Supplementary Table 2. Studies reporting effects of Swedish PAP on level of physical activity.

Author Year country	Study design	Number of patients n=	Dropouts	Results		Comments	Directness	Study Limitations	Precision
				Intervention	Control				
Aittasalo 2006 Finland[17]	RCT	n=203 I=130 C=73	I=34 C=15	<u>PA sessions/week</u> Baseline: 5.9 (0.3) Delta 6 months: +1.7 *p=0.07 for intergroup comparison* <u>MVPA sessions/week</u> Baseline: 2.3 (0.2) Delta 6 months: +1.2 *p=0.023 for intergroup comparison* <u>PA duration/week (min)</u> Baseline: 344 (29) Delta 6 months: +204 *NS for intergroup comparison* <u>MVPA duration/week (min)</u> Baseline: 69 (5) Delta 6 months: +30 *NS for intergroup comparison*	<u>PA sessions/week</u> Baseline: 6.3 (0.4) Delta 6 months: +0.5 <u>MVPA sessions/week</u> Baseline: 2.7 (0.2) Delta 6 months: +0.2 <u>PA duration/week (min)</u> Baseline: 430 (82) Delta 6 months: +58 <u>MVPA duration/week (min)</u> Baseline: 81 (6) Delta 6 months: +4	Randomization of Physicians (prescribing PAP vs. not prescribing PAP). Two non-PAP groups but only those receiving care-as-usual (CON) were compared with the PAP intervention. Two follow-up measures (2 and 6 months); only 6 months follow-up is reported here. Outcome measures: PA sessions per week, PA duration per week, and how many sessions and minutes were conducted with at least moderate intensity. The total number of patients included was 265, but one group (n=62) was not included in the analysis. Values are mean (sd).	+/?	?/-	+/?
Hellgren 2016 Sweden[18]	RCT	n=96 I=66 C=30	N=27	Sedentary and low level PA decreased by 7.2%, while moderate level PA increased by 7.2 %	Sedentary and low level PA decreased by 3.8%, while moderate level PA increased by 3.8%. *NS for intergroup comparison*	Patients with impaired glucose tolerance and or impaired fasting glucose randomized to either two forms of interventions including PAP (I) compared to care-as-usual (C). PA level was assessed with four level scale questionnaire (sedentary, low, moderate, and strenuous PA).	+	+/?	?/-

Hemmingson 2009 Sweden[39]	RCT	n=120 I=60 C=60	I=6 C=15	Cycling treatment success >2.0 km/d at 18 months: 38.7% Cycling treatment success >4.0 km/d at 18 months: 24.8% <u>Walking (steps/day)</u> Baseline: 8692 Delta 18 months: +1437 Walking 10 000 steps/day at 18 month follow-up: 45.7% Likely to comply with at least one treatment goal at 18 month follow-up: 60.8%	Cycling treatment success >2.0 km/d at 18-month follow-up: 8.9% *p=0.001 for intergroup comparison* Cycling treatment success >4.0 km/d at 18-month follow-up: 4.6% *p=0.001 for intergroup comparison* <u>Walking (steps/day)</u> Baseline: 8249 Delta at 18 months: +837 *NS for intergroup comparison* Walking 10,000 steps/day at18-month follow-up: 39.3% *NS for intergroup comparison* Likely to comply with at least one treatment goal at the 18 month follow-up: 41.8% *p=0.003 for intergroup comparison*	Obese middle-aged women randomized to either intervention group including groups counselling PAP, physician meeting, and bicycle (I) or low-intensity support-group program and pedometers with no PAP. Follow-up at 6 and 18 months, but only the 18-months follow-up is reported by the authors. Values are percent or means.	+	+/?	?
Kallings 2009 Sweden[40]	RCT	n=101 I=47 C=54	I=6 C=4	<u>MVPA sessions/week:</u> Baseline: 2 (1-5) Delta 6 months: +3 <u>MVPA minutes/week:</u> Baseline: 120 (0-220)	<u>MVPA sessions/week:</u> Baseline: 2 (1-5) Delta 6 months: not presented *p<0.001 for intergroup comparison* <u>MVPA minutes/week:</u> Baseline: 130 (40-215)	Individuals with low physical activity, overweight, and abdominal obesity. Randomized to either PAP or a minimal intervention. Follow-up at 6 months. Diary used to measure PA level + intensity using Borg's Perceived exertion scale. Pedometer to measure step/day.	+	+/?	?

				Delta 6 months: +159 (0-430) <u>Steps/day:</u> Baseline: 5390 (2791) Delta 6 months: +1663 <u>Increasing >3000 step/day:</u> 32%	Delta 6 months: not presented *p<0.05 for intergroup comparison* <u>Steps/day:</u> Baseline: 4980 (2763) Delta 6 months: +871 *NS for intergroup comparison* <u>Increasing >3000 step/day:</u> 14% *p<0.05 for intergroup comparison*	Values are means (sd) or medians (interquartile range).			
Morén 2016 Sweden[21]	RCT	n=88 I=44 C=44	I=16 C=16	<u>MVPA minutes/day</u> Baseline: 32 (29) Delta 3 months: +1 Delta 6 months: +3 <u>Steps/day</u> Baseline: 6191 (3541) Delta 3 months: +172 Delta 6 months: +529	<u>MVPA minutes/day</u> Baseline: 32 (23) Delta 3 months: -2 Delta 6 months: -2 *NS both follow-ups for intergroup comparison* <u>Steps/day</u> Baseline: 7841 (8091) Delta 3 months: -1615 Delta 6 months: -2027 *NS both follow-ups for intergroup comparison*	Patients with transient ischemic attack (TIA) receiving care-as-usual + PAP (I) or care-as-usual only (C). Primary outcome was moderate to vigorous intensity PA measured with accelerometer. Secondary outcome steps/day. Follow-up at 3 and 6 months. The most frequent PAP activity was walking, but two patients received swimming as activity. Mixed effects modelling to estimate effect of intervention (intervention vs. control). Values are mean (sd).	+	?	?
Sjögren 2012 Sweden[20*]	RCT	n=73 I=30 C=43	I=17 C=11	<u>Exercise min/week</u> Baseline: 135 (40-215) Delta 6 months: +137 (0-490)	<u>Exercise min/week</u> Baseline: 120 (5-205) Delta 6 months: 0 (-105-240) *p=0.03 for intergroup comparison*	Overweight and sedentary women and men. Randomization to either 6 months' lifestyle intervention with PAP or control group. PA level was assessed by pedometer and activity diary. Same population in Kallings, 2009	+	+/?	?/-

						Values are mean (sd) or median (interquartile range).			
Hendberg 2014 Sweden[a]	Cohort	n=34 I=17 C=17	I=1 C=1	Patients with increased PA compared with matched control: 9/16	Increased PA level patients compared with matched control: 3/16 *p=0.039 for intergroup comparison*	Consecutive inclusion of patients with hip fracture. Matched control to each patient. Self-reported PA levels according to Grimby-Frändin was used (4 level scale). PA level calculated within the pairs, i.e., how many patients in relation to their matched control increased or decreased their PA level.	+	?/-	-

MVPA = Moderate vigorous physical activity; NS = Not significant; PA = Physical activity; PAP = physical activity on prescription. + = No serious problems; ? = Some problems; - = Major problems. [a]= Results from the same RCT.