



# Capturing the Stress Jump:

## Predicting Physiological Reactivity from Empatica E4

### Signals

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

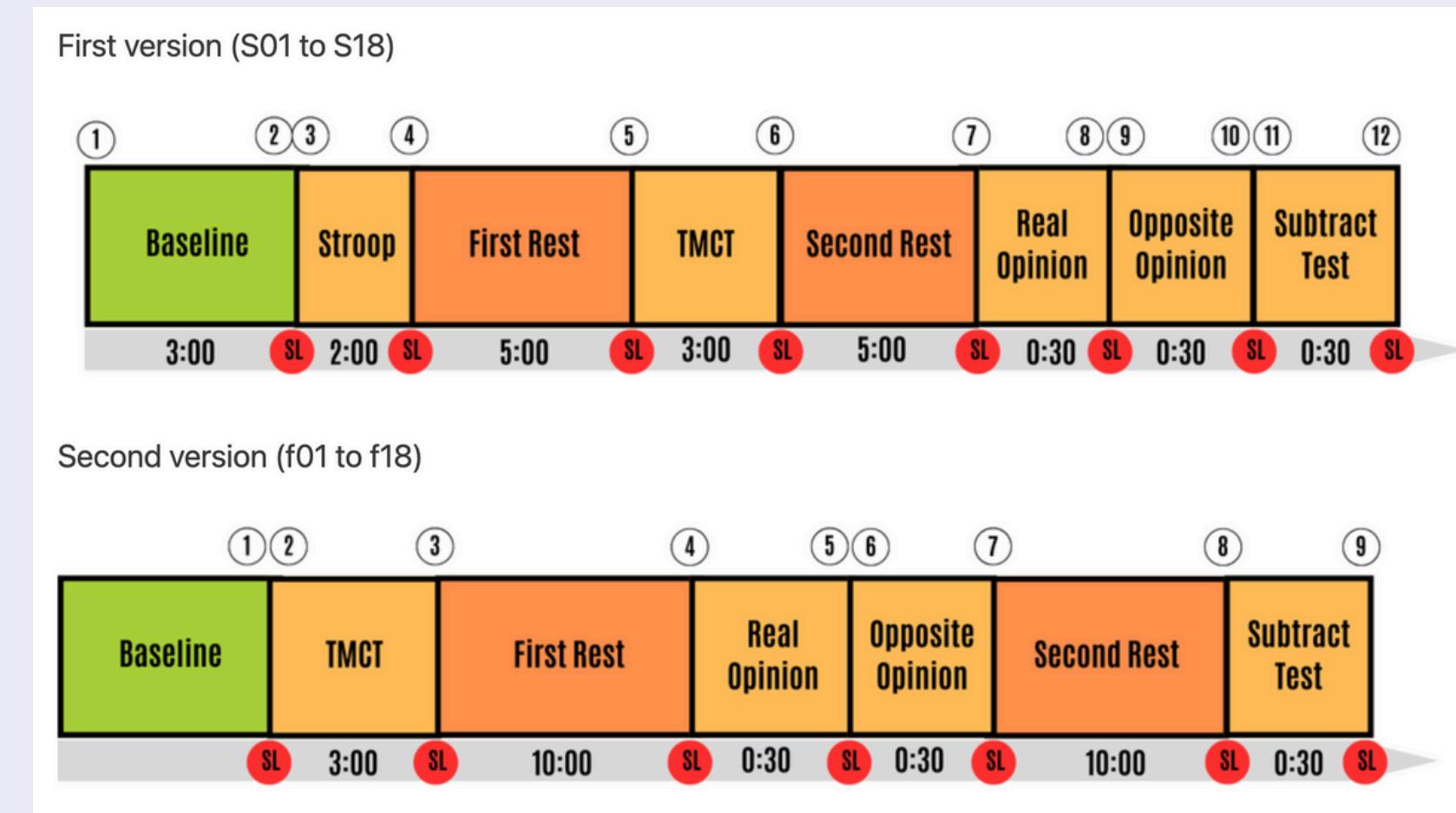


Caffi Giulia  
