#### nature medicine



**Article** 

https://doi.org/10.1038/s41591-022-02100-x

# Association of wearable device-measured vigorous intermittent lifestyle physical activity with mortality

In the format provided by the authors and unedited

## Device-measured vigorous intermittent lifestyle physical activity and mortality: the UK Biobank

#### **Supplementary Material**

Page	Item
3	<b>Supplementary Table 1:</b> Exercisers' characteristics by average daily frequency of (exercise or non-exercise) vigorous intensity physical activity (VPA) bouts (n=62,344)
6	Supplementary Table 2: Questions to assess participation in leisure time physical activity
7	Supplementary Table 3: Covariate definitions
8	Supplementary Table 4: Hazard ratios associated with the minimum dose and median and maximum VILPA values among non-exercisers for up to 1 and up to 2 minute bouts
11	Supplementary Table 5: E-values for minimum dose, and median/maximum VILPA values for all-cause, cardiovascular disease mortality, and cancer mortality
13	Supplementary Table 6: Hazard ratios associated with the minimum dose and median and maximum VPA values among exercisers for up to 2 minute bouts
14	Supplementary Table 7: Mean durations to reach vigorous intensity across five activities (unpublished data)
15	Supplementary Table 8: Intensity classification performance in 98 US and Australian adults
15	Supplementary Table 9: Confusion matrix of activity classification in 98 US and Australian adults
16	Supplementary Table 10: STROBE Statement
19	Supplementary Figure 1: Flow diagram of exercisers
20	<b>Supplementary Figure 2:</b> Dose-response association of daily duration of vigorous intermittent lifestyle physical activity (VILPA) duration of bouts up to 2 minutes among those who reported no leisure time exercise and <i>no</i> recreational walking
21	Supplementary Figure 3: Dose-response associations of energy expenditure-based volume of vigorous intermittent lifestyle physical activity (non-exercisers) and vigorous intensity physical activity (exercisers) with mortality (bouts lasting up to 2 minutes).

22	Supplementary Figure 4: Physical activity type and intensity diagram
23	Supplementary Figure 5: Participant-level specific recall and precision of activity classification in 151 UK adults

	PA) bouts (n=62,344	,	<del></del>		
	Num	iber of VPA bouts I	asting up to two minut	es per day	
	0	1 to 2	3 to 4	>=4	Overall
n	4,281	15,380	21,908	20,775	62,344
Follow up, yrs	6.9 (0.9)	6.9 (0.8)	6.9 (0.7)	7.0 (0.7)	6.9 (0.8)
Age, mean (SD)	65.2 (7.0)	63.1 (7.6)	61.1 (7.8)	58.9 (7.8)	61.1 (7.9)
Male, n (%)	1,249 (29.2)	5,242 (34.1)	9,551 (43.6)	11,012 (53.0)	27,054 (43.4)
Ethnicity, n (%)					
Asian	37 (0.9)	137 (0.9)	222 (1.0)	247 (1.2)	643 (1.0)
Black	21 (0.5)	92 (0.6)	141 (0.6)	187 (0.9)	441 (0.7)
Mixed	14 (0.3)	69 (0.4)	106 (0.5)	129 (0.6)	318 (0.5)
Other	28 (0.7)	111 (0.7)	155 (0.7)	184 (0.9)	478 (0.8)
White	4,181 (97.7)	14,971 (97.3)	21,284 (97.2)	20,028 (96.4)	60,464 (97.0)
Smoking history, n (%)					
Current	299 (7.0)	980 (6.4)	1,264 (5.8)	1,066 (5.1)	3,609 (5.8)
Previous	1,598 (37.3)	5,755 (37.4)	8,033 (36.7)	7,104 (34.2)	22,490 (36.1)
Never	2,384 (55.7)	8,645 (56.2)	12,611 (57.6)	12,605 (60.7)	36,245 (58.1)
Body Mass Index	28.3 (5.2)	27.2 (4.6)	26.2 (4.0)	25.3 (3.6)	26.3 (4.2)
Alcohol consumption, n (%) <sup>1</sup>					
Never	151 (3.5)	460 (3.0)	485 (2.2)	470 (2.3)	1,566 (2.5)
Ex-drinker	157 (3.7)	406 (2.6)	515 (2.4)	443 (2.1)	1,521 (2.4)
Within guidelines	2,680 (62.6)	8,987 (58.4)	12,151 (55.5)	11,213 (54.0)	35,031 (56.2)
Above guidelines	1,293 (30.2)	5,527 (35.9)	8,757 (40.0)	8,649 (41.6)	24,226 (38.9)
Education, n (%)					
College	1,773 (41.4)	6,861 (44.6)	10,117 (46.2)	10,103 (48.6)	28,854 (46.3)
A/AS level	538 (12.6)	2,002 (13.0)	3,020 (13.8)	2,748 (13.2)	8,308 (13.3)

