



Non-smoker
or
Smoker?



Predicting Smoking Status Using Health Indicators

CS 513 A - Knowledge Discovery & Data Mining (Spring 2025)

Group 4



Himanshu Hemanth Paithane



Vishnu Vardhan Putta



Aditya Yadav

AGENDA

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PROBLEM STATEMENT & PROJECT GOAL

Problem Statement:

- Smoking contributes to numerous diseases including cancer, cardiovascular diseases, and respiratory disorders
- Self-reported smoking status is often unreliable due to social stigma and personal biases
- Healthcare providers need objective methods to identify potential smokers for appropriate interventions
- Early detection of smoking habits can significantly improve targeted interventions and reduce health risks
- Biological indicators and health metrics may reveal smoking habits even when not self-reported

Project Goal:

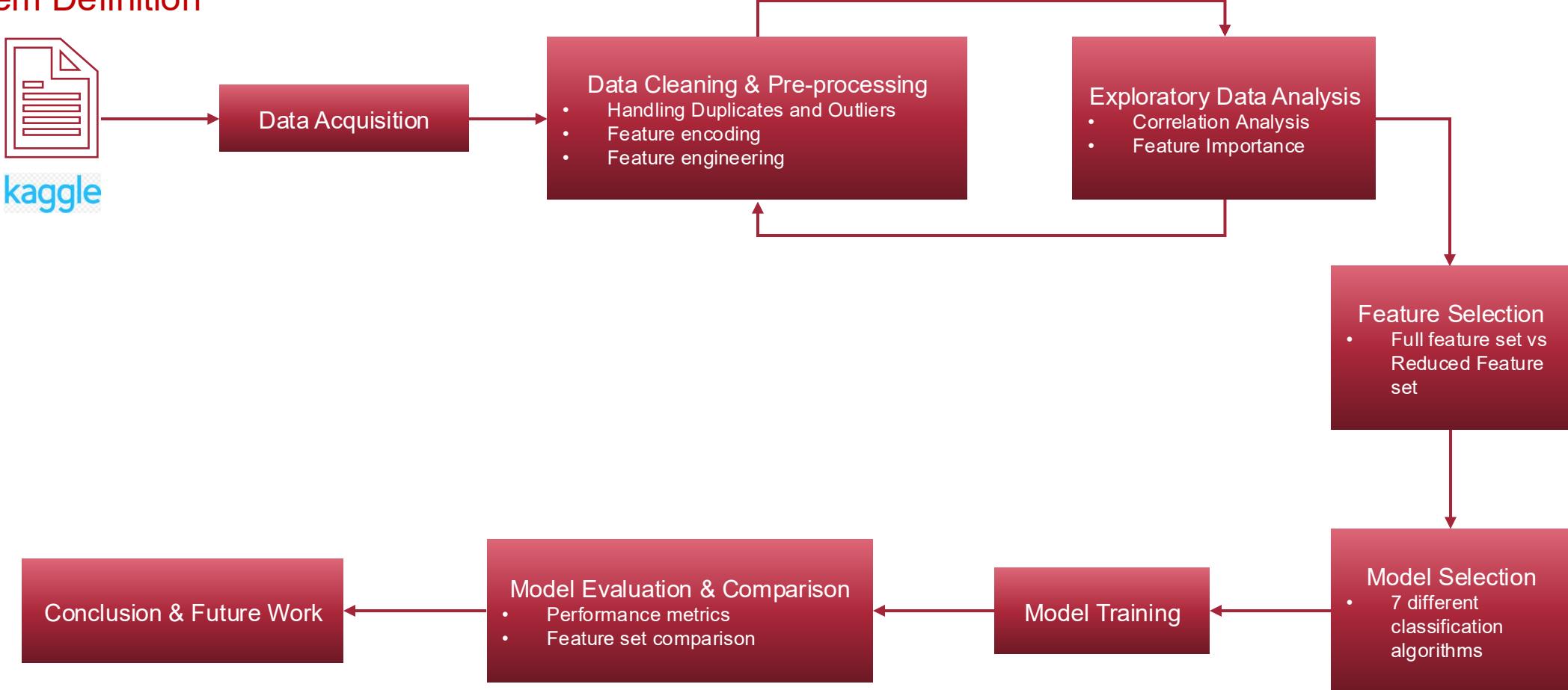
- Develop classification models to accurately predict smoking status based on health indicators
- Identify the most predictive biological signals of smoking
- Determine the minimum set of health indicators needed for reliable prediction
- Compare multiple machine learning approaches to identify optimal models for different use cases

