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# Capturing the Stress Jump: Predicting Physiological Reactivity from Empatica E4 Signals

Wearable Devices' Course Project  
MSc in Health Informatics  
A.Y 2025-26



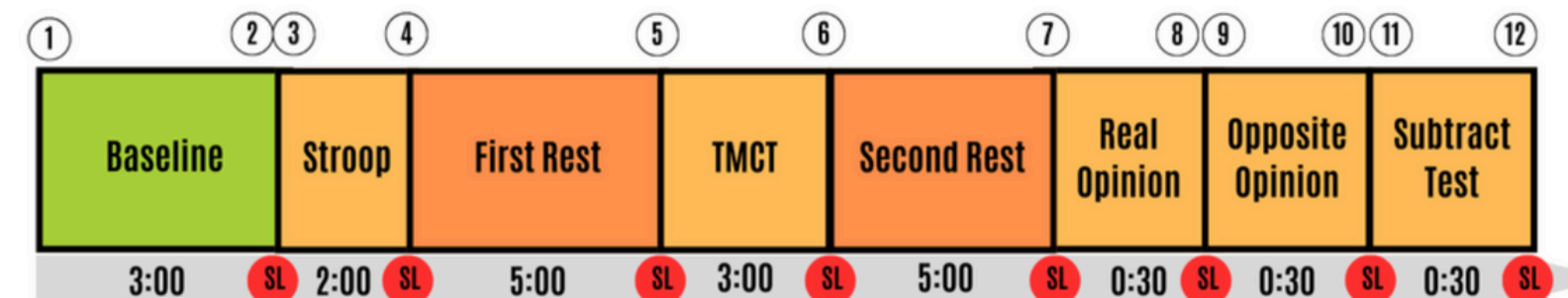
Caffi Giulia  
Metallo Rebecca  
Uberti Anna

# How we choose our idea?

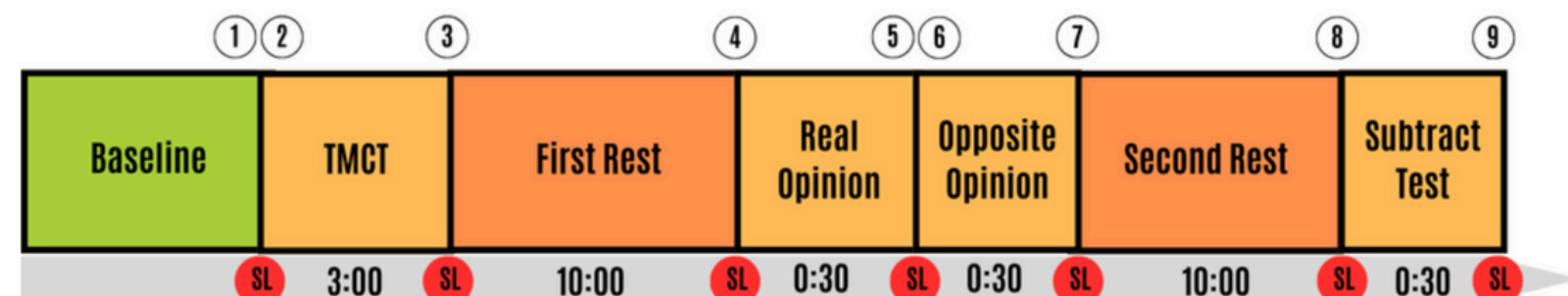
We were interested in understanding how much a person's physiological state changes when facing a stressful task during the day, **rather than limiting** the problem to a simple *stress vs. no-stress classification*.

To ensure cleaner data and more reliable measurements, we focused specifically on the **STRESS protocol**, which provided higher-quality signals and a more structured experimental design for our analysis.

