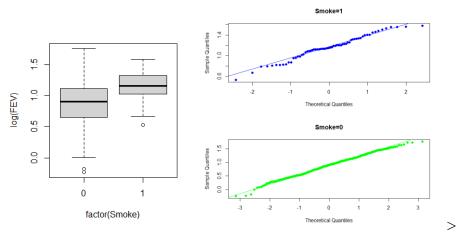
1.

a. We are interested in testing Ho: The population mean pulmonary function (mean In(FEV)) is the same for smokers and non-smokers. Vs. Ha: The population mean pulmonary function (mean In(FEV)) for non-smokers is greater.

A test and CI for differences in mean In(FEV) between the two groups suggests that smokers have average In(FEV) that is 1.1604750 - 0.8883953 = 0.2720807 log(FEV) units higher in the smokers than non-smokers. The 95% confidence interval has endpoints (rounded to two decimal places) of 0.19 to 0.36 which suggests mean Iog(FEV) is higher in smokers than non-smokers (p =  $2.363 \times 10^{-10}$  using equal variances assumed for the two-sided test but it is essentially the same if we don't assume equal variances). If we convert to the hypothesized one-sided test, where Ha: the smokers have lower mean In(FEV) than non-smokers, the p-value > 0.999999.

Note that the confidence interval suggests the median FEV of smokers is 1.2 to 1.4 times the median FEV of non-smokers (with 95% confidence).

Note that using LN(FEV) we see that the normality assumption is reasonably met but the equal variances assumption is suspect, although the sample variances are not *too* difference from each other with  $S^2 = 0.110$  for non-smokers and  $S^2 = 0.055$  for smokers (the variance of non-smokers is double that of smokers, so it is not *too* bad but possibly of concern. There are several outliers in the boxplots but with the sample sizes so large I am less concerned about them.



b. This seems weird, smokers have higher median pulmonary function (forced expiratory volume). So - Yes! This is surprising as I would expect lung function to be better in non-smokers, on average, than in smokers. This suggests the opposite! Wassup with that?!

2.

- a. The test of no association is equivalent to testing if the slope coefficient is 0: Ho:  $\beta_1 = 0$  vs. Ha:  $\beta_1 \neq 0$ . The test statistics is t = 6.437 with a p-value < 0.001. There is a lot of evidence of an association between smoking status and average FEV.
- b. The estimated slope coefficient is 0.272, thus we estimate that the average LN(FEV) is 0.272 higher in the smokers than in the non-smokers. (0.19 to 0.36 with 95% confidence). Note that this suggests the median FEV of smokers is 1.2 to 2.4 times the median FEV of non-smokers
- c. These are (and should be) identical results to the two-independent samples t-procedure (assuming equal variances) results from #1! I've highlighted the relevant identical output below.
- d. If smoking status had three levels, then we would include two indicator variables in the model. (DO NOT treat smoking status with the 0/1/2 values as a quantitative variable in your model! Smoking status is categorical and should be treated as thus!) Taking never smoked as the reference group, I1 defined below indicates past smoker vs. never smoked and I2 indicates current smoker vs. never smoked.

Smoking Status	<b>I</b> 1	I2
0 = never smoked	0	0
1 = past smoker	1	0
2 = current smoker	0	1

```
> fit <- lm(log(FEV)~Smoke,data=data)</pre>
> #fit <- lm(log(FEV)~Age+Smoke+I(Age^2),data=data)
> summary(fit)
lm(formula = log(FEV) \sim Smoke, data = data)
Residuals:
                 10
                      Median
-1.12285 -0.22803
                               0.21777
                     0.01238
                                          0.86825
Coefficients:
             Estimate Std. Error t value Pr(>|t|)
                           0.01333 66.668 < 2e-16 ***
0.04227 6.437 2.36e-10 ***
              0.88840
(Intercept)
Smoke
              0.27208
```