Real-World Applications:

- Healthcare screening to identify potential smokers who don't disclose their habit
- Insurance risk assessment for more accurate premium calculations
- Public health research to study smoking prevalence and effects
- Preventive care and targeted smoking cessation interventions
- Evidence-based policy development for tobacco control

PROJECT WORKFLOW

Problem Definition



DATASET DESCRIPTION

Dataset Overview:

- Source: Kaggle - Body Signal of Smoking Dataset from health screening centers
- URL: <https://www.kaggle.com/datasets/kukuroo3/body-signal-of-smoking/data>
- Original Size: 55,692 records with 27 features
- After cleaning: 44,084 records (removed duplicates and outliers)
- Kaggle Usability Score: 7.06
- Objective: Determine smoking status through biological signals and health indicators
- Target Variable: "smoking" (Binary: 0 = Non-smoker, 1 = Smoker)

Feature Categories:

- Demographics: gender, age, height, weight, waist circumference
- Vital Signs: blood pressure (systolic, diastolic), fasting blood sugar
- Blood Tests: cholesterol (total, HDL, LDL), triglycerides, hemoglobin
- Liver Function: AST, ALT, GTP (liver enzymes)
- Sensory Tests: eyesight (left/right), hearing (left/right)
- Other Health Indicators: dental caries, tartar, urine protein, serum creatinine

Class Distribution:

- 63.3% non-smokers (27,972 records)
- 36.7% smokers (16,112 records)
- Moderate class imbalance requiring appropriate evaluation metrics

DATA CLEANING & PREPROCESSING

Initial Data Assessment:

- 55,692 records with 27 features
- No missing values (all fields complete)
- 11,140 duplicate records identified and removed
- Renamed columns to snake_case format for coding consistency
- Removed unnecessary features:
 - ID column (just an index identifier)
 - 'oral' column (constant value across all records)

Categorical Variable Encoding:

- Gender: F → 0, M → 1
- Tartar: Y → 1, N → 0
- Hearing status: Values standardized as 1 = normal, 2 = abnormal

Data Quality Assessment:

- Examined feature distributions and identified potential outliers
- Checked for class imbalance (63.3% vs 36.7%)
- Verified data types and consistency

Final Dataset:

- After cleaning: 44,084 records with 25 features
- Created two datasets for model comparison:
 - Full feature set: All 29 features (including engineered features)
 - Reduced feature set: Top 15 most important features

OUTLIER DETECTION AND REMOVAL

Outlier Detection Method:

- Used Interquartile Range (IQR) method for robust outlier identification
- For each numerical feature:
 - Calculated Q1 (25th percentile) and Q3 (75th percentile)
 - Defined outlier boundary as $Q1 - 1.5 \times IQR$ and $Q3 + 1.5 \times IQR$
 - Flagged values outside this range as potential outliers
- Conservative approach: only removed rows that were outliers in 5+ columns
- This preserved legitimate variability while removing truly anomalous records

Results:

- 468 outliers identified and removed (1.05% of data)
- Final dataset: 44,084 records
- Particularly affected features: triglyceride, ALT, AST, GTP (liver enzymes)

Why IQR Method?

- Resistant to extreme values (doesn't rely on mean)
- Uses quartiles for robust representation of data distribution
- $1.5 \times IQR$ threshold is statistically sound and widely accepted
- Preserves natural biological variability while removing true anomalies

TARGET VARIABLE AND CLASS DISTRIBUTION

Target Variable Analysis:

- Binary classification: Smoker (1) vs Non-smoker (0)
- After cleaning: 63.3% non-smokers (27,972), 36.7% smokers (16,112)
- Class ratios preserved in train/test splits using stratification