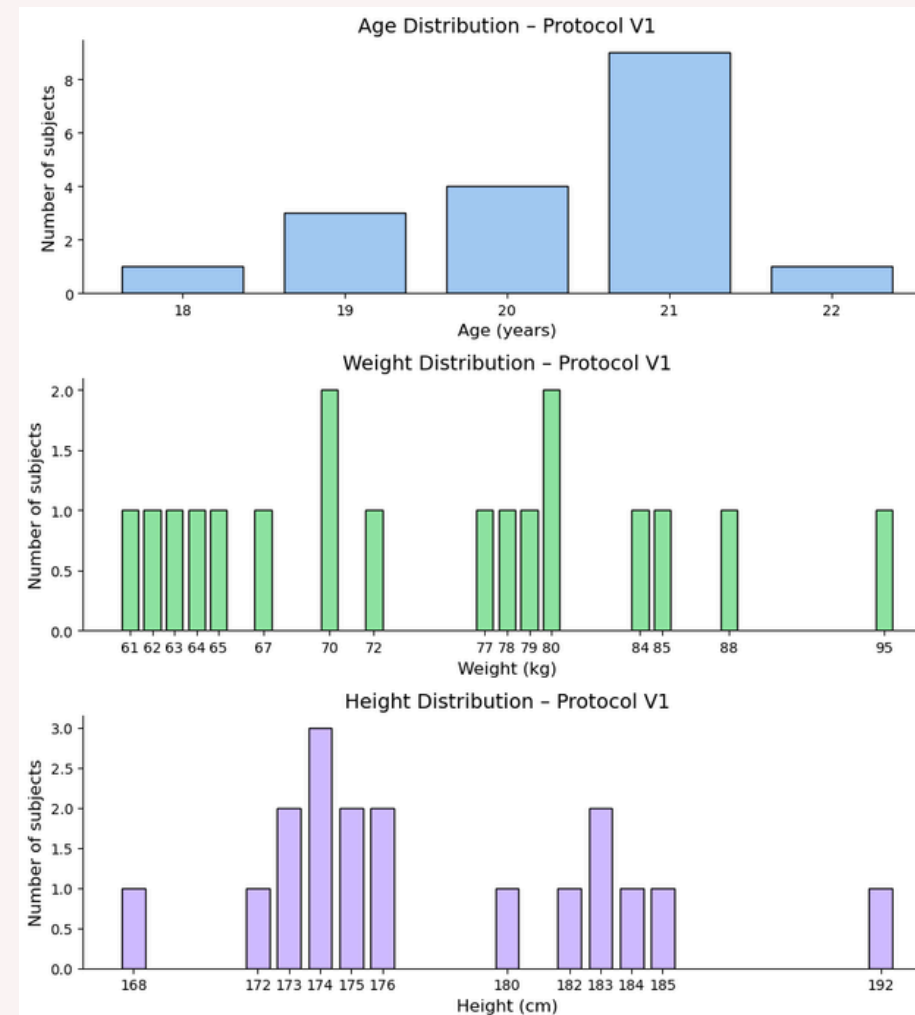
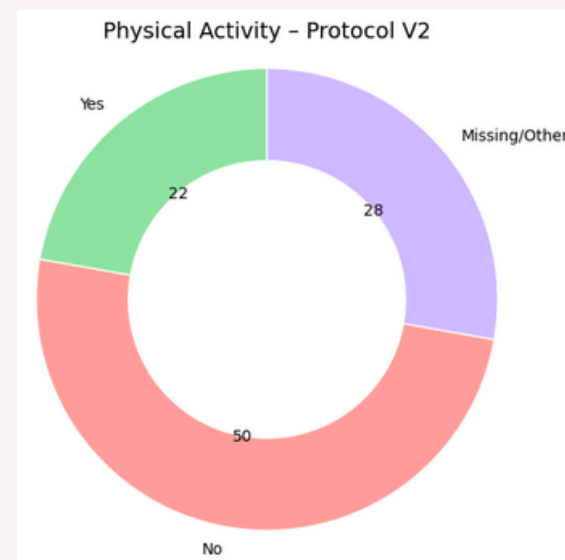
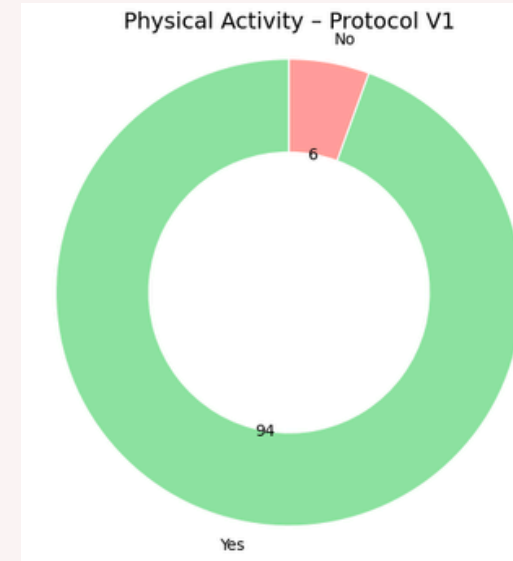
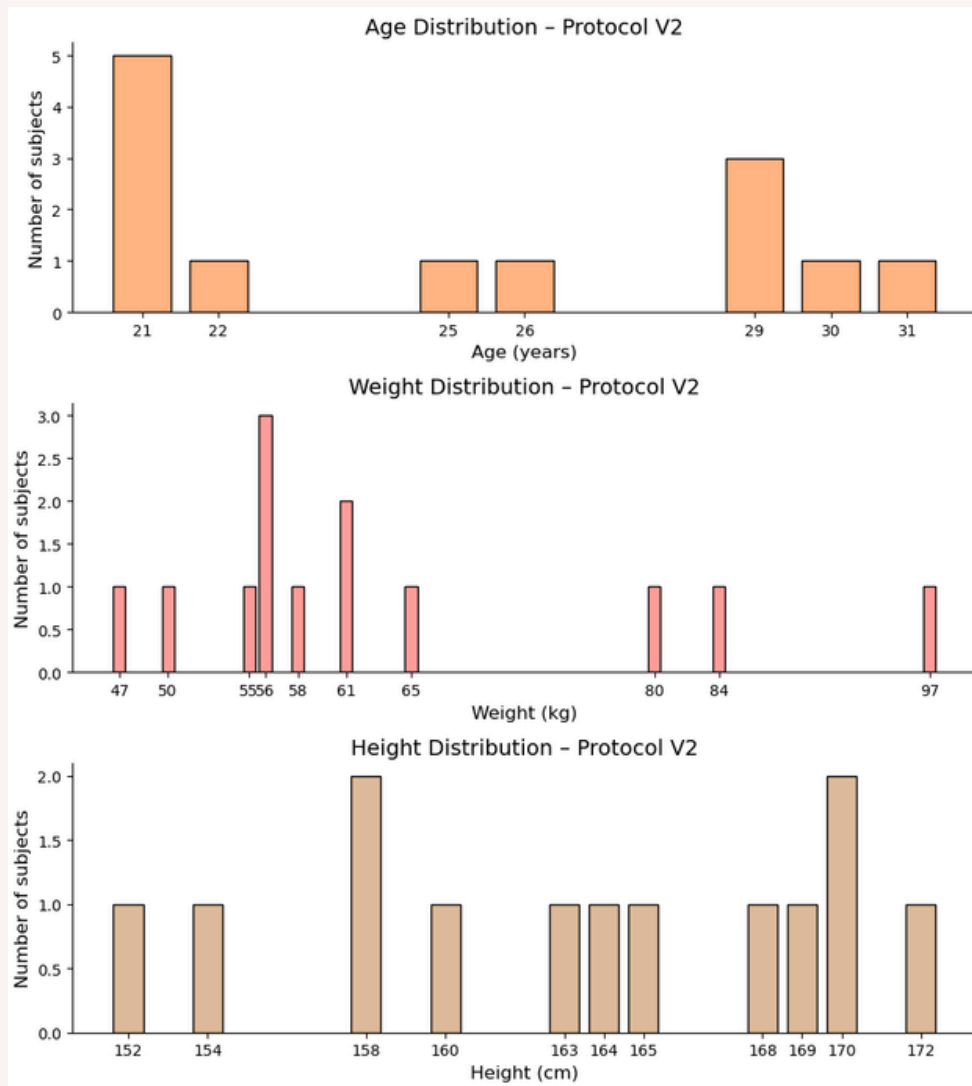
First version (S01 to S18)



Second version (f01 to f18)



# EDA : Exploratory Data Analysis



The exploratory analysis confirmed the patterns already observed during the initial inspection of the dataset.

