# Patient Symptoms and Input Values

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| Feature | Description | Input Values |
| BMI | Body Mass Index (Weight/Height²) | Numeric (e.g., 25.3) |
| Smoking | Does the patient smoke? | 0: No, 1: Yes |
| AlcoholDrinking | Does the patient drink alcohol? | 0: No, 1: Yes |
| Stroke | Has the patient had a stroke? | 0: No, 1: Yes |
| PhysicalHealth | Days of poor physical health in last month | Numeric (0-30) |
| MentalHealth | Days of poor mental health in last month | Numeric (0-30) |
| DiffWalking | Difficulty walking? | 0: No, 1: Yes |
| Sex | Patient's gender | 0: Female, 1: Male |
| AgeCategory | Age range category | Encoded Value (e.g., 0-13) |
| Race | Patient's race | Encoded Value (e.g., 0-5) |
| Diabetic | Is the patient diabetic? | 0: No, 1: Yes |
| PhysicalActivity | Does the patient exercise? | 0: No, 1: Yes |
| GenHealth | General health status | Encoded Value (0-5) |
| SleepTime | Average hours of sleep per night | Numeric (0-24) |
| Asthma | Does the patient have asthma? | 0: No, 1: Yes |
| KidneyDisease | Does the patient have kidney disease? | 0: No, 1: Yes |
| SkinCancer | Does the patient have skin cancer? | 0: No, 1: Yes |