

# Coffee Health Analysis

## Table of Contents

Coffee Health Analysis .....	1
Objective.....	3
Data Source .....	3
Sourcing .....	3
Collection .....	3
Contents.....	3
Relevance .....	4
Limitations.....	4
Data Profile .....	5
Cleaning Data .....	5
Understanding Data.....	5
Variables and Data Types:.....	5
Data Integrity Issues: .....	6
Changed/Fixed Records:.....	6
Summary:.....	6
Ethics and Limitations .....	10
Questions to explore .....	11

# Objective

To explore if caffeine affects sleep quality/time.

## Data Source

### Sourcing

Data comes from Kaggle and can be found here:

<https://www.kaggle.com/datasets/uom190346a/global-coffee-health-dataset>

### Collection

Records are synthetic (made-up), but designed around real-world data.

### Contents

The columns are as follows:

- ID
- Age
- Gender
- Country
- Coffee Intake
- Caffeine mg
- Sleep Hours
- Sleep Quality
- BMI
- Heart Rate
- Stress Level
- Physical Activity Hours
- Health Issues
- Smoking
- Alcohol Consumption

## Relevance

While the data is synthetic, the fact that it's designed to mimic real data is still useful (though, it would be nice to know how that was achieved).

## Limitations

Obviously, the data isn't real so it can't be used to extrapolate perfectly. Similarly, there's no need to worry about collection problems because the data was created instead of collected. However, bias could still be present depending on the model the data was created upon.

There's also a lack of dates in the data so we can't make any inferences over time.

# Data Profile

## Cleaning Data

Min

Mean

Mode

Max

Outliers

Frequency

Duplicates

Missing Values

## Understanding Data

### Variables and Data Types:

Column Name	Qualitative or Quantitative?	Time Variance	Data Type
ID	Quantitative	time-invariant	discrete
Age	Quantitative	time-variant	discrete
Gender	Qualitative	time-invariant	nominal
Country	Qualitative	time-invariant	nominal
Coffee Intake	Quantitative	time-variant	continuous
Caffeine mg	Quantitative	time-variant	continuous
Sleep Hours	Quantitative	time-variant	continuous
Sleep Quality	Qualitative	time-variant	ordinal
BMI	Quantitative	time-variant	continuous
Heart Rate	Quantitative	time-variant	discrete
Stress Level	Qualitative	time-variant	ordinal
Physical Activity Hours	Quantitative	time-variant	continuous
Health Issues	Qualitative	time-variant	nominal
Smoking	Quantitative	time-invariant	discrete (binary)
Alcohol Consumption	Quantitative	time-invariant	discrete (binary)

## Data Integrity Issues:

- There are 5,941 null records in health issues. However, these records are showing participants as having no health issues and should not be removed.

## Changed/Fixed Records:

- Changed null values to say “none”
- Changed data types for smoking and alcohol consumption to be more clear (binary/Boolean)

## Summary:

- 16 Variables, 10,000 records

## Qualitative:

- Gender
  - Female 5001
  - Male 4773
  - Other 226
- Country
  - Canada 543
  - India 524
  - Norway 523
  - China 521
  - UK 519
  - Sweden 513
  - South Korea 512
  - Finland 510
  - Italy 509
  - Switzerland 500
  - France 499
  - Germany 497

- Australia 497
  - Belgium 497
  - Netherlands 494
  - Spain 486
  - Mexico 483
  - Japan 469
  - Brazil 456
  - USA 448
- Sleep Quality
  - Poor 961
  - Fair 2050
  - Good 5637
  - Excellent 1352
- Health Issues
  - None 5941
  - Mild 3579
  - Moderate 463
  - Severe 17

### Quantitative:

- Age (might be worth a histogram)
  - Count: 10,000
  - Minimum: 18
  - Maximum: 80
  - Mean: 35
  - Median: 34
  - Mode: 18
- Coffee Intake (might be worth a histogram)
  - Count: 10,000
  - Minimum: 0
  - Maximum: 8.2
  - Mean: 2.5
  - Median: 2.5
  - Mode: 0 (558 of them! That's suspicious, maybe a control group?)
- Caffeine mg (might be worth a histogram)
  - Count: 10,000
  - Minimum: 0
  - Maximum: 780.3
  - Mean: 238.4
  - Median: 235.4
  - Mode: 0 (528 counts. Generally confirms that caffeine and coffee are linked, but makes me wonder what happened to the 30 people that had coffee but no caffeine. Might be worth exploring for further cleaning/wrangling).



- Sleep Hours (might be worth a histogram)
  - Count: 10,000
  - Minimum: 3
  - Maximum: 10
  - Mean: 6.6
  - Median: 6.6
  - Mode: 6.7
- BMI (might be worth a histogram)
  - Count: 10,000
  - Minimum: 15
  - Maximum: 38.2
  - Mean: 23.98
  - Median: 24
  - Mode: 15 (However, the next most popular values are from 23.3-25.5)
- Heart Rate (might be worth a histogram)
  - Count: 10,000
  - Minimum: 50
  - Maximum: 109
  - Mean: 70.6
  - Median: 71
  - Mode: 70

- Physical Activity Hours (might be worth a histogram)
  - Count: 10,000
  - Minimum: 0
  - Maximum: 15
  - Mean: 7.48
  - Median: 7.5
  - Mode: 8.4

## Ethics and Limitations

There is no personal data and the rest is fictitious. As mentioned earlier, the model the data was created upon could've had biases that would affect the integrity of this data. However, since coffee is pretty well studied, I tend to think there's little left glean (though studies about the benefits of decaf coffee and how they compare to caffeinated coffee would be interesting).

## Questions to explore

Why/how does coffee impact sleep?

Does coffee offer benefits that make up for the lack of good sleep quality/time?

How important is the timing of coffee consumption? Can you time it to not affect sleep?

Are certain ages more likely to drink coffee?

How about different genders?

How important is the region to coffee consumption? Is that a cultural bias or a productivity bias?

Do different types of coffee produce different effects? (Black, mocha, latte, etc).

What differences can be found from the region the beans came from?

Does temperature matter?

Extraction method?

Grinder type or grind size?

Filter types?

Age of beans or grounds?

Type of drinking vessel (glass, ceramic, vacuum/double-walled bottle, etc)?

Additives? (Sugar, cream, flavorings, etc).

Are these people getting their coffee from home or a café of some sort?