**Supplementary Data Content Table 1. Evidence Statements**

### All-Cause Mortality

Strong evidence demonstrates a clear inverse dose-response relationship between the amount of moderate-to-vigorous physical activity and all-cause mortality. The strength of the evidence is very unlikely to be modified by more studies of these outcomes. **PAGAC Grade: Strong.**

Strong evidence demonstrates a dose-response relationship between physical activity and all-cause mortality.The shape of the curve is nonlinear, with the greatest benefit seen early in the dose-response relationship. The relationship of moderate-to-vigorous physical activity and risk reduction has no lower limit. Risk appears to continue to decrease with increased exposure up to at least three to five times the amounts of the lower bound of moderate-to-vigorous physical activity recommended in the 2008 Guidelines (i.e., 150 minutes per week). The new data are consistent with those used to develop the 2008 Guidelines. **PAGAC Grade: Strong.**

Strong evidence demonstrates that the dose-response relationships between moderate-to-vigorous physical activity and all-cause mortality do not vary by age, sex, race, or weight status. **PAGAC Grade: Strong.** Insufficient evidence is available to determine whether these relationships vary by ethnicity or socioeconomic status. **PAGAC Grade: Not assignable.**

### CVD Mortality

Strong evidence demonstrates that a strong inverse dose-response relation between amount of moderate-to-vigorous physical activity and CVD mortality. The strength of the evidence is very unlikely to be modified by more studies of this outcome. **PAGAC Grade: Strong.**

Strong evidence demonstrates that the shape of the curve is nonlinear, with the greatest benefit seen early in the dose-response relationship. The relationship of MPVA and risk reduction has no lower limit. Risk appears to continue to decrease with increased exposure up to at least three to five times the amounts of moderate-to-vigorous physical activity recommended in the 2008 Guidelines (i.e., 150 minutes per week). The new data are consistent with those used to develop the 2008 Guidelines. **PAGAC Grade: Strong.**

Strong evidence demonstrates that these relationships do not vary by age, sex, race, or weight status. **PAGAC Grade: Strong.**

Insufficient evidence is available to determine whether these relationships vary by ethnicity or socioeconomic status. **PAGAC Grade: Not assignable.**

**CVD Incidence**

Strong evidence demonstrates a significant relationship between greater amounts of physical activity and decreased incidence of CVD, stroke, and heart failure. The strength of the evidence is unlikely to be modified by more studies of these outcomes. **PAGAC Grade: Strong.**

Strong evidence demonstrates a significant dose-response relationship between physical activity and CVD, stroke, and heart failure. When exposures are expressed as energy expenditure (MET-hours per week), the shape of the curve for incident CVD appears to be nonlinear, with the greatest benefit seen early in the dose-response relationship. It is unclear whether the shapes of the relations for incident stroke and heart failure are linear or nonlinear. There is no lower limit for the relation of MPVA and risk reduction. Risk appears to continue to decrease with increased exposure up to at least five times the current recommended levels of moderate-to-vigorous physical activity. **PAGAC Grade: Strong.**

Insufficient evidence is available to determine whether these relationships vary by age, sex, race, ethnicity, socioeconomic status, or weight status. **PAGAC Grade: Not assignable.**