# **Logistic Classification**

The objective of the logistic classification is to determine whether or not an object x belongs to a class. To determine this, object x has multiple characteristics that help a model to determine its class.

In order to evaluate the object x, it must be evaluated with a hypothesis function, very similar as linear or multivariate regression. However, the hypothesis function must be changed:

$$L_{\mathbf{w}}(\mathbf{x}) = \frac{1}{1 + e^{-\mathbf{w}^{T}\mathbf{x}}} = P(y|\mathbf{x}; \mathbf{w})$$

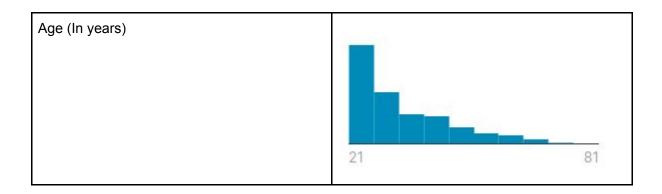
## **Diabetes Prediction:**

This dataset is originally from the National Institute of Diabetes and Digestive and Kidney Diseases. The objective of the dataset is to diagnostically predict whether or not a patient has diabetes, based on certain diagnostic measurements included in the dataset. Several constraints were placed on the selection of these instances from a larger database. In particular, all patients here are females at least 21 years old of Pima Indian heritage (*Pima Indians Diabetes Database, 2016*).

### **Characteristics:**

Characteristics	Histogram
Pregnancies (Number of times pregnant)	0 17
Glucose (Plasma glucose concentration a 2 hours in an oral glucose tolerance test)	0 199

BloodPressure (Diastolic blood pressure (mm Hg))	0 122
SkinThickness (Triceps skin fold thickness (mm))	0 99
Insulin (2-Hour serum insulin (mu U/ml))	0 846
BMI (Body mass index (weight in kg/(height in m)^2))	0 67.1
DiabetesPedigreeFunction (Diabetes pedigree function)	0.08 2.42



# **Discussion:**

#### Data set:

There are some features that may be not applicable. For example, I don't know how much the Pregnancies feature can contribute to the model. Excessive features are likely cause that the generated model may not be as precise and accurate as it could be. Since the dataset has a lot of features, the data set should be scaled in order to improve time performance.

#### Results:

The data is shuffled each time the program is executed, so it was decided to make a table with the variables of confusion matrix, running the program 10 times. These data were made with a learning rate of 0.005 and stopping criteria of 0.01.

C.M.V	1	2	3	4	5	6	7	8	9	10	Avg.
TP	24	20	31	31	28	39	37	37	29	37	31,3
TN	82	102	85	93	83	81	86	86	84	83	86,5
FP	10	8	11	13	13	14	10	11	17	10	11,7
FN	37	23	26	16	29	19	20	19	23	23	23,5

Metric	Accuracy	Precision	Recall	Specificity	F1 score	
Average	0,76993	0,72791	0,57117	0,88086	0,64008	

In conclusion, the model is far from being precise and exact. The main problem is that there are too many false negatives. This may be caused by features that are not necessary or not as relevant in the model.

# References:

Pima Indians Diabetes Database. (2016, October 6). Retrieved from https://www.kaggle.com/uciml/pima-indians-diabetes-database