Data extraction form: Non-surgical treatment for women with stress urinary incontinence (SUI)

Reviewer ID: | **Date:** | **Cochrane review:**

Study	
Study ID: **Country:** **Funding:** government / private / manufacturer / other (specify) **Additional information on study design** (e.g. type of trial such as cross-over design, method of randomisation and allocation concealment, single/multi-centred):	RCT ☐ Quasi-RCT ☐ Duration of study:

Participants
Criteria for inclusion:
Criteria for exclusion:

Intervention	
	Type of intervention
Intervention 1	
Intervention 2	
Intervention 3	
Comments:	

Participant characteristics			
	Intervention 1	**Intervention 2**	**Intervention 3**
Enrolled			
N **completed trial**			

Lost to follow-up			
Age* (mean, SD)			
BMI			
Ethnicity			
Education			
Employment status			
Severity of symptoms (specify)			
***N* (%) prior incontinence surgery**			
Parity			
N* (%) postpartum (12 months of childbirth)			
N* (%) vaginal wall prolapse			
***N* (%) postmenopausal**			
Comments			

*If not reported in published Cochrane reviews, extract data from original trial reports.

Diagnosis of urinary incontinence			
	Intervention 1	**Intervention 2**	**Intervention 3**
Stress urinary incontinence (SUI)			
Urodynamic stress incontinence (USI)			
Mixed urinary incontinence (MUI)			
Undiagnosed or non-characterised incontinence			

Intervention characteristics			
	Intervention 1	**Intervention 2**	**Intervention 3**
Who delivered care and how often, e.g. monthly clinic visit with physiotherapist			
Group or individual care			
Duration of treatment			
Equipment used			
Treatment description PFMT: • Voluntary pelvic floor muscle contraction confirmed by?, e.g. palpation • Set/frequency, e.g. 10 VPFMC, 3 times a day • Supervision Electrical stimulation: • Setting, e.g. hospital, office, at home • Intensity: 1) level of electrical current and 2) duration/frequency of stimulation • Method of stimulation, e.g. surface, vaginal/anal, percutaneous • Set/frequency Vaginal cones: • Set/frequency, e.g. 15 minutes, 2 times per day • *N* of cones of different weights and the shape of the cones Drugs: • Dose			

Subjective outcomes – within first year of treatment			
	Intervention 1	**Intervention 2**	**Intervention 3**
Patient-perceived cure or improvement (*n*/*N*) • Specify			
Condition specific quality of life (e.g. Incontinence Quality of Life, Social Activity Index) • Specify			
General quality of life score (e.g. SF-36) • Specify			
Other (e.g. desire for further treatment, patient satisfaction)			

Note 1: Indicate where denominator is different from total *N*.
Note 2: Report data separately for pre-specified subgroups (if available), i.e. postpartum vs. other, SUI alone vs. other, presence or absence of a co-existing anterior vaginal wall prolapse.

Subjective outcomes – after first year of treatment			
Timing of evaluation: [ ] years after treatment	**Intervention 1**	**Intervention 2**	**Intervention 3**
Patient-perceived cure or improvement (*n*/*N*) • Specify			
Condition specific quality of life (e.g. Incontinence Quality of Life, Social Activity Index) • Specify			
General quality of life score (e.g. SF-36) • Specify			
Other (e.g. desire for further treatment, patient satisfaction)			

Objective outcomes – within first year of treatment			
	Intervention 1	**Intervention 2**	**Intervention 3**
N cured or improved (objective test) • Write definition and type of test			
Episodes of leakage in 24 hours			
Change in episodes of leakage in 24 hours			
N of pad changes in 24 hours			
Change in *N* of pad changes in 24 hours			
N of micturitions in 24 hours			
Change in *N* of micturitions in 24 hours			
Volume or weight of urine loss on pad test • Write type of test:			
Change in mean volume or weight of urine loss on pad test • Write type of test:			
Hospital length of stay (days)			
Other			

Objective outcomes – after first year of treatment			
Timing of evaluation: [ ] years after treatment	**Intervention 1**	**Intervention 2**	**Intervention 3**
N cured or improved (objective test) • Write definition and type of test			
Episodes of leakage in 24 hours			
Change in episodes of leakage in 24 hours			
N of pad changes in 24 hours			
Change in *N* of pad changes in 24 hours			
N of micturitions in 24 hours			
Change in *N* of micturitions in 24 hours			
Volume or weight of urine loss on pad test • Write type of test:			
Change in mean volume or weight of urine loss on pad test • Write type of test:			
Hospital length of stay (days)			
Other			

Intermediate/surrogate outcomes			
	Intervention 1	**Intervention 2**	**Intervention 3**
Treatment adherence			
Measure of pelvic floor muscle function (e.g. electromyography, vaginal squeeze pressure) • Specify			
Other (e.g. change in BMI, volume and type of fluid intake)			

Other long-term outcomes (more than 12 months)			
Timing of evaluation: [ ] years after treatment	**Intervention 1**	**Intervention 2**	**Intervention 3**
N having incontinence surgery			
Return of symptoms			
Other:			

Complications			
	Intervention 1	**Intervention 2**	**Intervention 3**
N experiencing adverse effects (total, any) • Write type of adverse events			
N experiencing adverse effects causing withdrawals from treatment (total, any) • Write type of adverse events:			

Additional information / other comments
Contact with author

Date: ……/……/…… **Signature: ……**