## Age range:

- Protocol V2: participants aged 18–31
- Protocol V1: participants aged 18–22

## Sex distribution:

- V1 is composed entirely of male participants
- V2 includes mostly female participants

## Anthropometric measures reflect this distribution:

- Weight: females ~ 47–65 kg (with a few outliers); males ~ 61–88 kg
- Height: females ~ 152–172 cm; males ~ 165–192 cm

## Physical activity :

- In V1, 94% of participants report practicing regular physical activity
- In V2: 22% yes, 50% no, 28% unknown



# Construction of Dataset

## Step 1 — Signal Integration and Segmentation

We merged **STRESS protocol, stress\_level\_v1, stress\_level\_v2, and subject\_info**.  
All physiological signals were carefully segmented to include only the effective phases of each protocol, removing unrelated portions of the recordings.

## Step 2 — Data Quality Filtering

Participants showing **problematic measurements** or more than **15% missing data** were excluded.  
Removed subjects included: “S02”, “F07”, “f14\_a”, “f14\_b”, “f14”, “f15”, “f16”, “f17”, “f18”.

## Step 3 — Feature Extraction per Phase

For each participant and each physiological signal (TEMP, EDA, HR, ACC, BVP), we computed the **mean** and **standard deviation** for every phase of the protocol.  
V1 and V2 were treated separately to respect the structure of each protocol.

## Step 4 — Target Construction ( $\Delta$ -Stress)

We defined our prediction target using stress\_level values.  
The variable **delta\_stress** was created as:  
 $\Delta\text{-stress} = \text{stress\_level} - \text{baseline\_stress}$ .

# 1st Model : Random Forest Regressor

mRMR to discard correlated and not informative features

1. "EDA\_std",
2. "HR\_std",
3. "TEMP\_mean",
4. "ACC\_norm\_mean",
5. "Height (cm)",
6. "Weight (kg)",
7. "Physical\_Activity"

$y = \Delta\text{-stress}$

RandomizedSearchCV (20 iterations, 3-fold CV)

Tuned Hyperparameters :  
n\_estimators, max\_depth,  
min\_samples\_split,  
min\_samples\_leaf,  
max\_features

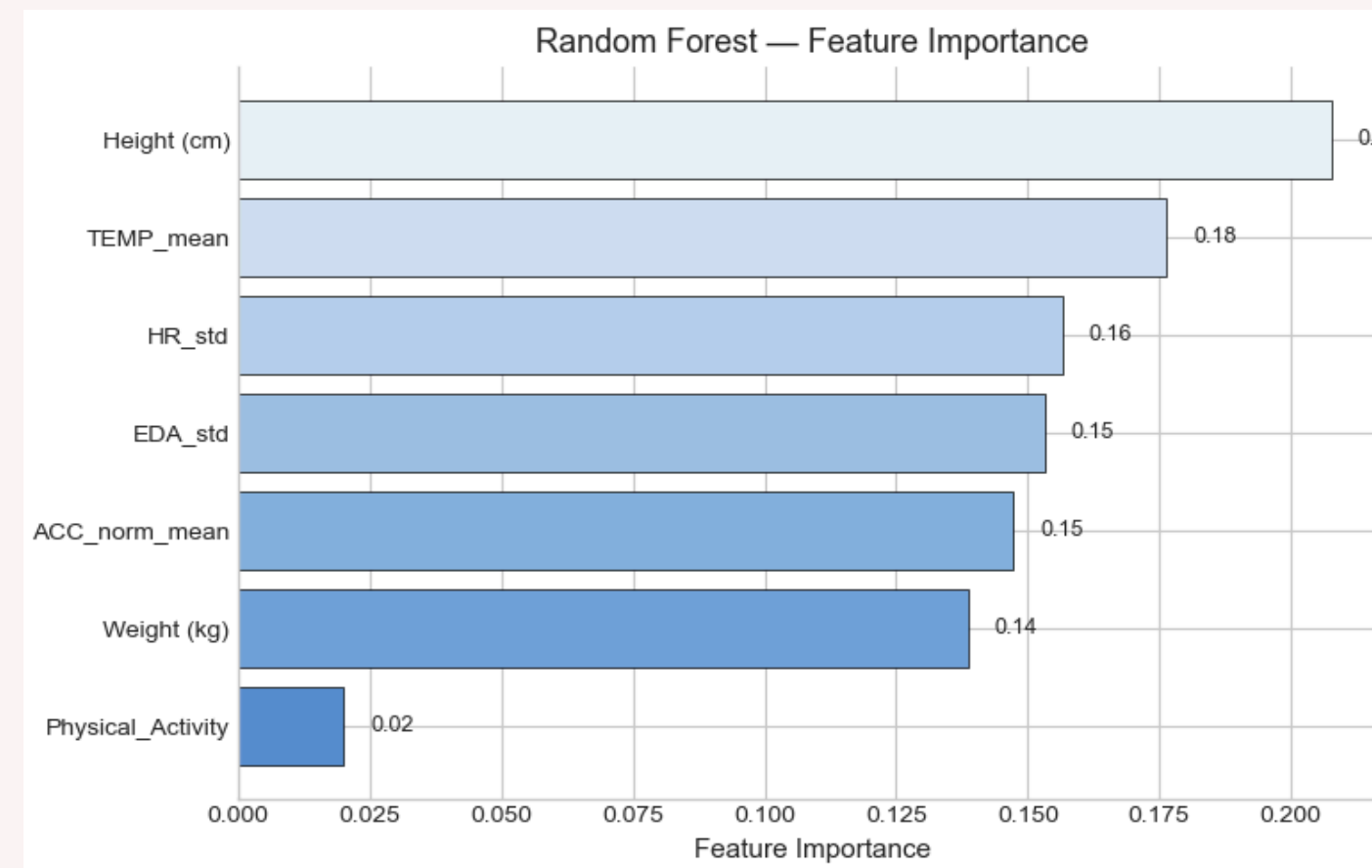
Best params:

```
{'n_estimators': 800,  
'min_samples_split': 4,  
'min_samples_leaf': 1,  
'max_features': 'sqrt',  
'max_depth': None}
```

**Test R<sup>2</sup>: 0.176**

Test RMSE: 1.637

Test MAE: 1.103



Our model explains only the 18% of variability in the delta\_stress





# 2nd Model : Random Forest Regressor + IBI signals

*“Utilizing these unobtrusive technologies allows for the measurement of inter-beat intervals (IBIs), which, in turn, allows for the calculation of heart rate variability (HRV). Compared to average heart rate (HR), **HRV provides more detailed insights** into cardiac and neurological functions “[4]*



This highlighted the importance of incorporating **HRV-related metrics** in our model.