Metallo Rebecca  
Uberti Anna

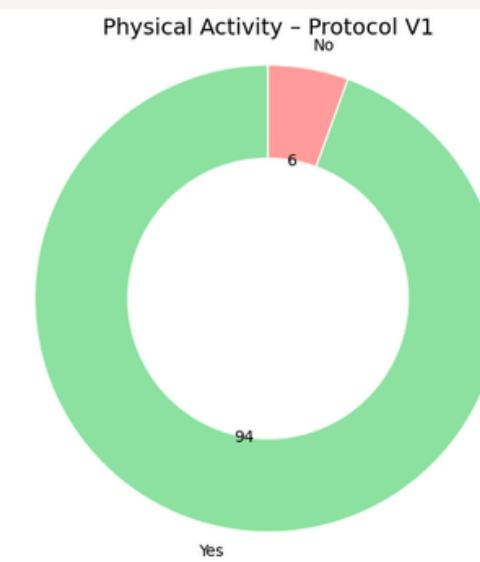
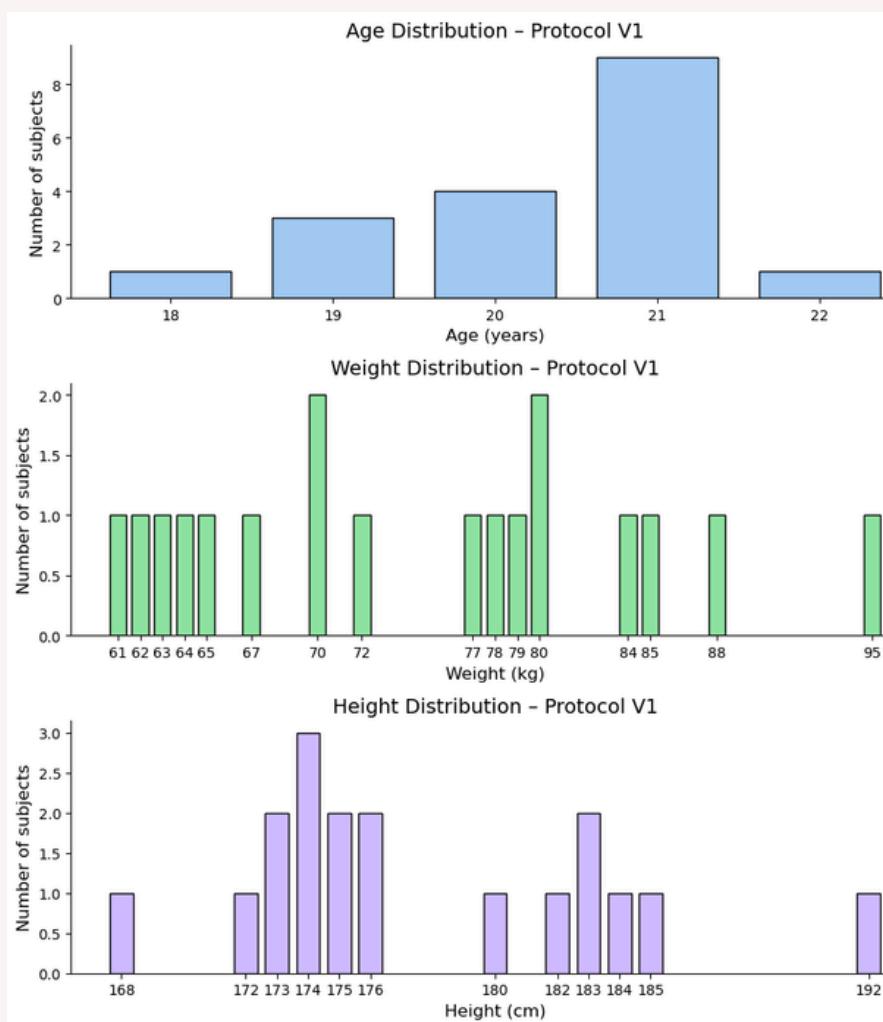
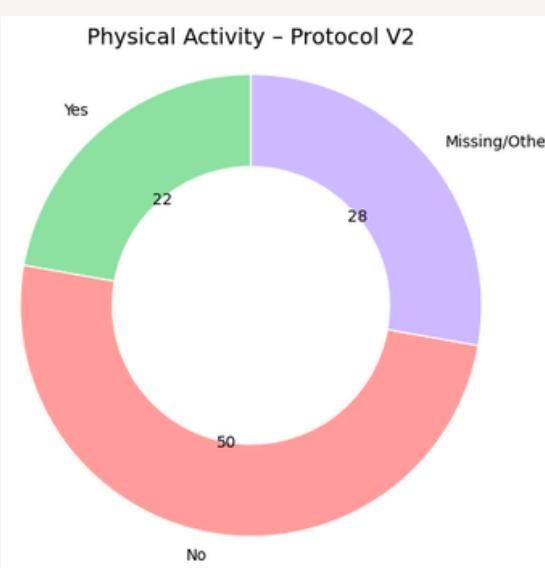
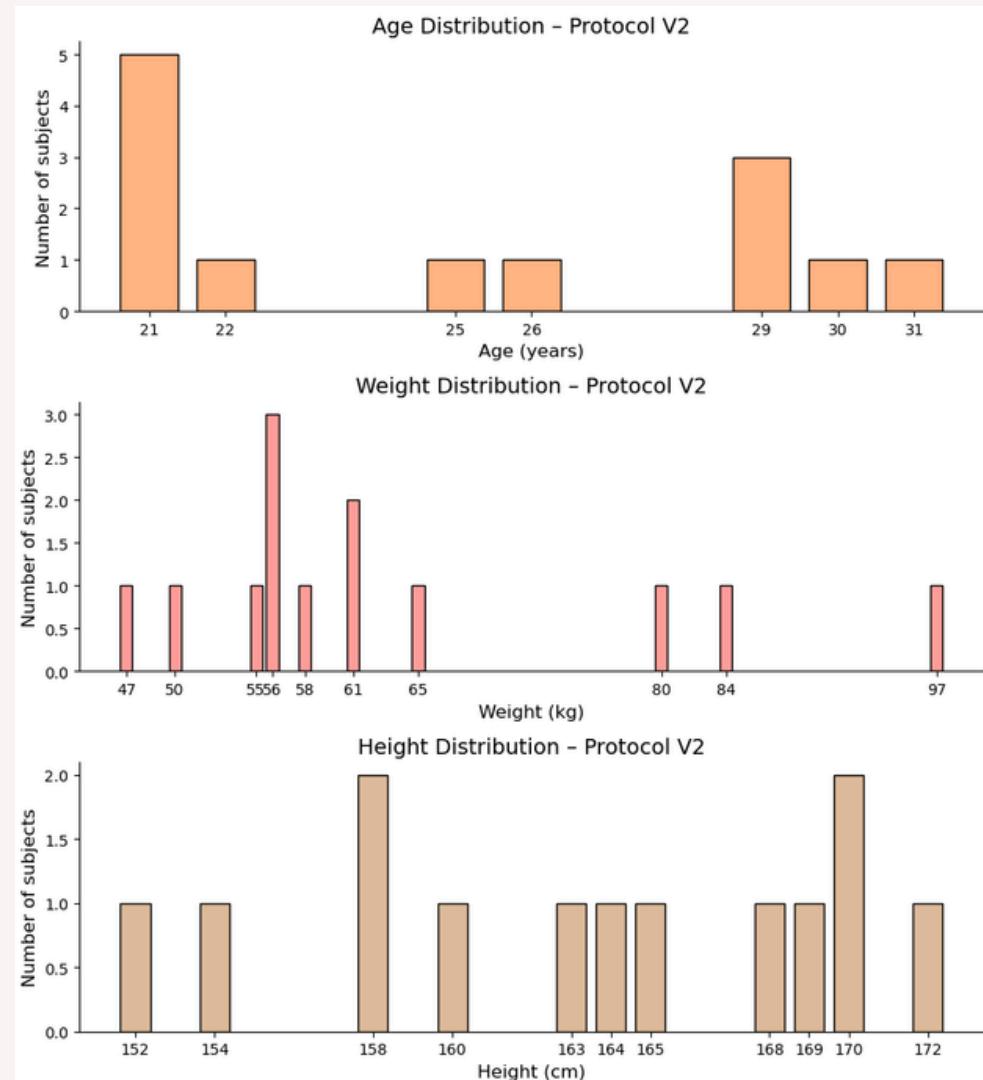
# How we choose our idea?