O level	883 (20.6)	3,148 (20.5)	4,285 (19.6)	3,963 (19.1)	12,279 (19.7)
CSE	118 (2.8)	442 (2.9)	753 (3.4)	814 (3.9)	2,127 (3.4)
NVQ/HND/HNC	220 (5.1)	729 (4.7)	1,092 (5.0)	1,036 (5.0)	3,077 (4.9)
Other	749 (17.5)	2,198 (14.3)	2,641 (12.1)	2,111 (10.2)	7,699 (12.3)
Fruit and vegetable consumption, n (%) <sup>2</sup>					
High	1,346 (31.4)	4,784 (31.1)	6,665 (30.4)	6,436 (31.0)	19,231 (30.8)
Moderate	1,920 (44.8)	6,988 (45.4)	9,804 (44.8)	9,147 (44.0)	27,859 (44.7)
Low	1,015 (23.7)	3,608 (23.5)	5,439 (24.8)	5,192 (25.0)	15,254 (24.5)
Family history of CVD, n	2,575 (60.1)	9,050 (58.8)	11,934 (54.5)	10,693 (51.5)	34,252 (54.9)
Family history of cancer, n (%)	1,130 (26.4)	4,023 (26.2)	5,567 (25.4)	4,938 (23.8)	15,658 (25.1)
Medication, n (%)					
Cholesterol	925 (21.6)	2,593 (16.9)	2,778 (12.7)	1,870 (9.0)	8,166 (13.1)
Blood pressure	1,167 (27.3)	3,147 (20.5)	3,177 (14.5)	2,064 (9.9)	9,555 (15.3)
Insulin	51 (1.2)	106 (0.7)	104 (0.5)	84 (0.4)	345 (0.6)
Self-rated health, n (%)					
Poor	149 (3.5)	350 (1.2)	268 (1.2)	146 (0.7)	913 (1.5)
Fair	851 (19.9)	2,459 (16.0)	2,675 (12.2)	1,851 (8.9)	7,836 (12.6)
Good	2,646 (61.8)	9,495 (61.7)	13,427 (61.3)	12,207 (58.8)	37,775 (60.6)
Excellent	625 (14.6)	3,049 (19.8)	5,523 (25.2)	6,558 (31.6)	15,755 (25.2)
Sleep (hrs/day), median [IQR]	7.4 [6.4, 8.2]	7.3 [6.4, 8.1]	7.4 [6.6, 8.1]	7.4 [6.6, 8.1]	7.4 [6.5, 8.1]
Acceleration magnitude	22.3 [18.6, 26.4]	25.8 [22.0, 30.4]	29.7 [25.5, 35.1]	36.6 [31.2, 44.0]	30.3 [25.0, 37.7]
Total activity (min/day), median [IQR] <sup>3</sup>	113.5 [76.3, 170.9]	125.6 [90.0, 188.3]	139.7 [106.9, 185.8]	165.9 [147.4, 232.2]	145.4 [99.7, 211.4]
Light activity (min/day), median [IQR]	94.1 [62.9, 145.3]	98.3 [67.6, 151.5]	99.4 [71.3, 149.9]	109.0 [79.0, 154.3]	102.2 [72.2, 151.5]
Moderate activity (min/day), median [IQR]	14.7 [7.9, 27.3]	22.2 [12.8, 36.3]	30.9 [19.3, 47.7]	42.1 [27.4, 62.4]	30.9 [18.0, 49.7]

Vigorous activity (min/day), median [IQR]	-	1.7 [1.0, 2.4]	5.9 [4.9, 7.7]	9.6 [9.1, 14.0]	6.2 [2.4, 14.3]
Percent of total activity in vigorous activity [IQR]	-	0.8 [0.3, 1.7]	4.8 [3.1, 6.5]	8.2 [6.9, 9.5]	4.9 [1.7, 9.4]
VILPA bouts frequency (up to 1 minute duration), median [IQR]	-	2.[1, 2]	4 [3, 4]	9 [8, 12]	3 [2, 10]
VILPA bouts frequency (up to 2 minutes duration), median [IQR]	-	2 [1, 2]	4 [3, 4]	10 [8, 13]	4 [2, 11]

Values represent mean (SD) unless specified otherwise.