Therefore, we took into account IBI values and extracted HRV features for each protocol phase:

- **IBI\_mean** – average inter-beat interval
- **IBI\_std** – variability of IBI
- **RMSSD** – root mean square of successive differences
- **pNN50** – proportion of IBI differences > 50 ms

## signals

mRMR to discard correlated and not informative features

"EDA\_std",  
"HR\_std",  
"TEMP\_mean",  
"ACC\_norm\_mean",  
"Height (cm)",  
"IBI\_mean",  
"RMSSD",  
"Weight (kg)",  
"Physical\_Activity"

$y = \Delta\text{-stress}$



# 2nd Model : Random Forest Regressor + IBI signals

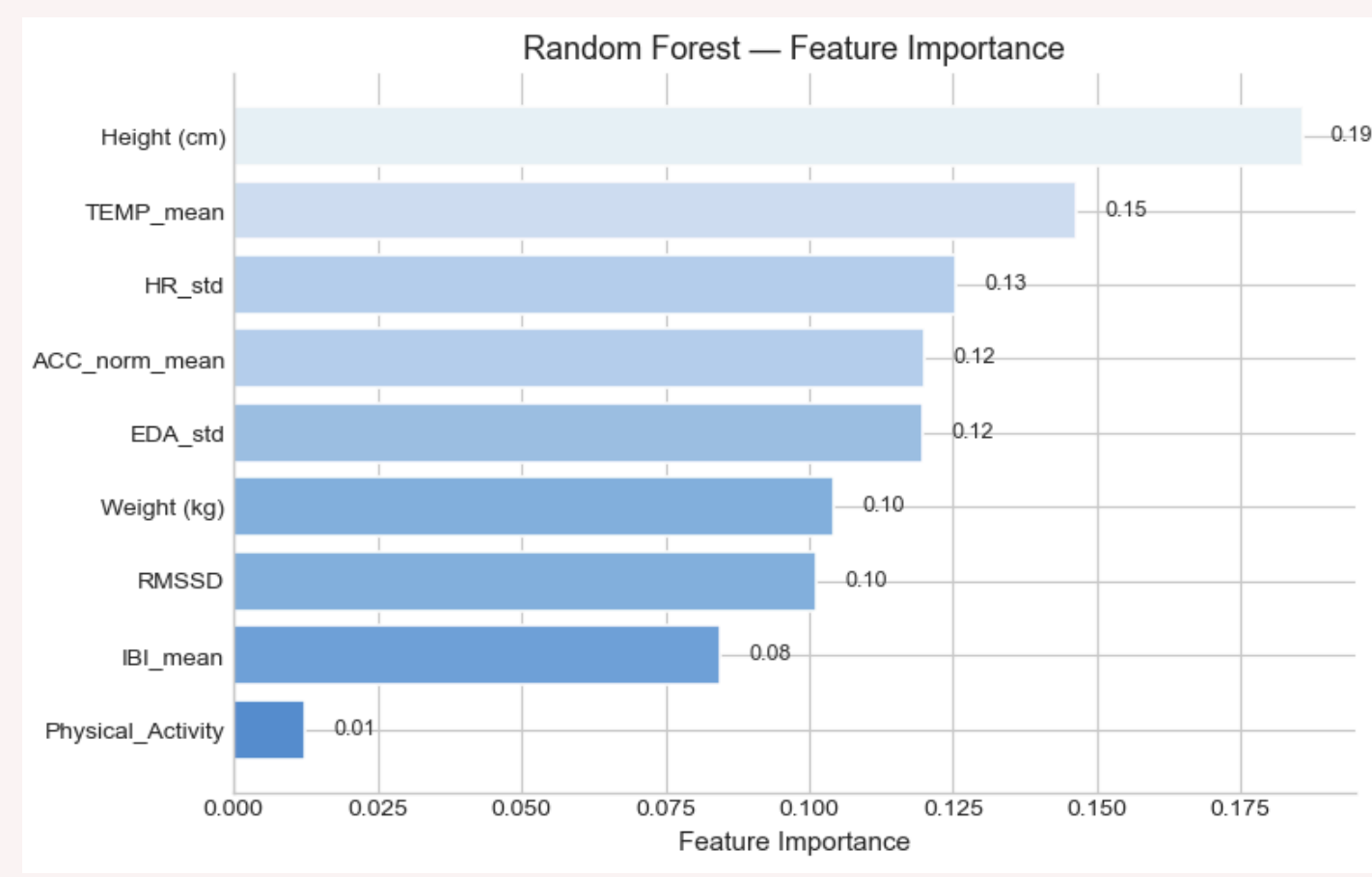


RandomizedSearchCV (20 iterations, 3-fold CV)

Tuned Hyperparameters :  
n\_estimators, max\_depth,  
min\_samples\_split,  
min\_samples\_leaf,  
max\_features

Best params:  
{'n\_estimators': 800,  
'min\_samples\_split': 4,  
'min\_samples\_leaf': 1,  
'max\_features': 'sqrt',  
'max\_depth': None}

**Test R<sup>2</sup>: 0.197**  
Test RMSE: 1.623 Test MAE:  
1.079



Our model now  
explains the 20% of  
variability in the  
delta\_stress



# 3rd Model : Gradient Boosting Regressor

mRMR to discard correlated and not informative features

"EDA\_std",  
"HR\_std",  
"TEMP\_mean",  
"ACC\_norm\_mean",  
"Height (cm)",  
"IBI\_mean",  
"RMSSD",  
"Weight (kg)",  
"Physical\_Activity"