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.



# 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.

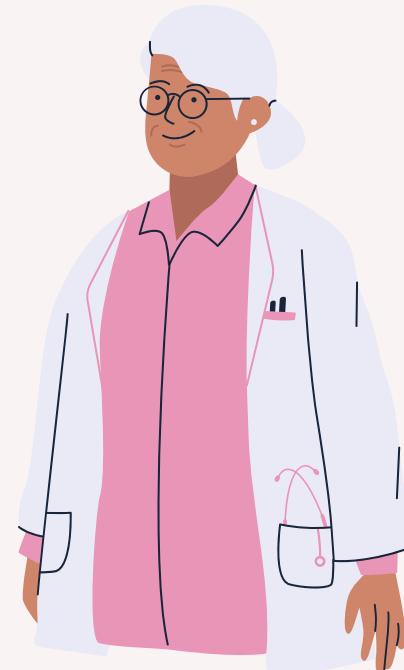
V1 and V2 were treated separately to respect the structure of each protocol.

## 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)

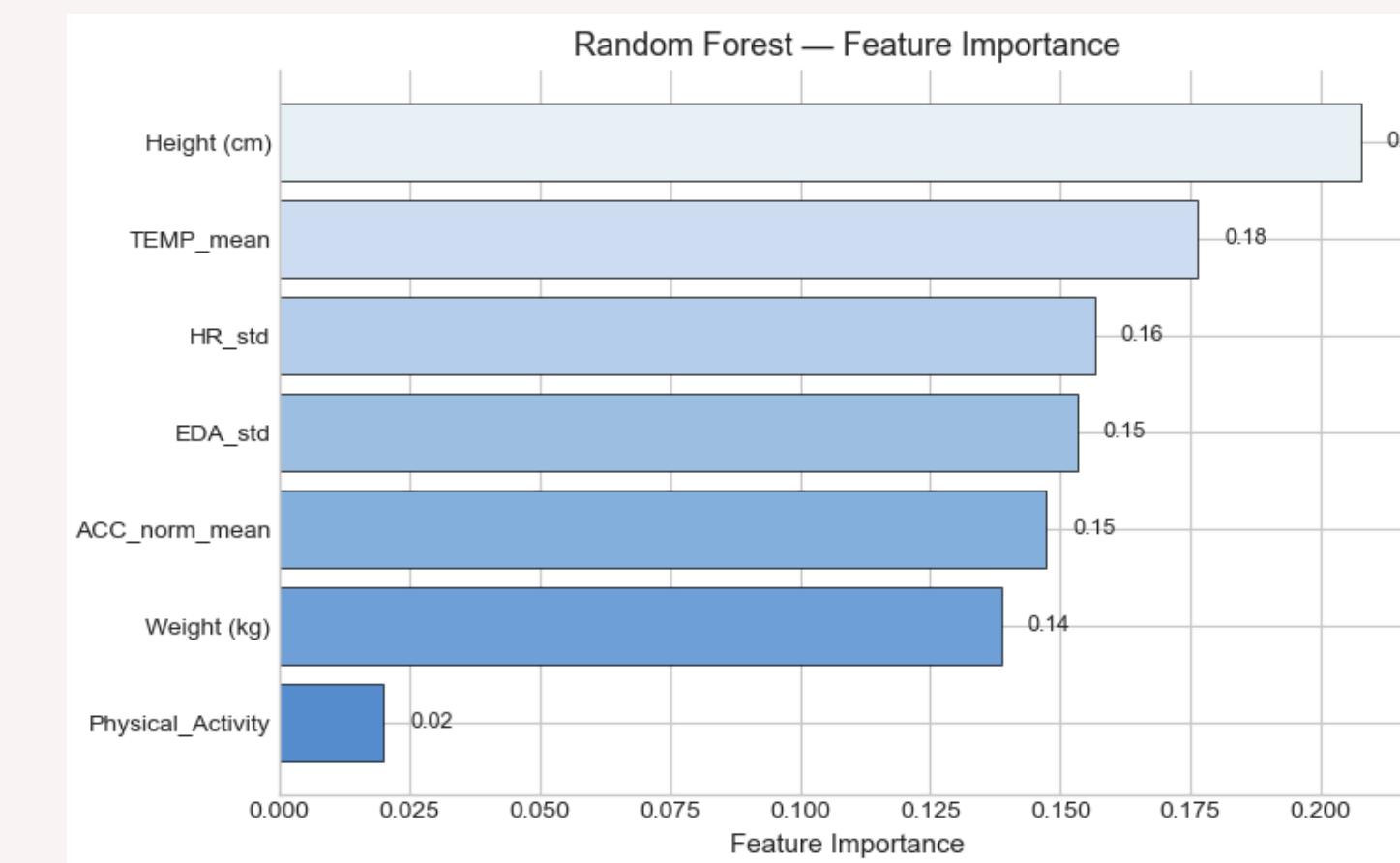
Tuned Hyperparameters :  
n\_estimators, max\_depth,  
min\_samples\_split,  
min\_samples\_leaf,  
max\_features