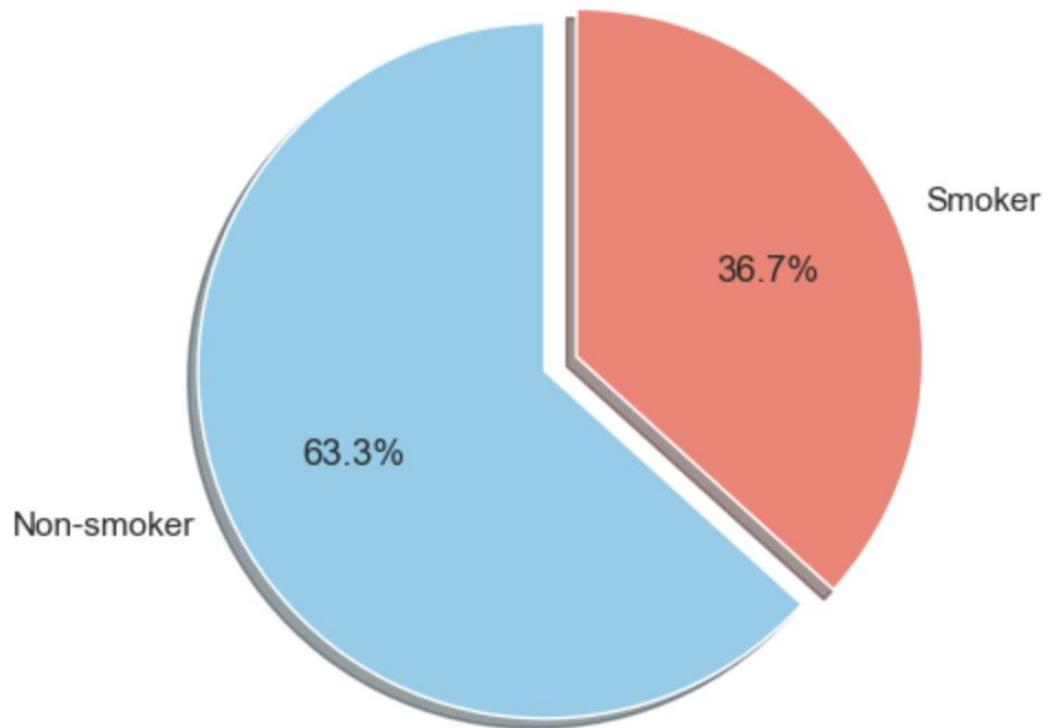
Class Imbalance Assessment:

- 63:37 ratio represents moderate imbalance
- Not severe enough to require advanced resampling techniques
- Comparable to real-world smoking prevalence in many populations
- According to class imbalance literature:
 - 60:40 or 70:30 is mild imbalance
 - 80:20 is moderate imbalance
 - 90:10 or more extreme is severe imbalance

Evaluation Strategy:

- 80% training set, 20% test set
- Stratified sampling to maintain class distribution
- Multiple metrics beyond accuracy:
 - Precision, Recall, F1-score, ROC-AUC

Smoking Status Distribution (%)



NUMERICAL FEATURE DISTRIBUTIONS

Numerical Feature Histograms:

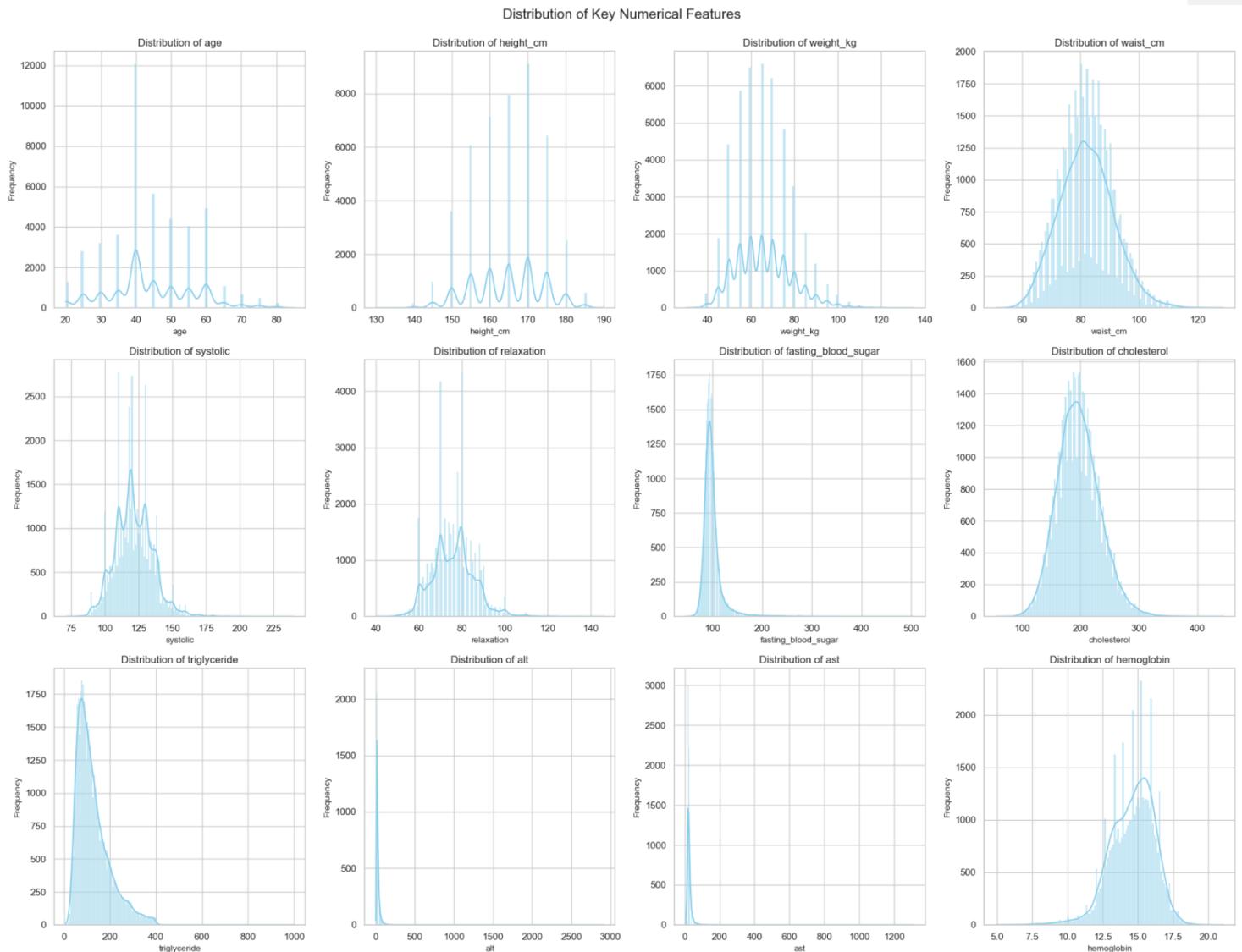
- Explored distributions of key health indicators to understand data characteristics
- Most features show approximately normal distributions with varying degrees of skewness
- Some features display clear bimodal patterns related to gender differences

Key Observations:

- Height and hemoglobin show bimodal distributions (gender effect)
- Liver enzymes (AST, ALT) are right-skewed with long tails
- Triglyceride levels show significant right skew with outliers
- Blood pressure and cholesterol metrics have approximately normal distributions
- Age distribution reflects sampling across different age groups

Implications for Modeling:

- Skewed distributions may affect some models more than others
- Bimodal distributions highlight the importance of gender as a factor
- Range and scale differences justify normalization for distance-based models
- Outlier handling was critical for heavily skewed features



CORRELATION ANALYSIS

Top Positive Correlations:

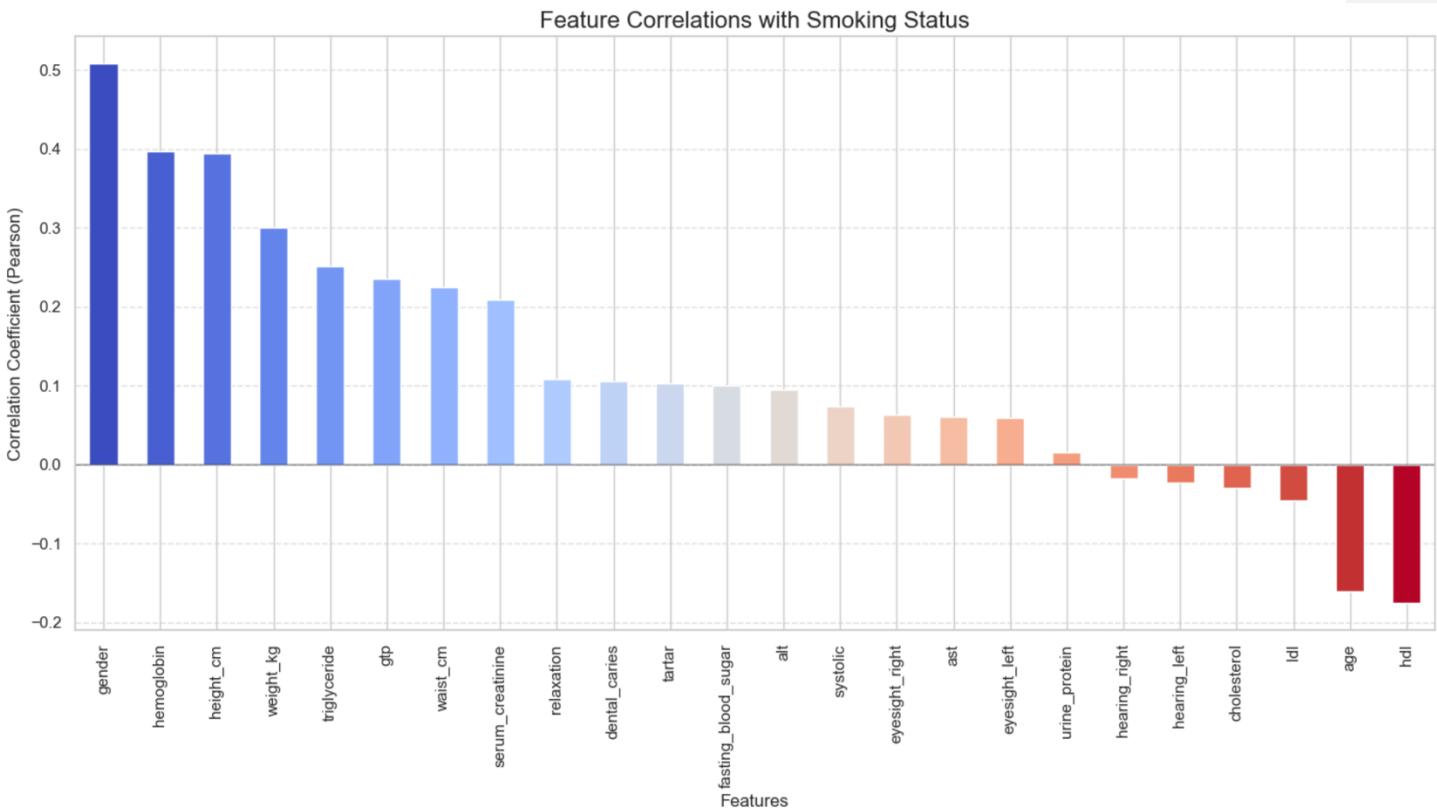
- Gender (0.508) - Significantly higher in males
- Hemoglobin (0.397) - Higher levels in smokers (CO effect)
- Height (0.394) - Taller individuals (gender-related)
- Weight (0.299) - Heavier individuals
- Triglyceride (0.251) - Higher levels in smokers
- GTP (0.247) - Elevated liver enzyme in smokers

Top Negative Correlations:

- HDL (-0.176) - Lower "good" cholesterol in smokers
- Age (-0.161) - Younger individuals more likely smokers
- LDL (-0.045) - Negative correlation with "bad" cholesterol
- Cholesterol (-0.030) - Slight negative correlation with total cholesterol
- Hearing status (-0.024) - Minor correlation with hearing

Physiological Significance:

- Smoking increases carbon monoxide in blood, leading to compensatory increase in hemoglobin
- Smoking negatively impacts HDL (good cholesterol) levels
- Smoking affects liver function (GTP, ALT)
- Strong gender effect suggests different smoking patterns between males and females
- Correlations align with established medical knowledge about smoking effects



FEATURE ENGINEERING

New Features Created:

- BMI (Body Mass Index) = $\text{weight_kg} / (\text{height_cm}/100)^2$
 - Standard health metric used in medical assessment
- Blood Pressure Ratio = $\text{systolic} / \text{relaxation}$
 - Indicator of cardiovascular health
- Cholesterol Ratio = $\text{total_cholesterol} / \text{hdl}$
 - Key predictor of cardiovascular risk
- LDL/HDL Ratio = ldl / hdl
 - More specific lipid balance indicator
- Hypertension (binary) = 1 if ($\text{systolic} \geq 140$ OR $\text{relaxation} \geq 90$)
 - Clinical diagnosis indicator

Correlation with Smoking:

- Cholesterol Ratio: 0.145 (strongest new feature)
- LDL/HDL Ratio: 0.071
- BMI: 0.104
- BP Ratio: -0.061
- Hypertension: 0.010

Clinical Relevance:

- Engineered features capture important health relationships
- Cholesterol ratio is widely used in cardiovascular risk assessment
- BMI provides standardized weight-to-height relationship
- BP ratio reflects arterial stiffness and cardiovascular function
- These metrics are routinely used in clinical practice