$y = \Delta\text{-stress}$

RandomizedSearchCV (20 iterations, 3-fold CV)

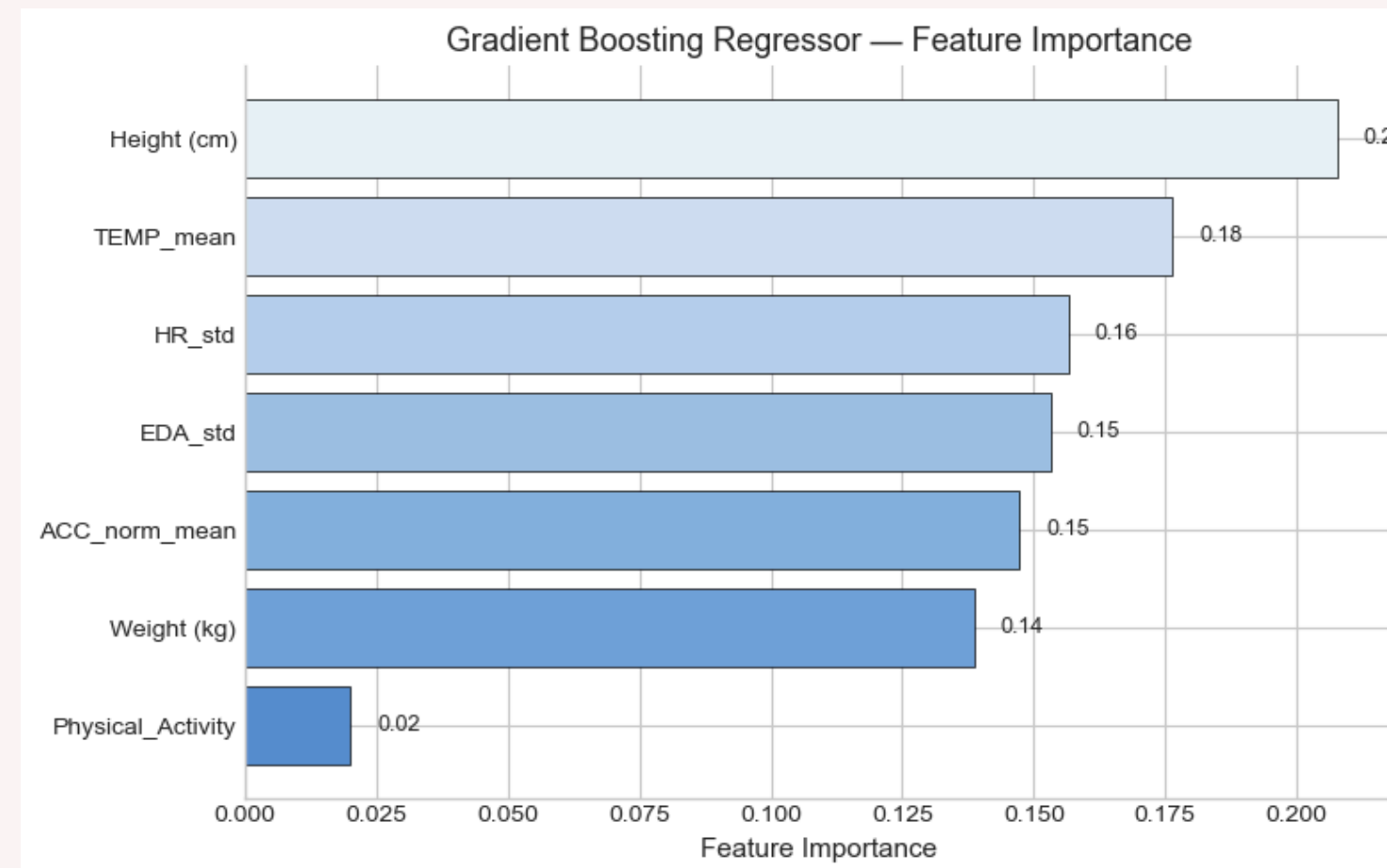
Tuned Hyperparameters :  
n\_estimators,  
learning\_rate, max\_depth,  
min\_samples\_leaf,  
min\_samples\_split,  
max\_features, subsample

Best params: {  
'subsample': 1.0,  
'n\_estimators': 200,  
'min\_samples\_split': 6,  
'min\_samples\_leaf': 3,  
'max\_features': 'log2',  
'max\_depth': 5,  
'learning\_rate': 0.01}

**Test R<sup>2</sup>: 0.121**

Test RMSE: 1.690

Test MAE: 1.125



Our model explains the 12% of variability in the delta\_stress





# 4th Model : Gradient Boosting Regression over a New Dataset

Given the limited performance of previous models, the feature engineering strategy was revised.

What's new?

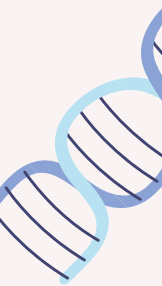
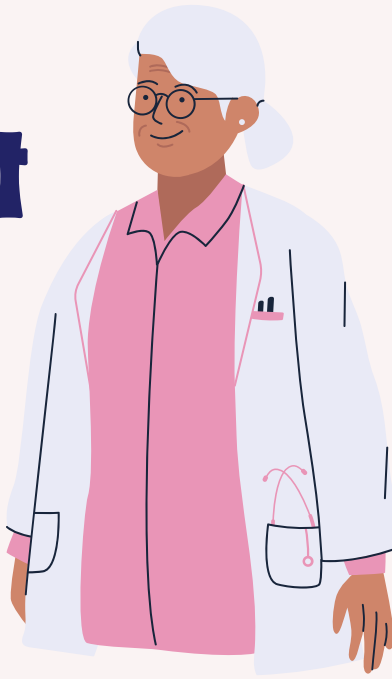
In protocols, **Baseline** is a dedicated stage used to capture each subject's resting physiological state.