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.

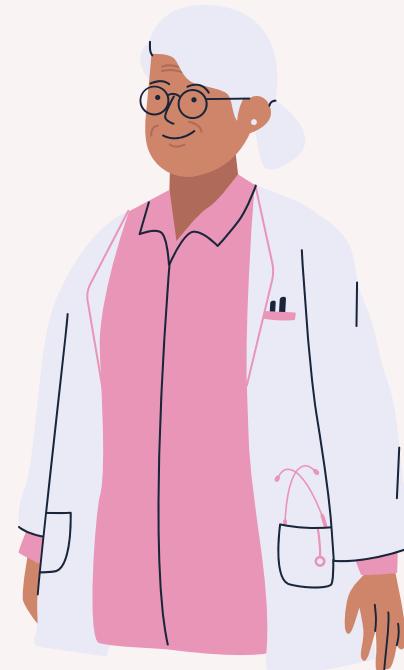
Therefore, we took into account IBI values and extracted HRV features for each protocol phase:

- **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

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

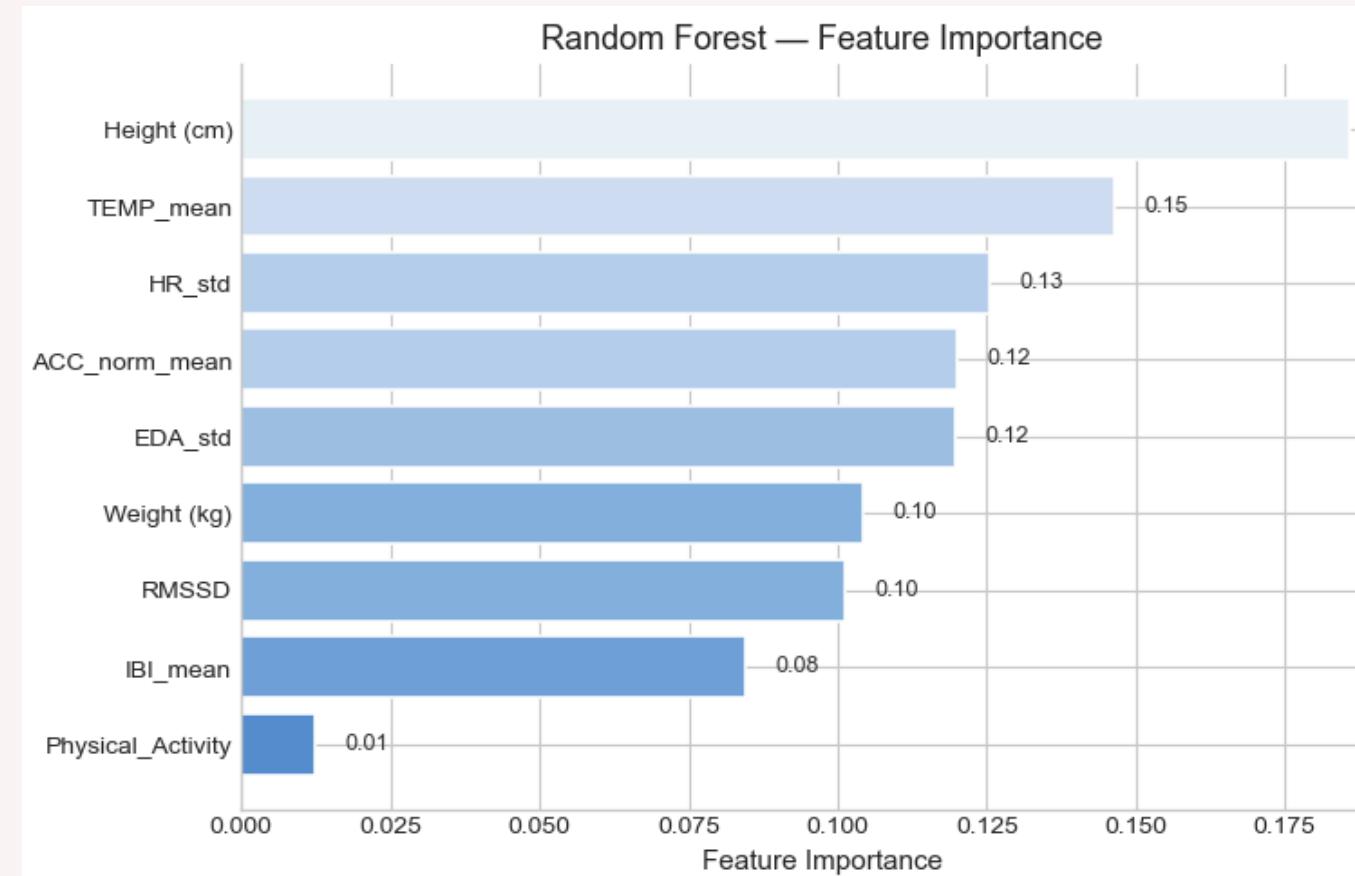
RandomizedSearchCV (20 iterations, 3-fold CV)

