

Supplemental Material

Table S1. Adjusted Hazard Ratios and 95% CI for Incident Heart Failure Associated with Higher Category of Physical Activity, Overall, Among Participants with or Without ASCVD, Excluding Heart Failure Events in The First 2 Years of Follow Up†

	Physical activity category			p for interaction
	Poor	Intermediate	Recommended	
Overall (n=13,736)	Reference (1)	0.87 (0.79-0.95)	0.78 (0.71-0.85)	
No ASCVD* (n=12,513)	Reference (1)	0.87 (0.79-0.97)	0.74 (0.67-0.82)	0.01
ASCVD* (n=1,223)	Reference (1)	0.82 (0.63-1.06)	0.94 (0.76-1.17)	

* ASCVD = atherosclerotic cardiovascular disease

† Adjusted for age, sex, race, smoking status, and alcohol intake

Table S2. Characteristics of the Study Population at Visit 1 (1987-1989) by ASCVD Status and Physical Activity Category.

	No ASCVD			ASCVD		
	Poor	Intermediate	Recommended	Poor	Intermediate	Recommended
Number	4618 (36.8%)	3121 (24.8%)	4820 (38.4%)	466 (37.2%)	290 (23.2%)	495 (39.6%)
Age, years	54.2 (5.6)	54.2 (5.7)	54.6 (5.8)	56.6 (5.8)	56.0 (5.5)	57.2 (5.6)
Black	1824 (39.5%)	684 (21.9%)	725 (15.0%)	191 (41.0%)	66 (22.8%)	81 (16.4%)
Female	2697 (58.4%)	1858 (59.5%)	2385 (49.5%)	234 (50.2%)	143 (49.3%)	174 (35.2%)
BMI, kg/m²	28.5 (5.6)	27.4 (5.1)	26.7 (4.3)	28.6 (6.0)	28.0 (5.0)	27.5 (4.8)
Smoking Status						
Never Smoker	1934 (41.9%)	1431 (45.9%)	2092 (43.4%)	141 (30.3%)	79 (27.2%)	140 (28.3%)
Former Smoker	1265 (27.4%)	955 (30.6%)	1790 (37.2%)	126 (27.1%)	119 (41.0%)	238 (48.1%)
Current Smoker	1415 (30.7%)	734 (23.5%)	936 (19.4%)	198 (42.6%)	92 (31.7%)	117 (23.6%)
Alcohol Intake, g/week	40.9 (106.1)	38.8 (85.5)	45.8 (86.1)	47.8 (119.8)	47.9 (106.0)	37.4 (76.7)
Diabetes	596 (12.9%)	307 (9.8%)	390 (8.1%)	120 (25.8%)	42 (14.5%)	82 (16.6%)
Anti-Hypertensive	1347 (29.2%)	752 (24.1%)	1015 (21.1%)	241 (51.7%)	141 (48.6%)	275 (55.6%)
SBP, mmHg	123.0 (19.4)	119.8 (17.8)	118.9 (17.3)	127.7 (23.2)	122.0 (20.0)	122.3 (19.4)
HDL-c, mg/dl	51.6 (17.1)	52.1 (16.4)	52.7 (17.3)	47.5 (16.5)	48.8 (16.9)	45.5 (15.7)
LDL-c, mg/dl	137.3 (39.7)	136.9 (38.6)	136.0 (37.9)	149.3 (41.8)	147.2 (39.7)	147.4 (40.3)

Triglycerides, mg/dl (IQR)	110 [79-155]	108 [78-152]	105 [75-151]	128 [87-184]	125 [91-184]	129 [92-182]
eGFR, ml/min/1.73²(median, IQR)	106 [97-115]	103 [95-111]	102 [94-109]	102 [90-113]	99 [92-108]	99 [89-107]
Elevated hs-cTnT (≥ 14 ng/L)	201 (5.2%)	93 (3.4%)	139 (3.3%)	49 (13.7%)	27 (11.2%)	61 (14.7%)
Elevated NT-proBNP (≥ 100 pg/ml)	841 (21.6%)	604 (22.0%)	818 (19.4%)	144 (40.0%)	110 (45.6%)	200 (48.0%)

* ASCVD = atherosclerotic cardiovascular disease; BMI = body mass index; SBP = systolic blood pressure; HDL-c = HDL cholesterol; LDL-c = LDL cholesterol; eGFR = estimated glomerular filtration rate; IQR = interquartile range; hs-cTnT = high sensitivity cardiac Troponin T; NT-proBNP = N-Terminal pro Brain Natriuretic Peptide

† Values are means and standard deviations, or number and proportion, except where indicated

Table S3. Adjusted Hazard Ratios and 95% CI for Incident Heart Failure Associated with Higher Category of Physical Activity Among Participants with and Without CHD at Visit 1.