For each phase of the stress protocol, we computed **delta-features**, defined as the **difference** between the **phase-value** and the **baseline value**

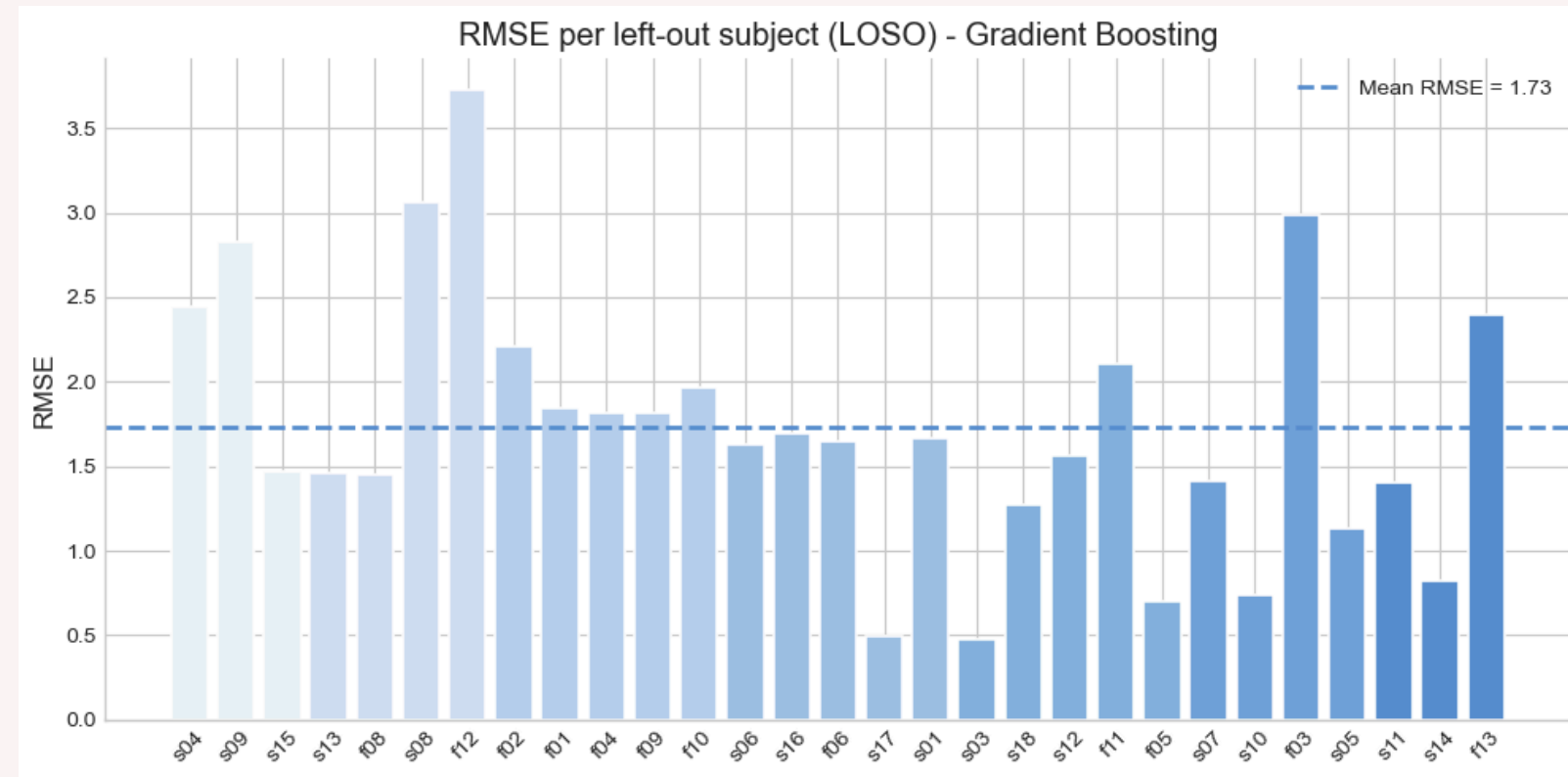
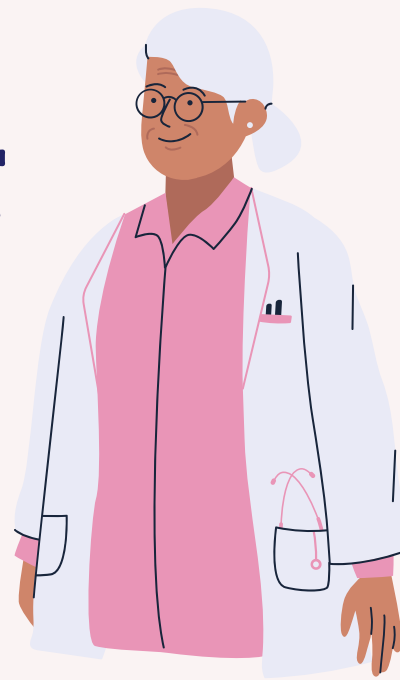
Two additional HRV indices were derived:

- **CVRR**: ratio between RMSSD and mean IBI, capturing relative beat-to-beat variability.
- **CVSD**: ratio between RMSSD and IBI standard deviation, reflecting variability dispersion.

Model performance was evaluated using **Leave-One-Subject-Out** (LOSO) cross-validation to ensure subject-independent assessment.