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**

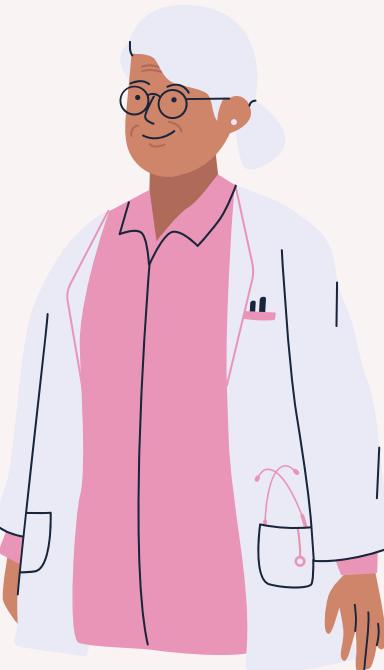
Test RMSE: 1.623 Test MAE:  
1.079



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"

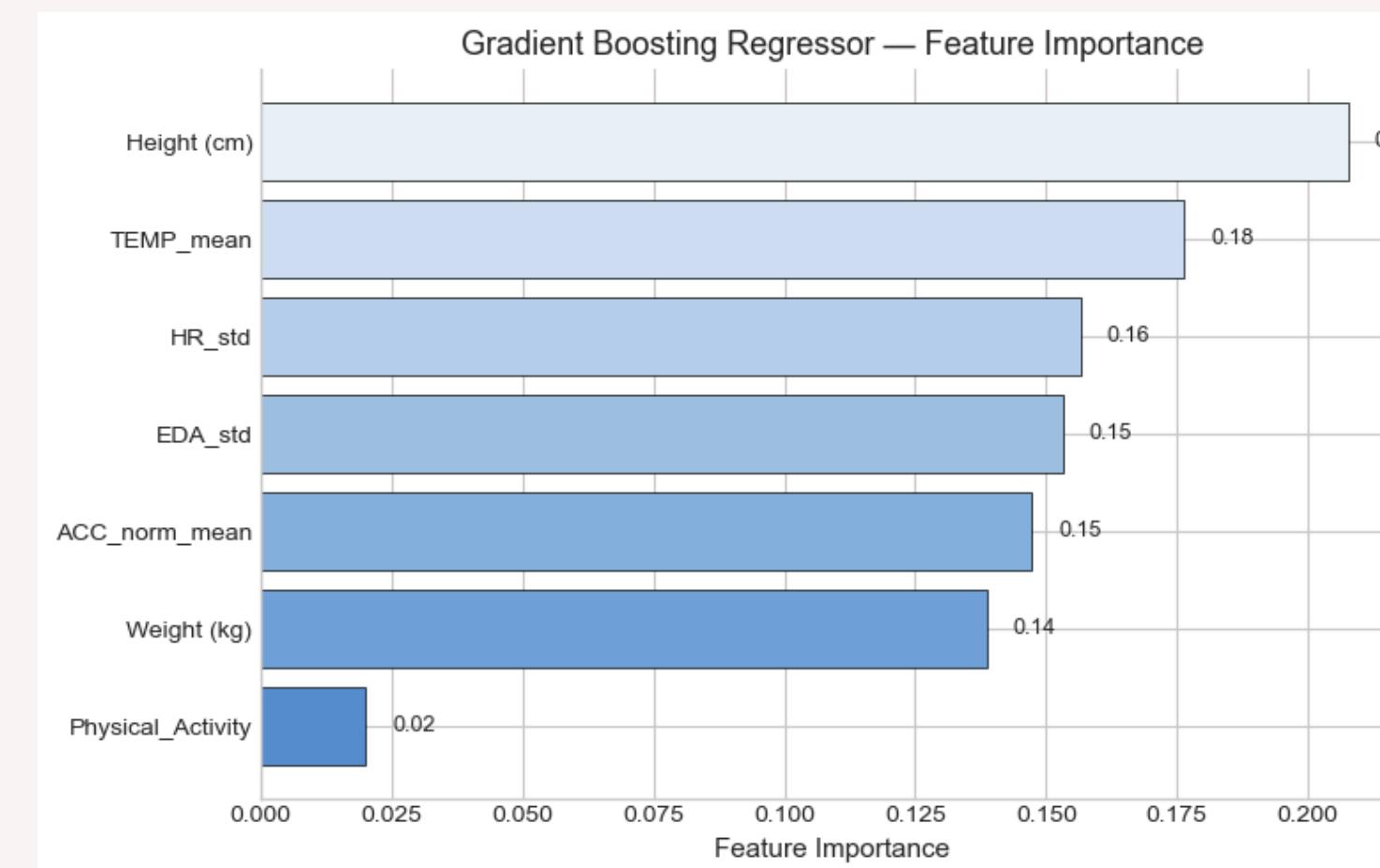
$y = \Delta\text{-stress}$

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.