11 unit = 8g, above guidelines > 14 units/week

2Fruits and vegetables servings/day, low<5 servings/day, high>8 servings/day

3 Duration of light, moderate, and vigorous intensity activity

4milligravity

# **Supplementary Table 2:** Questions to assess participation in leisure time physical activity

Types of physical activity in last 4 weeks UK Biobank Field ID: 6164:	<ul> <li>Walking for pleasure (not as a means of transport)</li> <li>Other exercises (eg: swimming, cycling, keep fit, bowling)</li> <li>Strenuous sports</li> <li>Light DIY (eg: pruning, watering the lawn)</li> <li>Heavy DIY (eg: weeding, lawn mowing, carpentry, digging)</li> <li>None of the above</li> <li>Prefer not to answer</li> </ul>
Each time you did strenuous sports, about how long did you spend doing it? (UK Biobank field ID: 1001)	<ul> <li>Less than 15 minutes</li> <li>between 15 and 30 minutes</li> <li>between 30 minutes and 1 hour</li> <li>between 1 hour and 1.5 hours</li> <li>between 1.5 hours and 2 hours</li> <li>between 2 and 3 hours</li> <li>over 3 hours, do not know</li> <li>prefer not to answer</li> </ul>
How many times in the last 4 weeks did you do strenuous sports? (UK Biobank field ID: 991)	<ul> <li>Once in the last 4 weeks</li> <li>2-3 times in the last 4 weeks</li> <li>Once a week</li> <li>2-3 times a week</li> <li>4-5 times a week</li> <li>Every day</li> <li>Do not know</li> <li>Prefer not to answer</li> </ul>
Each time you did other exercises such as swimming, cycling, keep fit, about how long did you spend doing it? (UK Biobank field ID: 3647)	<ul> <li>Less than 15 minutes</li> <li>between 15 and 30 minutes</li> <li>between 30 minutes and 1 hour</li> <li>between 1 hour and 1.5 hours</li> <li>between 1.5 hours and 2 hours</li> <li>between 2 and 3 hours</li> <li>over 3 hours, do not know</li> <li>prefer not to answer</li> </ul>
How many times in the last 4 weeks did you do other exercises such as swimming, cycling, keep fit? (UK Biobank field ID: 3637)	<ul> <li>Once in the last 4 weeks</li> <li>2-3 times in the last 4 weeks</li> <li>Once a week</li> <li>2-3 times a week</li> <li>4-5 times a week</li> <li>Every day</li> <li>Do not know</li> <li>Prefer not to answer</li> </ul>

How many times in the last 4 weeks did	Once in the last 4 weeks
you go walking for pleasure? (UK	<ul> <li>2-3 times in the last 4 weeks</li> </ul>
Biobank field ID: 971)	Once a week
	2-3 times a week
	<ul> <li>4-5 times a week</li> </ul>
	Every day
	Do not know
	Prefer not to answer

#### Supplementary Table 3: Covariate definitions

Variable	Definition	UK Biobank field ID (if applicable)
Age	Continuous	34, 52, accelerometer date-timestamp
Sex	Female/Male	31
Light intensity	Standing utilitarian movements, slow walking (<3 METs)	Derived from accelerometer data (see Online Methods)
Moderate intensity	Brisk walking, energetic activities (≥3 to <6 METs)	Derived from accelerometer data (see see Online Methods)
Frequency/duration of bouts above the specified bout in each frequency/duration analysis	Number of bouts above the specified bout in the analysis. Eg, for the analysis of bouts lasting up to 2 minutes in duration, this variable contained bouts/duration that were more than 2 minutes in duration	Derived from accelerometer data (see see Online Methods)
Smoking status	Never, past, current	20116
Alcohol consumption	Never, ex-drinker, within guidelines, above guidelines	20117, 1558
Sleep duration	Hours spent sleeping	Derived from accelerometer data (see Online Methods)
Diet	Fruits and vegetables servings/day, categorised as low (<5 servings/day), moderate (5 to 8 servings/day) and high (>8 servings/day)	1309, 1319, 1289, 1299
Prevalent cancer	Identified by self-report and cancer registry	20001, 100092
Prevalent CVD	Identified by self-report and hospitalisation	20002, 2000
Education	College/University; A/AS level; O levels; CSE; NVQ/HND/HNC; other	6138

Parental history of CVD	Self-reported mother or father diagnosed with heart disease or stroke	20107, 20110
Use of cholesterol medication	Yes/No	6177, 6153
Use of blood pressure medication	Yes/No	6177, 6153
Use of diabetes medication	Yes/No	6177, 6153

**Supplementary Table 4:** Hazard ratios associated with the minimum dose and median and maximum VILPA values among non-exercisers for up to 1 and up to 2 minute bouts