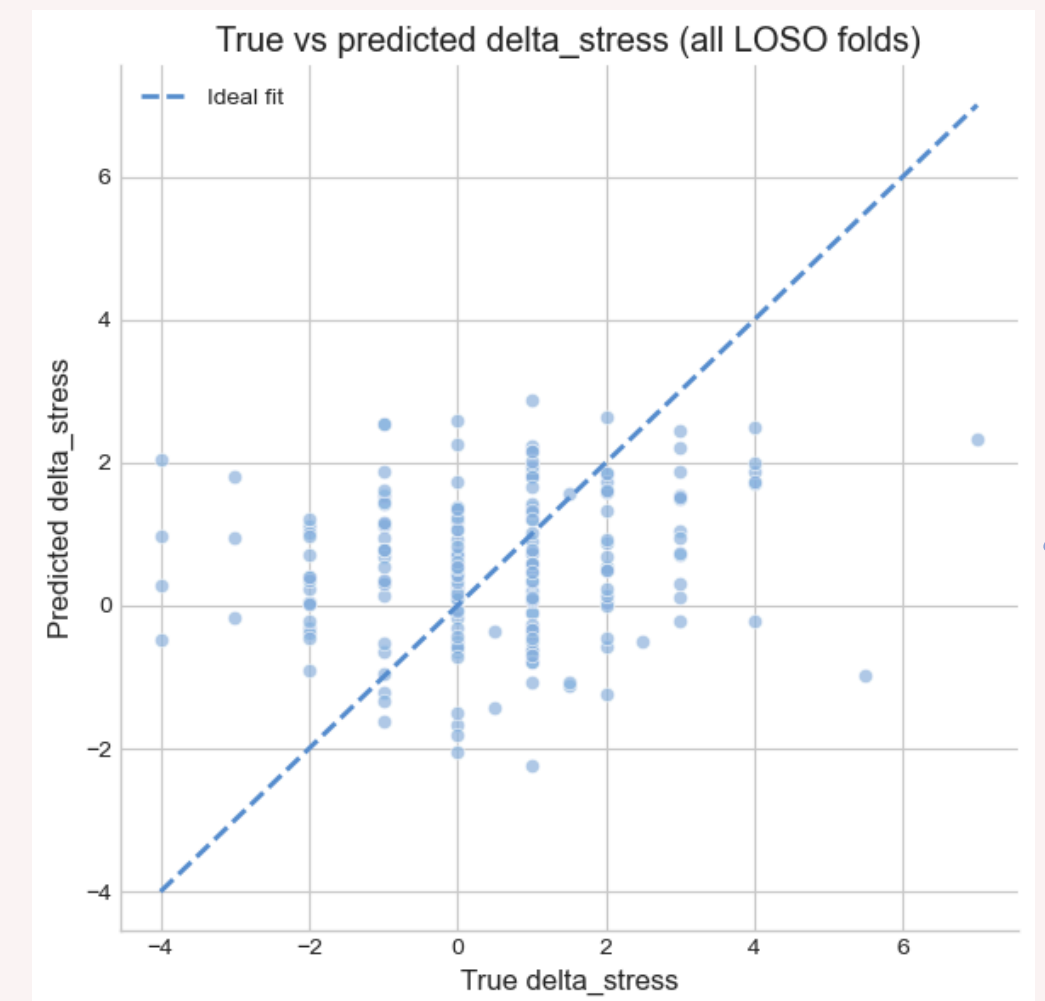


# 4th Model : Gradient Boosting Regression over a New Dataset



"delta\_EDA\_std", "delta\_HR\_std", "delta\_TEMP\_mean",  
"delta\_ACC\_norm\_mean", "delta\_IBI\_mean", "delta\_RMSSD",  
"CVRR", "CVSD", "Height (cm)", "Weight (kg)", "Physical\_Activity"

$y = \Delta\text{-stress}$

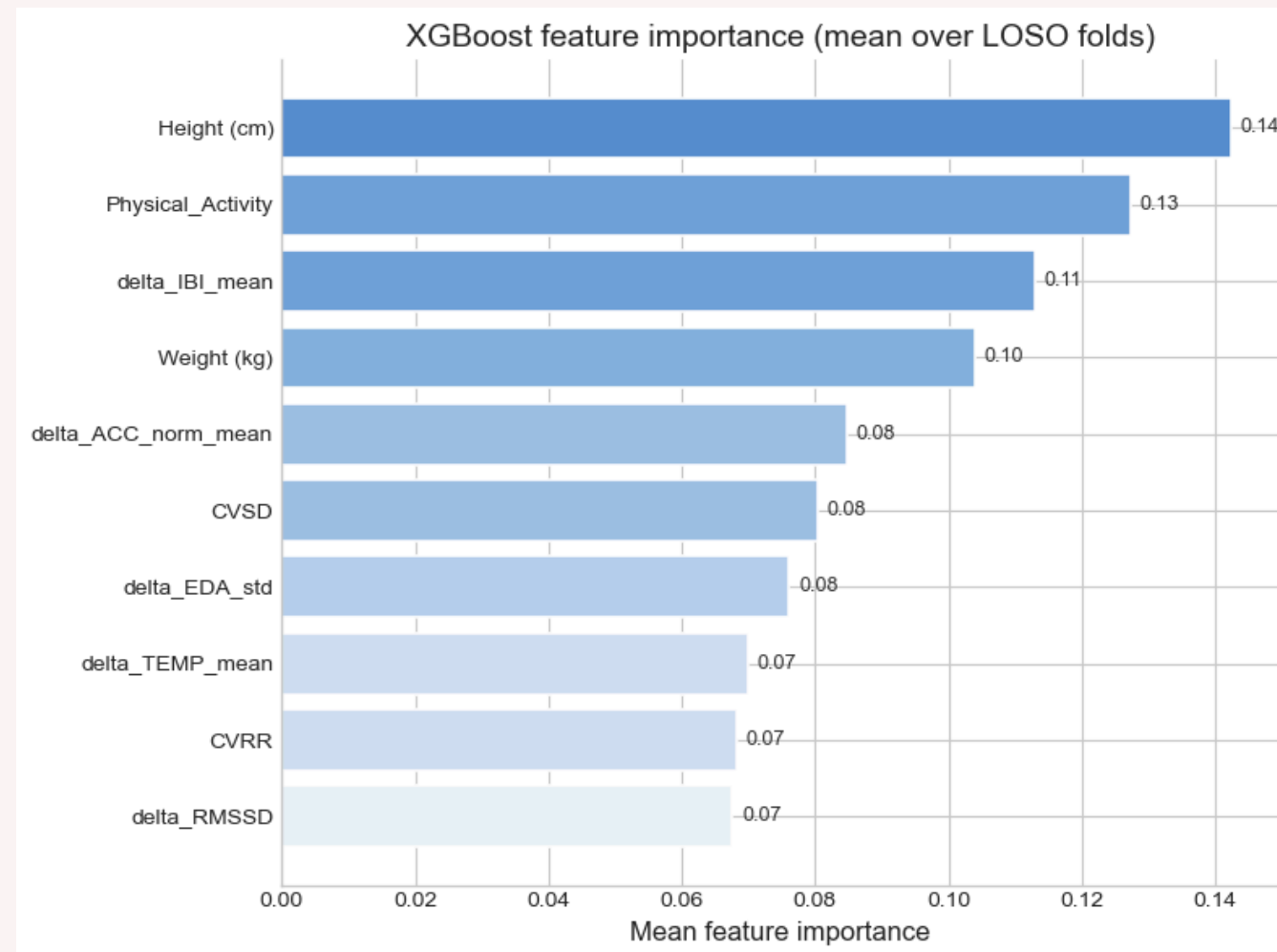


RandomizedSearchCV  
(20 iterations, 3-fold CV inside  
each LOSO training fold)