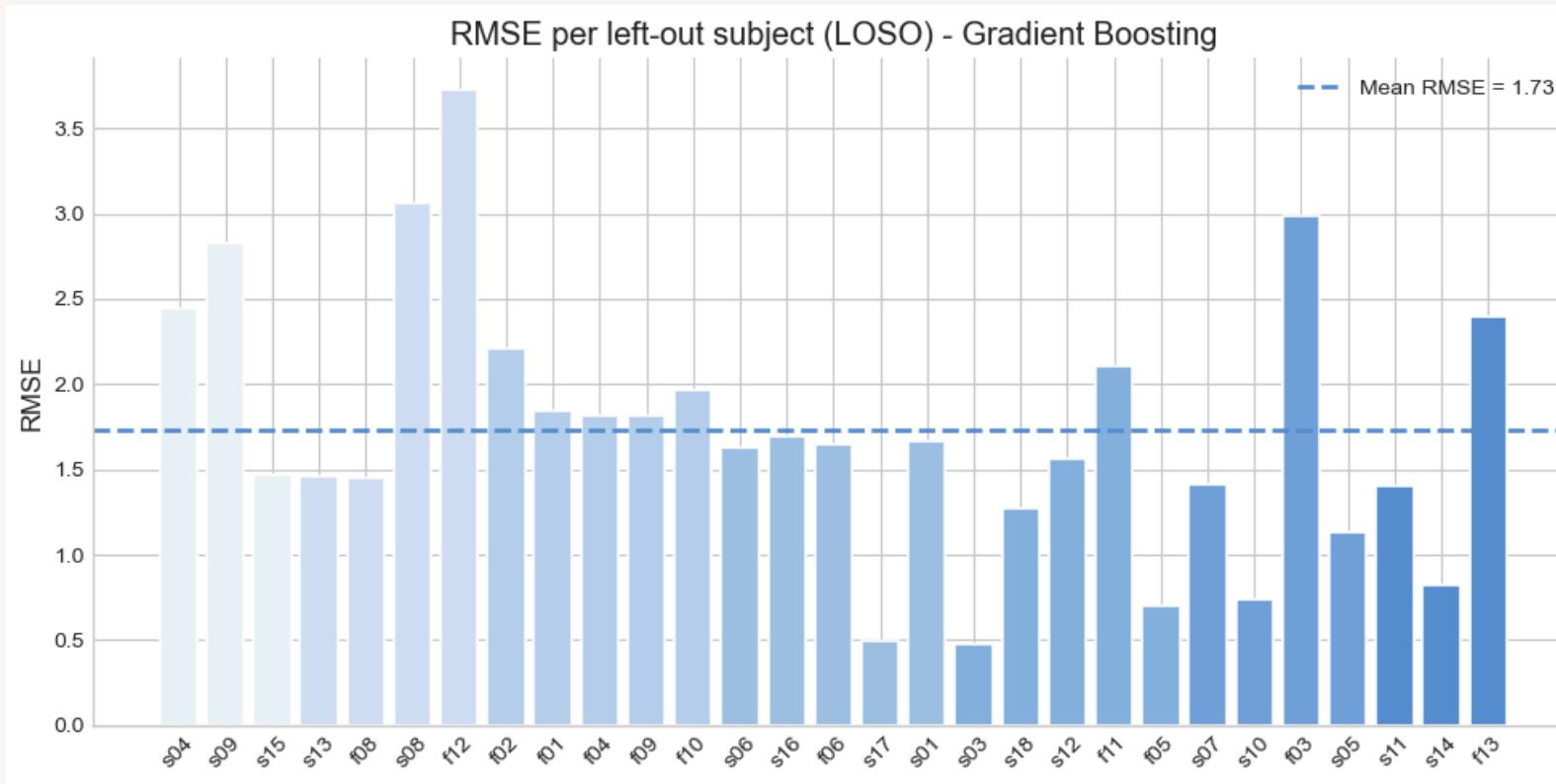
For each phase of the stress protocol, we computed **delta-features**, defined as the **difference** between the **phase-value** and the **baseline value**

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"

