women without known coronary disease has previously been shown to stratify women tested in a population with a low prevalence of coronary disease. Methods: To determine whether this Pretest Score will stratify a separate cohort of women according to their risk of cardiac death, women undergoing coronary angiography with a low prevalence of angiographic coronary disease, defined as >10% stenosis in >1 epicardial vessel. The Pretest Score stratified women significantly concerning both hard and soft prognostic outcomes.

**Conclusion:** Both physical fitness and physical activity patterns were associated with survival, but fitness as estimated in METS from treadmill testing more powerfully predicts survival than activity from a questionnaire.

**Conclusion:** The DTS minus age outperformed the DTS for predicting cardiovascular mortality. After validation in other populations, age should be subtracted from the DTS calculation as part of treadmill test interpretation.

**Conclusion:** Fitness versus activity for predicting mortality in men. Both physical fitness and daily physical activity patterns are inversely associated with mortality, but a comparison between the two has not been performed in the same population.

**Conclusion:** Chronicotropic incompetence with obesity in a healthy cohort. Obesity is known to be associated with abnormalities of autonomic nervous system balance. We hypothesized that obesity is also associated with exercise heart rate abnormalities, which are reflective of autonomic tone.

**Conclusion:** The Association of Abnormal Heart Rate Recovery and Chronotropic Incompetence With Obesity in a Healthy Cohort.