#### A. All-cause mortality

Frequency	Dose	HR	Lower 95 CI	Upper 95 CI
up to 1 min bout minimum dose	1.5	0.75	0.66	0.85
up to 1 min bout VILPA median dose	3.0	0.61	0.50	0.74
up to 1 min bout VILPA maximum dose	11.0	0.52	0.37	0.72
up to 2 min bout minimum dose	1.4	0.76	0.68	0.86
up to 2 min bout VILPA median dose	3.0	0.62	0.51	0.76
up to 2 min bout VILPA maximum dose	11.0	0.52	0.38	0.71
Duration	Dose	HR	Lower 95 CI	Upper 95 CI
up to 1 min bout minimum dose	3.4	0.78	0.70	0.88
up to 1 min bout median VILPA dose	4.4	0.73	0.63	0.85
up to 1 min bout VILPA maximum dose	16.0	0.59	0.46	0.74
up to 2 min bout minimum dose	4.1	0.77	0.68	0.87
up to 2 min bout median VILPA dose	4.4	0.74	0.65	0.85
up to 2 min bout VILPA maximum dose	16.0	0.57	0.45	0.71

Minimal dose (ED50 value): defined as the duration/frequency of VILPA associated with 50% of the optimal risk reduction. The VILPA duration and frequency median values were calculated in the sample excluding participants with zero VILPA. Analyses adjusted for age, sex, duration of light intensity physical activity, duration of moderate intensity physical activity, smoking history, alcohol consumption, accelerometer estimated sleep duration, fruit and vegetable consumption, education, self-reported parental history of cardiovascular disease and cancer, and self-reported medication use (cholesterol, blood pressure, and diabetes), and prevalent cancer and CVD. All analyses were additionally adjusted for vigorous physical activity duration/frequency lasting more than one/two minute as appropriate.

#### B. Cardiovascular disease mortality

Frequency	Dose	HR	Lower 95 CI	Upper 95 CI
up to 1 min bout minimum dose	1.4	0.67	0.52	0.86
up to 1 min bout VILPA median	3.0	0.51	0.35	0.74
up to 1 min bout VILPA maximum	11.0	0.35	0.15	0.81
up to 2 min bout minimum dose	1.5	0.67	0.52	0.87
up to 2 min bout VILPA median	3.0	0.52	0.36	0.75
up to 2 min bout VILPA maximum	11.0	0.35	0.16	0.78
Duration	Dose	HR	Lower 95 CI	Upper 95 CI
up to 1 min bout minimum dose	3.4	0.73	0.58	0.91
up to 1 min bout VILPA median	4.4	0.66	0.50	0.88
up to 1 min bout VILPA maximum	16.0	0.45	0.29	0.72
up to 2 min bout minimum dose	4.1	0.72	0.57	0.91
up to 2 min bout VILPA median	4.4	0.68	0.52	0.89
up to 2 min bout VILPA maximum	16.0	0.45	0.30	0.69

Minimal dose (ED50 value): defined as the duration/frequency of VILPA associated with 50% of the optimal risk reduction. The VILPA duration and frequency median values were calculated in the sample excluding participants with zero VILPA. Analyses adjusted for age, sex, duration of light intensity physical activity, duration of moderate intensity physical activity, smoking history, alcohol consumption, accelerometer estimated sleep duration, fruit and vegetable consumption, education, self-reported parental history of cardiovascular disease and cancer, and self-reported medication use (cholesterol, blood pressure, and diabetes), and prevalent cancer. All analyses were additionally adjusted for vigorous physical activity duration/bouts lasting more than one/two minute as appropriate.

#### C. Cancer mortality

Frequency	Dose	HR	Lower 95 CI	Upper 95 CI
up to 1 min bout minimum dose	1.5	0.75	0.63	0.88
up to 1 min bout VILPA median	3.0	0.60	0.46	0.78
up to 1 min bout VILPA maximum	11.0	0.49	0.31	0.75
up to 2 min bout minimum dose	1.6	0.74	0.62	0.88
up to 2 min bout VILPA median	3.0	0.62	0.48	0.80
up to 2 min bout VILPA maximum	11.0	0.49	0.32	0.74
	_			
Duration	Dose	HR	Lower 95 CI	Upper 95 CI
up to 1 min bout minimum dose	3.4	0.76	0.66	0.87
up to 1 min bout VILPA median	4.4	0.70	0.59	0.84
up to 1 min bout VILPA maximum	16.0	0.51	0.38	0.69
up to 2 min bout minimum dose	4.1	0.74	0.63	0.85
up to 2 min bout VILPA median	4.4	0.70	0.60	0.83
up to 2 min bout VILPA maximum	16.0	0.50	0.38	0.66

Minimal dose (ED50 value): defined as the duration/frequency of VILPA associated with 50% of the optimal risk reduction. The VILPA duration and frequency median values were calculated in the sample excluding participants with zero VILPA. Analyses adjusted for age, sex, duration of light intensity physical activity, duration of moderate intensity physical activity, smoking history, alcohol consumption, accelerometer estimated sleep duration, fruit and vegetable consumption, education, self-reported parental history of cardiovascular disease and cancer, and self-reported medication use (cholesterol, blood pressure, and diabetes), and prevalent CVD. All analyses were additionally adjusted for vigorous physical activity duration/bouts lasting more than one/two minute as appropriate.

