The following shell commands can be used to run the job from a local machine without any setup. It will create a Docker container and submit the Spark job within the container.

- # Download my supplied zip file and unzip it
- # Open up terminal/shell and navigate within the unzipped folder
- chmod +x build and run.sh
- ./build\_and\_run.sh

I chose Apache Spark as my data processing engine because it performs quickly and is especially helpful at scaling out for large sets of data ("linearly scalable"). Even if running on a single node, it will perform better than Pandas.

The PySpark script, **patient\_analysis.py**, will run and achieve the following:

- Read in (ingest) the 100k\_synthea\_covid19\_csv/conditions.csv file as a Spark Dataframe and dynamically determine column names and data types
- Perform appropriate transformations to enable analysis of variance (ANOVA) to compare the most common symptoms for each of the following cohorts:
  - **A**: Covid-19 patients who a pregnant
  - o **B**: Covid-19 patients who had asthma
  - **C**: Covid-19 patients who were smokers
  - o **D**: Covid-19 patients who were not pregnant, did not have asthma, and were not smokers
- Write to TSV file under output\_data/symptom\_comparisons/

In order to interpret the results, please refer to the PDF, **results/symptom\_comparisons.pdf**, I created based on the output TSV file.

- For all cohorts, the following are the overall most frequent symptoms to occur after a Covid-19 diagnosis:
  - **1. Fever** (85-87% of patients in a given cohort)
  - **2. Cough** (64-68%)
  - 3. Loss of taste (47-49%)
  - **4. Fatigue** (37-38%)
  - **5. Sputum** (32-33%)
- For smokers (cohort C), the following symptoms occurred with a higher percentage of patients than in other cohorts. In fact, this cohort included the most symptoms (8) with a 30% or higher chance following Covid-19 diagnosis.
  - Hypoxemia (33%)
  - **Pneumonia** (33%)
  - Respiratory distress (33%)
- Compared to the cohort D (not pregnant, no asmtha, and not a smoker), pregnant women (cohort A) were not significantly more at risk for various symptoms.