Tuned parameters:  
n\_estimators, learning\_rate,  
max\_depth,  
min\_samples\_split,  
min\_samples\_leaf,  
subsample, max\_features

LOSO performance:  
**Mean  $R^2 = -1.65 \pm 1.64$**   
Mean RMSE =  $1.72 \pm 0.72$   
Mean MAE =  $1.47 \pm 0.64$

# 5th Model : XGBoost Classification



Previous regression approaches did not achieve satisfactory predictive performance.

Therefore, the task was reframed as a **binary classification** problem, where the goal becomes predicting whether stress increases relative to each subject's baseline.

A binary outcome is defined as:

$$y = \begin{cases} 1 & \text{if } \Delta\text{stress} > 0 \\ 0 & \text{otherwise} \end{cases}$$

## Key results (LOSO)

Mean Accuracy: 0.519

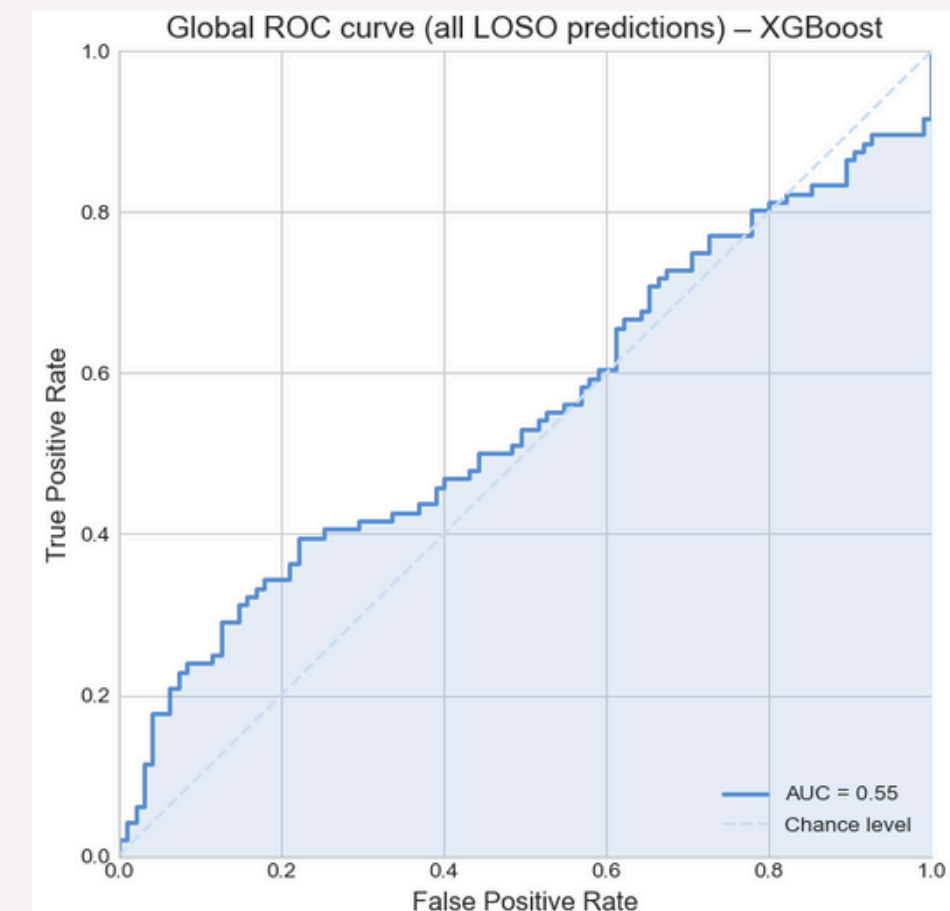
Std Accuracy: 0.294

Mean Balanced Accuracy: 0.542

Std Balanced Accuracy: 0.300

Mean AUC: 0.593

Same dataset  
as in Model 4.  
LOSO cross-validation .





# Critical Considerations

## **Physiological effects are subtle**

Although EDA, HRV, and skin temperature behave as expected under stress, their variations are often small compared to background variability, especially over short time windows.

## **Spurious importance of anthropometric variables**

Height and weight appear highly predictive, likely because they capture dataset structure rather than true stress mechanisms. Baseline normalization alone was insufficient to ensure generalization.

## **Subjective and noisy target variable**

Stress labels are based on self-reports, which are subjective and discretized, adding uncertainty to the learning process.

## **Limited sample size**

The dataset includes an extremely small number of observations, which reduces drastically statistical robustness .

# Conclusions and Future Directions

With the available dataset and wrist-based signals, reliable prediction of individual stress is not achievable.

This reflects intrinsic limitations of wearable data and stress labeling rather than a failure of machine learning.

Future work should focus on more robust signals, longer and temporal features, and improved ground truth definition.





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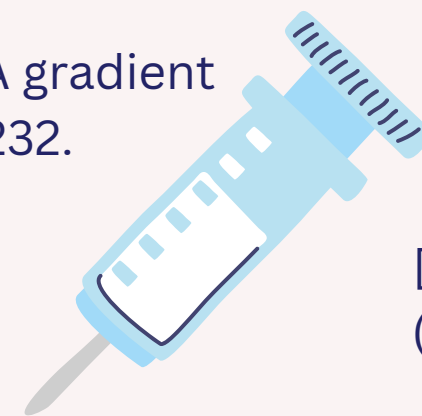
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# References

**Thank you for your  
attention!**