**Supplementary Table 5**: E-values for minimum dose, and median/maximum VILPA values for all-cause, cardiovascular disease mortality, and cancer mortality

#### A. All-cause mortality

Frequency	E-Value
up to 1 min bout minimum dose	2.01 (1.64)
up to 1 min bout VILPA median	2.66 (2.04)
up to 1 min bout VILPA maximum	3.26 (2.12)
up to 2 min bout minimum dose	1.95 (1.60)
up to 2 min bout VILPA median	2.61 (1.96)
up to 2 min bout VILPA maximum	3.26 (2.17)
Duration	
up to 1 min bout minimum dose	1.87 (1.54)
up to 1 min bout VILPA median	2.08 (1.63)
up to 1 min bout VILPA maximum	2.78 (2.04)
up to 2 min bout minimum dose	1.92 (1.56)
up to 2 min bout VILPA median	2.04 (1.63)
up to 2 min bout VILPA maximum	2.90 (2.17)

#### B. Cardiovascular disease mortality

Frequency	E-value
up to 1 min bout minimum dose	2.34 (1.60)
up to 1 min bout VILPA median	3.33 (2.04)
up to 1 min bout VILPA maximum	5.16 (1.77)
up to 2 min bout minimum dose	2.34 (1.58)
up to 2 min bout VILPA median	3.26 (2.00)
up to 2 min bout VILPA maximum	5.16 (1.88)
Duration	
up to 1 min bout minimum dose	2.10 (1.44)
up to 1 min bout VILPA median	2.40 (1.53)
up to 1 min bout VILPA maximum	3.87 (2.12)
up to 2 min bout minimum dose	2.14 (1.44)
up to 2 min bout VILPA median	2.30 (1.50)
up to 2 min bout VILPA maximum	3.87 (2.26)

#### C. Cancer mortality

Frequency	E-value
up to 1 min bout minimum dose	2.02 (1.53)
up to 1 min bout VILPA median	2.72 (1.88)
up to 1 min bout VILPA maximum	3.50 (2.00)
up to 2 min bout minimum dose	2.05 (1.53)
up to 2 min bout VILPA median	2.61 (1.81)
up to 2 min bout VILPA maximum	3.50 (2.04)
Duration	
up to 1 min bout minimum dose	1.97 (1.56)
up to 1 min bout VILPA median	2.21 (1.67)
up to 1 min bout VILPA maximum	3.33 (2.26)
up to 2 min bout minimum dose	2.04 (1.63)
up to 2 min bout VILPA median	2.21 (1.70)
up to 2 min bout VILPA maximum	3.41 (2.40)

Values represent: point estimate (and lower limit of the confidence interval in brackets) that an unmeasured confounder would need to have with both the exposure and outcome, conditional on the measured covariates to explain away the exposure-outcome association.

## **Supplementary Table 6:** Hazard ratios associated with the minimum dose and median and maximum VPA values among exercisers for up to 2 minute bouts

#### All-cause mortality

Frequency	Dose	HR	Lower 95 CI	Upper 95 CI
up to 2 min bout minimum dose	1.7	0.76	0.70	0.82
up to 2 min bout VILPA median dose	4.0	0.59	0.51	0.68
up to 2 min bout VILPA maximum dose	14.0	0.53	0.43	0.65
Duration	Dose	HR	Lower 95 CI	Upper 95 CI
up to 2 min bout minimum dose	4.8	0.78	0.72	0.84
up to 2 min bout median VILPA dose	6.2	0.73	0.67	0.80
up to 2 min bout VILPA maximum dose	18.0	0.58	0.49	0.67

#### Cardiovascular disease mortality

Frequency	Dose	HR	Lower 95 CI	Upper 95 CI
up to 2 min bout minimum dose	1.6	0.63	0.54	0.73
up to 2 min bout VILPA median dose	4.0	0.39	0.29	0.52
up to 2 min bout VILPA maximum dose	14.0	0.27	0.16	0.46
Duration	Dose	HR	Lower 95 CI	Upper 95 CI
up to 2 min bout minimum dose	4.4	0.67	0.57	0.79
up to 2 min bout median VILPA dose	6.2	0.58	0.47	0.72
up to 2 min bout VILPA maximum dose	18.0	0.34	0.23	0.51

