the 1 RCT that we considered to use inadequate allocation concealment,[w1] patients were randomized by using a computer program to generate a random numbers table, which was kept in house as a master list, and referred to by the research nurse (the only person who could allocate a patient to a study group) when someone entered the study.

§ For this RCT[w7] the randomization treatment assignments were placed in sealed, opaque envelopes, which were shuffled and deposited in a cardboard box, from which each patient selected only one. This procedure has handled by an independent nurse not responsible for obtaining information about patients and enrolling them. Although the envelopes were not sequentially numbered, we considered the safeguards used in the randomization process to have provided adequate assurance of allocation concealment. To determine whether our classification of this RCT as adequately concealed affected our results, we redid the sensitivity analysis on the allocation concealment quality component, reclassifying this trial as 'inadequately concealed'' this reclassification did not affect this sensitivity analysis results.

|| This RCT[w7] did not use ITT approach in trial analysis, but adequate data was reported to allow for ITT approach in meta-analysis.

¶ 2 RCTs[w1 w3] reported no baseline differences between groups only for age, so these 2 RCTs[w1 w3] were scored as 'N' for this item.

** Inclusion criteria specified but no explicit exclusion criteria specified.

†† This RCT[w1] had a post hoc power calculation only.