Notes on the methodology and data:

* These estimates are specific to certain populations, and are likely to differ for different age groups, ethnic groups, nationalities etc.
* Different studies have adjusted the estimates for different confounders. Generally we have used to most highly adjusted models except when adjustments are made for co-morbidities, such as depression.
* Risk of disease associated with physical inactivity is reported differently in different studies (odds ratio vs relative risk vs hazard ratio). Wherever possible, risk is reported as relative risk, including converting odds ratios to relative risk using the formula RR = OR / (1 – p + (p x OR)) where p is the risk in the control group. To keep the language straightforward given the a general readership and audience, we have used the term “risk” when referring to relative risk, odds ratio and hazard ratio data.
* For consistency, risks are presented in terms of risk associated with physical inactivity. Where the original study presented risk in terms of physical activity, the inverse risk is calculated using the formula Riskinactivity = 1 / RRactivity - 1
* Measurement of physical activity differs between studies. Also, the contrasts differ (e.g. comparing “high” vs “low” physical activity groups vs comparing the physical activity of the 90th percentile vs the 10th percentile). Where multiple contrasts are available, we have used the data from the highest group vs the lowest.
* To provide context, we have cited the lifetime prevalence of each disease. However, lifetime prevalence is not applicable for certain conditions, such as happiness and general health.
* For many diseases, the lifetime prevalence differs for men and women. We have therefore presented the average lifetime prevalence, except in sex-specific diseases, such as prostate cancer.

Physical activity guidelines recommend that people should get 150 to 300 minutes of moderate intensity physical activity (this means anything at the intensity of a brisk walk or above) or 75 to 150 minutes of vigorous physical activity (enough to make you breathe heavily and sweat) each week. For greatest benefit, your exercise routine should contain a variety of exercises including strengthening and aerobic activities as well as stretches.

When using this map, bear in mind that your actual risk from physical inactivity varies due to a range of factors such as genetic predisposition, environment and medical history. Almost all of the data we have are from developed countries, and different methodologies have been used to measure physical activity. Some of the data refer to the risk of having a disease, some to getting a disease, and some to dying from a disease.