#### Cancer mortality

Frequency	Dose	HR	Lower 95 CI	Upper 95 CI
up to 2 min bout minimum dose	1.7	0.76	0.69	0.84
up to 2 min bout VILPA median dose	4.0	0.59	0.49	0.71
up to 2 min bout VILPA maximum dose	14.0	0.53	0.41	0.69
Duration	Dose	HR	Lower 95 CI	Upper 95 CI
up to 2 min bout minimum dose	5.0	0.77	0.70	0.85
up to 2 min bout median VILPA dose	6.2	0.73	0.65	0.82
up to 2 min bout VILPA maximum dose	18.0	0.55	0.44	0.67

Minimal dose (ED50 value): defined as the duration/frequency of VPA associated with 50% of the optimal risk reduction. The VPA duration and frequency median values were calculated in the sample excluding participants with zero VPA. Analyses adjusted for age, sex, duration of light intensity physical activity, duration of moderate intensity physical activity, smoking history, alcohol consumption, accelerometer estimated sleep duration, fruit and vegetable consumption, education, self-reported parental history of cardiovascular disease and cancer, and self-reported medication use (cholesterol, blood pressure, and diabetes), and prevalent cancer and CVD. All analyses were additionally adjusted for vigorous physical activity duration/frequency lasting more than two minutes.

## **Supplementary Table 7:** Mean durations to reach vigorous intensity across five activities (unpublished data)

	%HR <sub>max</sub>	%VO <sub>2max</sub>	Rating of
			perceived
			exertion
	<b>-</b> 2.2 (22.2)	= 1 = (12 2)	
Walking at a fast pace on a	76.2 (22.9) sec.	71.5 (18.9) sec	53.6 (19.7) sec
flat surface			
Walking at a fast pace	64.4 (32.4) sec	60.8 (25.2) sec	44.1 (23.7) sec
carrying 5% of body weight			
Walking at a fast pace	73.1 (34.6) sec	68.8 (21.3) sec	40.1 (20.3) sec
carrying 10% of body weight			
Walking at a fast pace on a	85.4 (20.3) sec	83.0 (20.2) sec	66.8 (21.3) sec
2.5% incline			
Walking at a fast pace on a	80.3 (28.0) sec	75.7 (15.8) sec	63.6 (21.9) sec
7.0% incline			

## **Supplementary Table 8**: Intensity classification performance in 98 US and Australian adults

	Sensitivity	Specificity	Precision	F-	Overall	Weighted	Overall
				score	Accuracy	Kappa	F-score
Sedentary	86.5	93.7	90.5	88.5			
Light	71.2	89.4	55.8	62.6			
Moderate	85.4	96.6	92.7	88.9			
Vigorous	95.4	99.4	94.6	95.0			
					84.6	0.78	83.8

## **Supplementary Table 9**: Confusion matrix of activity classification in 98 US and Australian adults

	Sedentary	Light	Moderate	Vigorous
Sedentary	36,904	5,232	508	2
Light	3,120	11,712	1,612	17
Moderate	502	4,016	29,528	526
Vigorous	226	17	214	9,470

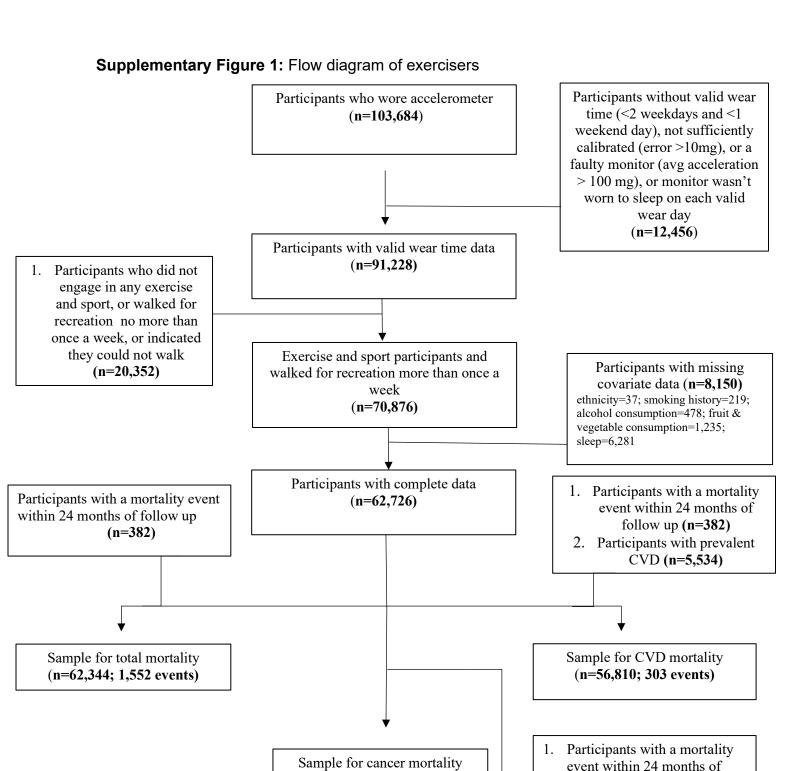
Rows= ground truth; columns=predictions; bold=correct labels; numbers represent each 10-second window; Derived from the US and Australian datasets

