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| **IN3062: Introduction to Artificial Intelligence Coursework**  **Stroke Prediction** |
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# What is your dataset, problem domain?

The dataset used for this project will be the dataset from the website known as Kaggle (<https://www.kaggle.com/datasets>). The specific dataset used from Kaggle is the stroke dataset (<https://www.kaggle.com/fedesoriano/stroke-prediction-dataset>). The dataset provides information regarding different types of factors which can influence the cause of stroke. It is a large dataset which initially contains 12 attributes and approximately 5000 observations. This means that there is a lot of data to work with.

The problem domain the project is focusing on is predicting stroke based of the different attributes that the dataset presents, and the valuable data included. There are some columns and rows that are required to be removed and edited in order to increase the accuracy of the prediction through means such as removing unnecessary data and replacing null with data acquired from the median amount. This will further increase the accuracy of the prediction regarding the problem domain.

# Define questions and analysis tasks

The domain is focused on predicting stroke based of various factors such as age, gender, diseases and if the person is a smoker or not. These factors can cause stroke. The reason for choosing stroke as the problem domain out of the similar issues is because stroke is one of the highest leading causes of death in the world. By undergoing stroke prediction, doctors can find out the chances of someone getting a stroke in the earlier stages. This will provide them with a foundation to apply more advanced checks on the patients in order to rapidly help them with recovery.

The analytical questions that are being asked regarding the stroke prediction are:

* What factors can increase the likeliness of stroke?
* What is the cause of stroke in individuals?
* Can chances of stroke be identified at an earlier stage?
* What can people do to reduce the chances of stroke?
* How does smoking effect chances of stroke?

The objectives are as followed:

* To create clear visualisations for the user to clearly understand the dataset
* For the machine to predict, as accurately as possible, whether a person is at risk of a stroke given variables such as smoking, age, BMI etc.
* To use the correct and most accurate machine learning model to train the stroke dataset i.e., Linear Regression, Random Forest Regression, Clustering or Classification.

The expected outputs are:

* From the dataset, we have 95% of the patients within it are unhealthy and are at risk of a stroke. In a perfect scenario we would expect the AI to successfully predict to a degree of accuracy as close to 95% as possible
* The real accuracy of our machine learning will be illustrated through a graph which would show actual vs predicted data
* (Expected table)

Initial investigation of the dataset and the characteristics

of the data

The dataset used includes 12 columns of data in which after discussing, we decided that most was useful data, but some were not required for the prediction as it would not affect the accuracy and precision of the prediction if it were not included. For example, the column which had data on if the person was married or not was not required as stroke is based of many individual factors and not an external factor such as being married. Similarly, the work type of the patient was not required as the data was general and not specific enough to affect the prediction. By being self-employed or working in a private field was not useful as there was no specific jobs. However, the other data were key information regarding predicting stroke such as smoking status, BMI, age, gender, and glucose levels. The characteristics of the data in the dataset is that it consists of numerical figures as well as description. For example, the BMI and if a person is a smoker or not.

# Plan as to how you might transform the data to make it useable

There were some data which were either null or missing. In order to make these useful for the prediction of stroke these data will be transformed. In some cases, there were some figures missing from the body mass index which we decided to use the median as it provides better precision and accuracy rather than using the mean. This will allow the end prediction to be more accurate. The data from the columns which are not required will be removed from the dataset as it can have a negative affluence on the prediction. The data such as the id from the dataset will be removed as it is not useful as we are only focusing on the factors which effect stroke.

**Plan as to which artificial intelligence techniques you might use and what sorts of potential observations these can lead to, and how you will evaluate these.**

**(Leave question until we have solidified what we are doing)**

**K-Fold**

**Train-test split**

# Is your model classification or regression?

The model we use is classification because we want to predict a discrete outcome based of multiple variables. We also split the dataset into training and test samples as well as improve the model as we go when we test the outcomes.

We cannot use regression as a machine learning model such as linear regression because linear regression focuses on one variable whereas ours uses multiple independent variables to predict an outcome. Regression provides outputs which are continuous which our model does not. Also, linear regression is supervised learning, and we are trying to implement unsupervised learning.

# Did you have any missing, corrupt, or misleading data?

# If so, how did you cope it?

Within the BMI column there were several records or ‘N/A’ values for the BMI. It is always better to have more data to train the AI and because we had already removed the unknown smoking status. We believed it would have been better to replace unknown values with the median.

# Have you omitted some data? If so, why?

We have omitted data such as ID, Work Type and Residence Type as we believe that these are factors which do not affect the risk of strokes. Whilst cleaning the data we had notices there were values such as the Smoking Status being ‘Unknown’ and Gender being ‘Other’. We removed that as this does play a very large factor into stroke and it being an unknown would cause inaccuracy whilst training.

# Did you apply techniques to understand your dataset?

# What models did you use?

# How did you encode the input variables?

# What are the criteria for selecting model performance evaluation tools?

# What were your outputs?

# Did you have any problems or difficulties working with the dataset?

smoking, hypertension, obesity(bmi), age