Notes to accompany spreadsheet:

* 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. Odds ratios have been converted to relative risk using the formula RR = OR / (1 – p + (p x OR)) where p is the risk in the control group.
* 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.