#### Supplementary Table 10: STROBE Statement

Item No Recommendation		Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	1, 2
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3
Objectives	3	State specific objectives, including any prespecified hypotheses	3, 4
Methods			
Study design	4	Present key elements of study design early in the paper	17-19
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	17-19
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	17, Figure 1
		Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls	
		Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	
		(b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed	NA
		Case-control study—For matched studies, give matching criteria and the number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	17-20
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	17-20

Bias	9	Describe of bias	e any efforts to address potential sources	19-20
Study size	10	Explain	how the study size was arrived at	Figure 1
Quantitative variables	11	the anal	how quantitative variables were handled in lyses. If applicable, describe which gs were chosen and why	19-20
Statistical methods	12	` '	cribe all statistical methods, including sed to control for confounding	19-20
			cribe any methods used to examine ups and interactions	NA
		(c) Expl	ain how missing data were addressed	17
		. ,	ort study—If applicable, explain how loss u-up was addressed	NA
		matchin	ontrol study—If applicable, explain how g of cases and controls was addressed ectional study—If applicable, describe	
			al methods taking account of sampling	
		( <u>e</u> ) Desc	cribe any sensitivity analyses	19-20
Results				
Participants		13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Figure 1
			(b) Give reasons for non-participation at each stage	Figure 1
			(c) Consider use of a flow diagram	Figure 1
Descriptive data		14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Table 1
			(b) Indicate number of participants with missing data for each variable of interest	Figure 1
			(c) Cohort study—Summarise follow-up time (eg, average and total amount)	3
Outcome data		15*	Cohort study—Report numbers of outcome events or summary measures over time	3, Table 1, Figures 1-4
			Case-control study—Report numbers in each exposure category, or summary measures of exposure	NA

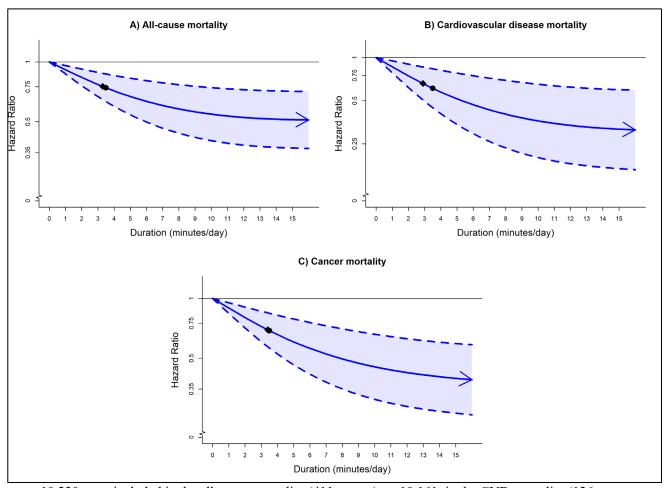
	Cross-sectional study—Report numbers of outcome events or summary measures	NA
16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	3-6, Figures 2-4
	(b) Report category boundaries when continuous variables were categorized	NA
	(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	5-6
18	Summarise key results with reference to study objectives	6
19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	7-8
20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	6-8
21	Discuss the generalisability (external validity) of the study results	6, 8
22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	8
	17 18 19 20	of outcome events or summary measures  (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included  (b) Report category boundaries when continuous variables were categorized  (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period  Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses  Summarise key results with reference to study objectives  Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias  Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence  Discuss the generalisability (external validity) of the study results  Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which



(n=56,397; 736 events)