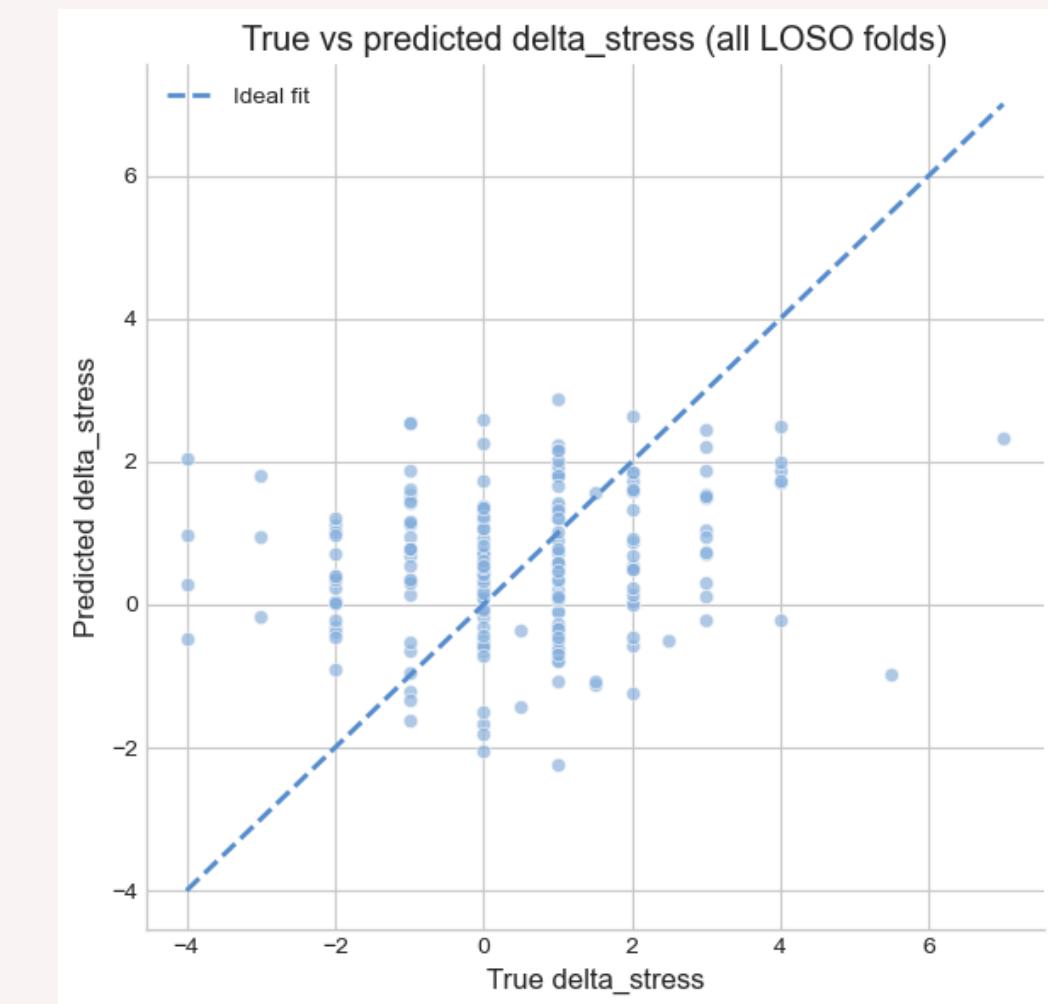
y =  $\Delta$ -stress



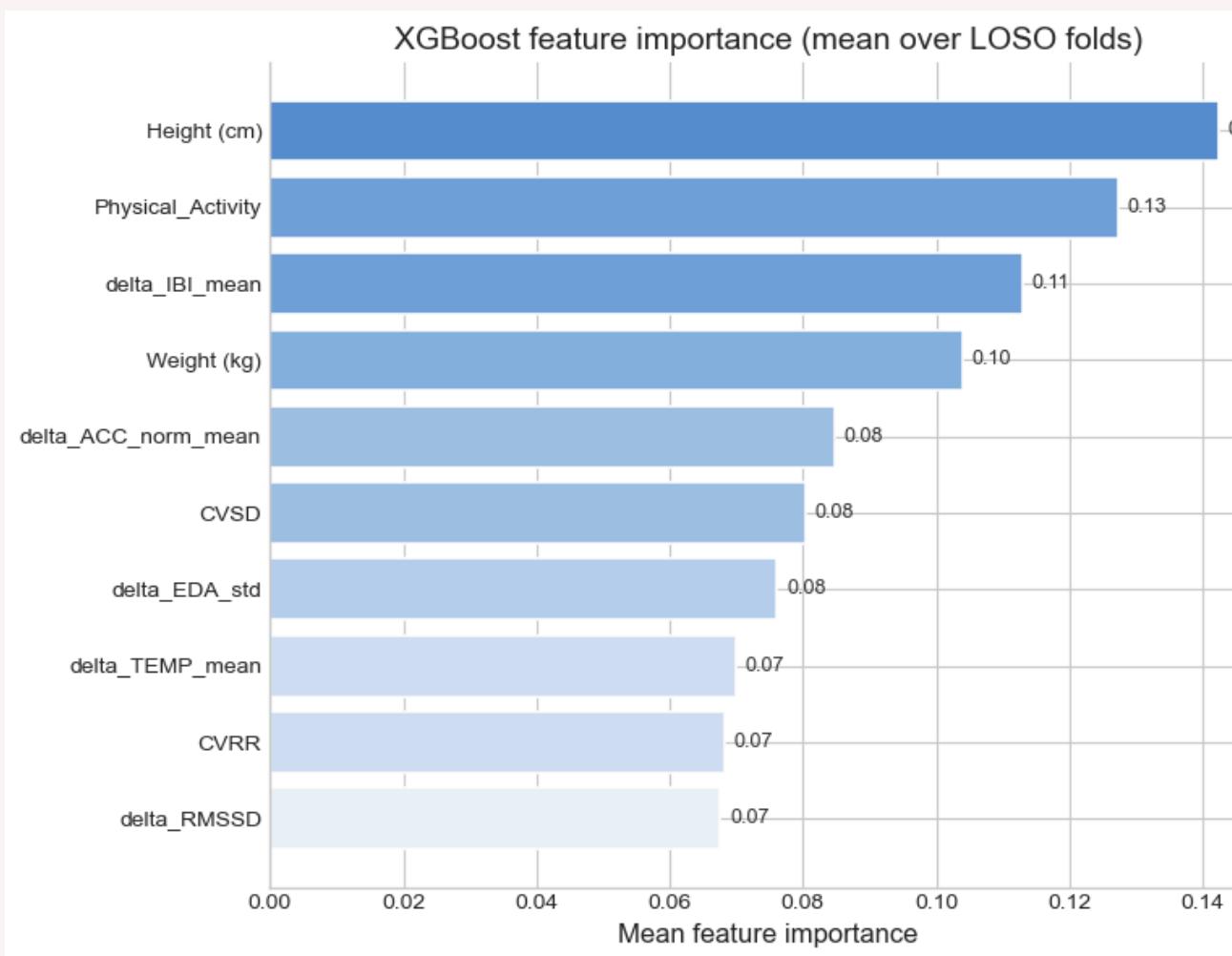
RandomizedSearchCV  
(20 iterations, 3-fold CV inside  
each LOSO training fold)

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

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



# 5th Model : XGBoost Classification



## 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

Previous regression approaches did not achieve satisfactory predictive performance.