	Physical activity category			p for interaction
	Poor	Intermediate	Recommended	
No CHD* (n=13,220)	Reference (1)	0.85 (0.77-0.94)	0.75 (0.68-0.82)	0.24
CHD* (n=590)	Reference (1)	0.86 (0.62-1.20)	0.91 (0.69-1.20)	

* CHD = coronary heart disease

† Adjusted for age, sex, race, smoking status, and alcohol intake

Table S4. Adjusted Hazard Ratios and 95% CI for Incident Heart Failure Associated with Cross-Categories of Physical Activity at Visit 1 and Visit 3[†]

	Cross-category of physical activity			p for interaction
	Poor-Poor	Other [‡]	Recommended-Recommended	
No CHD* (n=10,572)	Reference (1)	0.81 (0.72-0.91)	0.69 (0.60-0.79)	0.95
CHD* (n=673)	Reference (1)	0.86 (0.64-1.17)	0.75 (0.53-1.06)	

* CHD = coronary heart disease

† Adjusted for age, sex, race, smoking status, and alcohol intake at Visit 1 and Visit 3

‡ Other longitudinal physical activity patterns from Visit 1 to Visit 3: poor-intermediate, poor-recommended, intermediate-poor, intermediate-intermediate, intermediate-recommended, recommended-poor, and recommended-intermediate.

Figure S1. A. Continuous Association of Increasing Levels of PA with Incident HF, Among Participants Without ASCVD at Visit 1.

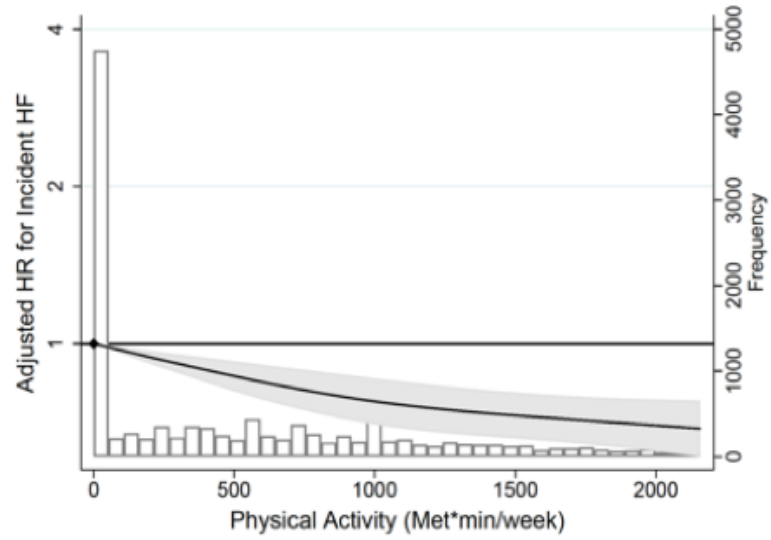
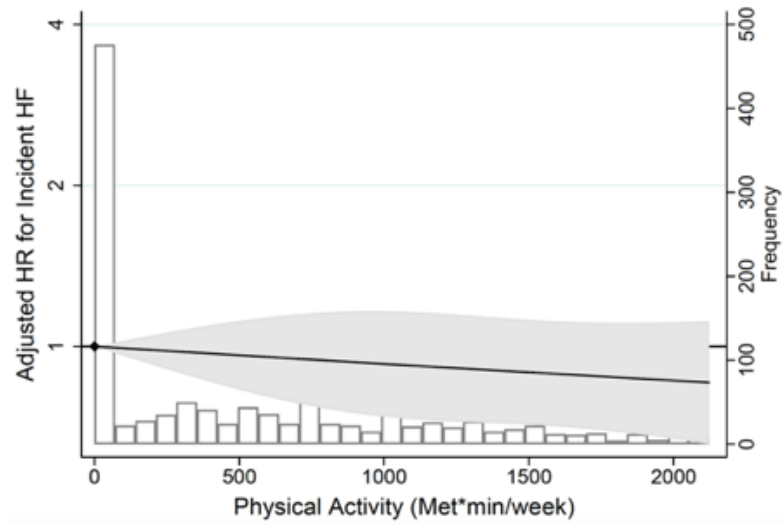


Figure S1B. Continuous Association of Increasing Levels of PA with Incident HF, Among Participants with ASCVD at Visit 1.



* Adjusted for age, sex, race, smoking status, and alcohol intake