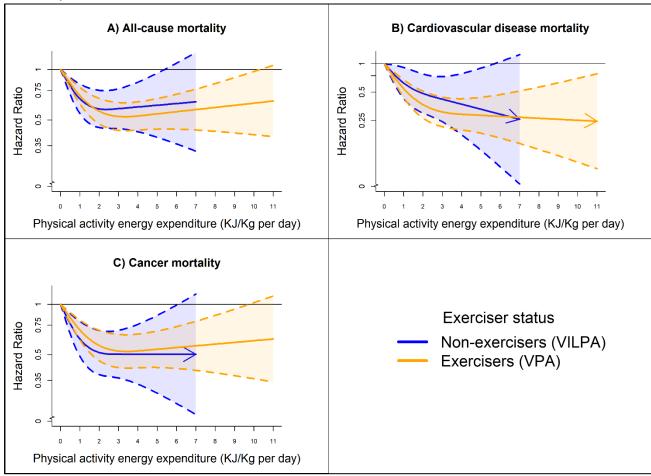
follow up (n=382)
2. Participants with prevalent cancer (n=5,947)

**Supplementary Figure 2:** Dose-response association of daily duration of vigorous intermittent lifestyle physical activity (VILPA) duration of bouts up to 2 minutes among those who reported no leisure time exercise and *no* recreational walking



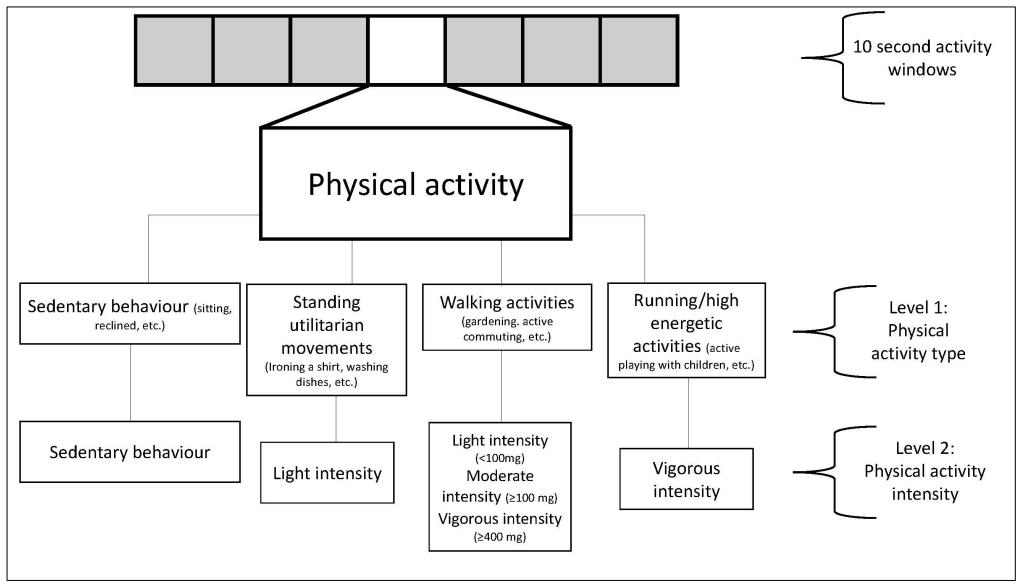
n= 10,230 were included in the all-cause mortality (411 events), n=10,161 in the CVD mortality (126 events) and n=10,092 in the cancer mortality analyses (226 events). Diamond: ED50 value, the minimal dose, defined as the duration of VILPA associated with 50% of the optimal risk reduction. Circle: effect associated with the median VILPA value. Analyses adjusted for age, sex, duration of light intensity physical activity, duration of moderate intensity physical activity, smoking history, alcohol consumption, accelerometer estimated sleep duration, fruit and vegetable consumption, education, self-reported parental history of cardiovascular disease and cancer, and self-reported medication use (cholesterol, blood pressure, and diabetes), and prevalent cancer and CVD (for all-cause mortality). All analyses were additionally adjusted for vigorous physical activity frequency of bouts lasting more than two minutes. See **Online Methods** for further details on the statistical methodology.

**Supplementary Figure 3:** Dose-response associations of energy expenditure-based volume of vigorous intermittent lifestyle physical activity (non-exercisers) and vigorous intensity physical activity (exercisers) with mortality (bouts lasting up to 2 minutes).



VILPA: vigorous intermittent lifestyle physical activity (non-exercisers); VPA: vigorous intensity physical activity (exercisers). Analyses adjusted for age, sex, duration of light intensity physical activity, duration of moderate intensity physical activity, smoking history, alcohol consumption, accelerometer estimated sleep duration, fruit and vegetable consumption, education, self-reported parental history of cardiovascular disease and cancer, and self-reported medication use (cholesterol, blood pressure, and diabetes), and prevalent cancer and CVD (for all-cause mortality). All analyses were additionally adjusted for vigorous physical activity frequency of bouts lasting more than two minutes. See Online Methods for further details on the statistical methodology.

**Supplementary Figure 4:** Physical activity type and intensity diagram



# **Supplementary Figure 5:** Participant-level specific recall and precision of activity classification in 151 UK adults