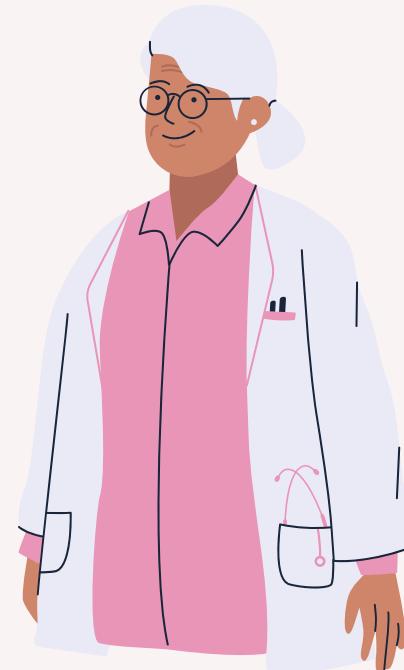
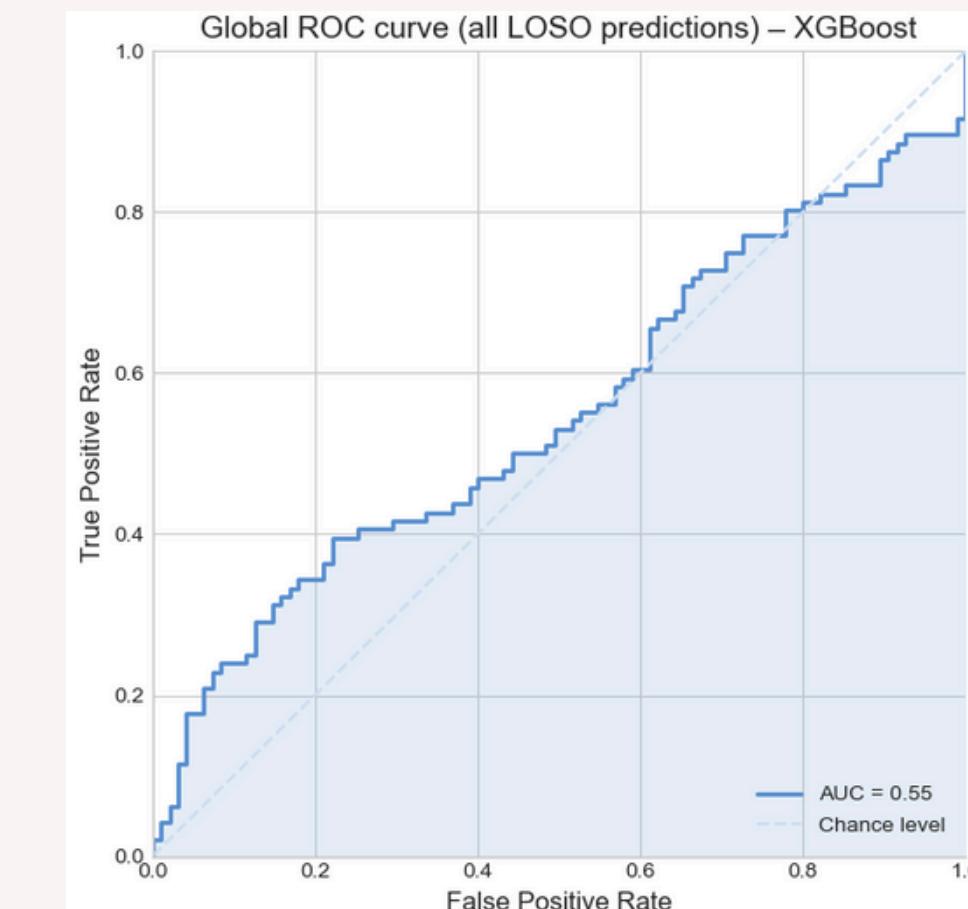
Therefore, the task was reframed as a **binary classification** problem, where the goal becomes predicting whether stress increases relative to each subject's baseline.

A binary outcome is defined as:

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

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.

## Subjective and noisy target variable

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

## 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.

## 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.



[1] Boucsein, W. (2012). *Electrodermal Activity*. Springer.



[2] Picard, R. W., Fedor, S., & Ayzenberg, Y. (2016). Multiple arousal theory and applications for stress monitoring. *IEEE Signal Processing Magazine*.

[3] Kirschbaum, C., Pirke, K. M., & Hellhammer, D. H. (1993). The “Trier Social Stress Test” – A tool for investigating psychobiological stress responses in a laboratory setting. *Neuropsychobiology*, 28(1–2), 76–81.

[4] Bai, Z., Wu, P., Geng, F., Zhang, H., Chen, X., Du, L., Wang, P., Li, X., Fang, Z., & Wu, Y. (2024). HSF-IBI: A universal framework for extracting inter-beat interval from heterogeneous unobtrusive sensors. *Bioengineering*, 11(12), 1219.

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[7] Friedman, J. H. (2001). Greedy function approximation: A gradient boosting machine. *Annals of Statistics*, 29(5), 1189–1232.

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[12] Hongn, A., Bosch, F., Prado, L. E., Ferrández, J. M., & Bonomini, M. P. (2025). Wearable Physiological Signals under Acute Stress and Exercise Conditions. *Scientific Data*.



# Thank you for your attention!

