Fig. 1 Hierarchy of evidence to be considered in systematic review
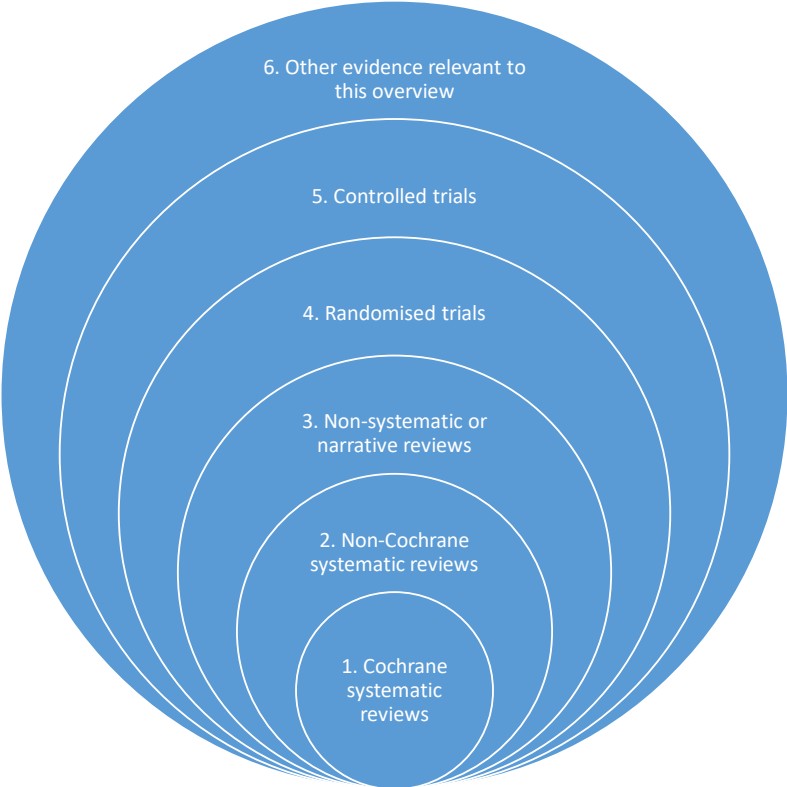

6. Other evidence relevant to this overview

5. Controlled trials

4. Randomised trials

3. Non-systematic or narrative reviews

2. Non-Cochrane systematic reviews

1. Cochrane systematic reviews

Table 2 Example of search strategy for components of the hierarchy of evidence in Yoga for Schizophrenia Overview

Search methods for reviews	
Cochrane reviews	i. The Cochrane Library will be searched using the phrase using the following search strategy: *Yoga* in Title, Abstract and Index Terms of REFERENCE or in Interventions of STUDY to identify reviews and protocols of relevant reviews. ii. This will be supplemented with a search on the Cochrane 'Archie' system to identify any titles of reviews underway. iii. Finally the Cochrane Schizophrenia Group's Information Specialist will run a search for additional relevant trials not already included in the reviews identified by the above searches using the phrase using the following search strategy: *Yoga* in Title, Abstract and Index Terms of REFERENCE or in Interventions of STUDY
Non-Cochrane systematic reviews	a. Searches for non-Cochrane systematic reviews will be performed in the Database of Abstracts of Reviews of Effects (DARE), Medline (OVID), EMBASE, PsycINFO, Web of Science, PEDro and Epistemonikos. A search strategy will be developed initially for EMBASE utilising the CADTH systematic review search filter and then customised for each database. The general principles of the search strategy to be used will consist of a combination of index and free-text terms to reflect the concepts of "yoga", "schizophrenia," and "systematic reviews." The databases will be searched from their inception without restrictions, in particular with regard to language, publication period etc. These searches will be supplemented by a search for unpublished, ongoing, or recently completed systematic reviews in PROSPERO. In addition, reference lists of included reviews will be screened to identify additional eligible systematic reviews. b. These searches will be undertaken, uploaded into a reference manager software, duplicate-checked and then manually searched for relevant systematically conducted reviews. Full text of potentially relevant reviews will be acquired and a final list of relevant systematic reviews generated.
Non-systematic or narrative reviews	Searches for non-systematic reviews or narrative reviews will be performed in Medline (OVID), EMBASE, PsycINFO, Web of Science, PEDro and Epistemonikos. A search strategy will be initially developed using the

	previously identified index and free-text terms. The databases' own filters will then be utilised to identify these particular types of reviews.
Search methods for other types of evidence	
Randomised trials	Randomised trials will be searched using the Group's trials register using the following search strategy: *Yoga* in Title, Abstract and Index Terms of REFERENCE or in Interventions of STUDY The Cochrane Schizophrenia Group maintains a register of trials. This is compiled by systematic searches of major resources (including AMED, BIOSIS, CINAHL, Embase,MEDLINE, PsycINFO, PubMed, and registries of clinical trials) and their monthly updates, handsearches, grey literature, and conference proceedings (see Group Module). There will be no language, date, document type, or publication status limitations for inclusion of records into the register.
Non-randomised controlled trials	Searching for nonrandomized studies in electronic databases is complicated because there is a variety of study designs and lack of standardization in the terminology. We propose to use filters developed by Furlan 2006* to limit searches to comparative nonrandomized studies (cNRSs).
Evidence of other questions relevant to this overview	It is accepted this search will be subject to bias. There will not be a search per se for this category but will be gleaned from research/evidence searching conducted as part of writing this overview.

*Furlan AD, Irvin E, Bombardier C. Limited search strategies were effective in finding relevant nonrandomized studies. Journal of Clinical Epidemiology. 2006;59(12):1303-11.