FEATURE IMPORTANCE AND SELECTION

Feature Importance Method:

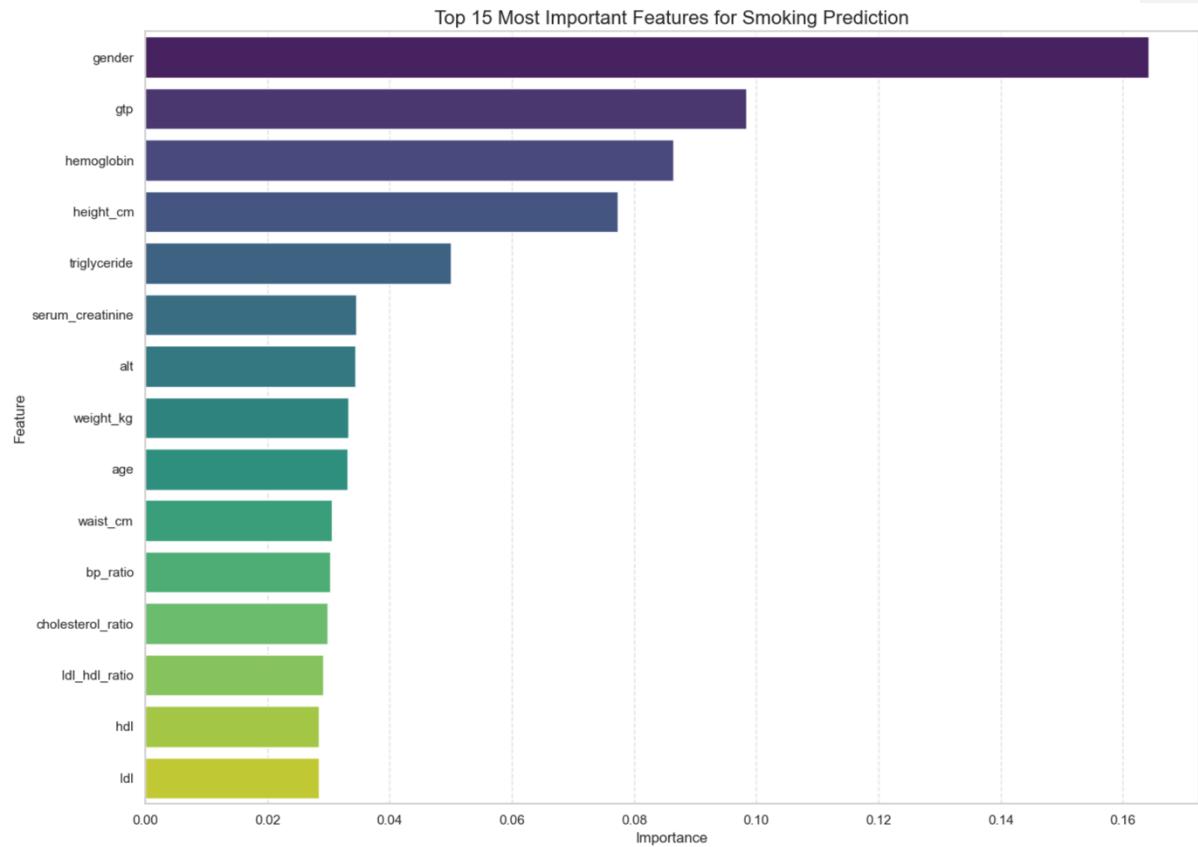
- Used Random Forest for feature ranking
- Benefits: Handles non-linear relationships, robust to outliers
- 100 trees with controlled depth to avoid overfitting
- Cross-validated to ensure stability and generalizability

Feature Selection Strategy:

- Created reduced dataset with top 15 features
- Will compare model performance: full vs. reduced set
- Potential benefits of reduced feature set:
 - Lower data collection costs
 - Faster computation
 - Reduced overfitting risk
 - More interpretable models

Top 15 Important Features:

- Gender (0.164)
- GTP (0.098)
- Hemoglobin (0.086)
- Height (0.077)
- Triglyceride (0.050)
- Serum creatinine (0.035)
- ALT (0.034)
- Weight (0.033)
- Age (0.033)
- Waist circumference (0.031)
- Blood Pressure ratio (0.030)
- Cholesterol ratio (0.029)
- LDL/HDL ratio (0.029)
- HDL (0.028)
- LDL (0.028)



MODEL: KNN

KNN Approach:

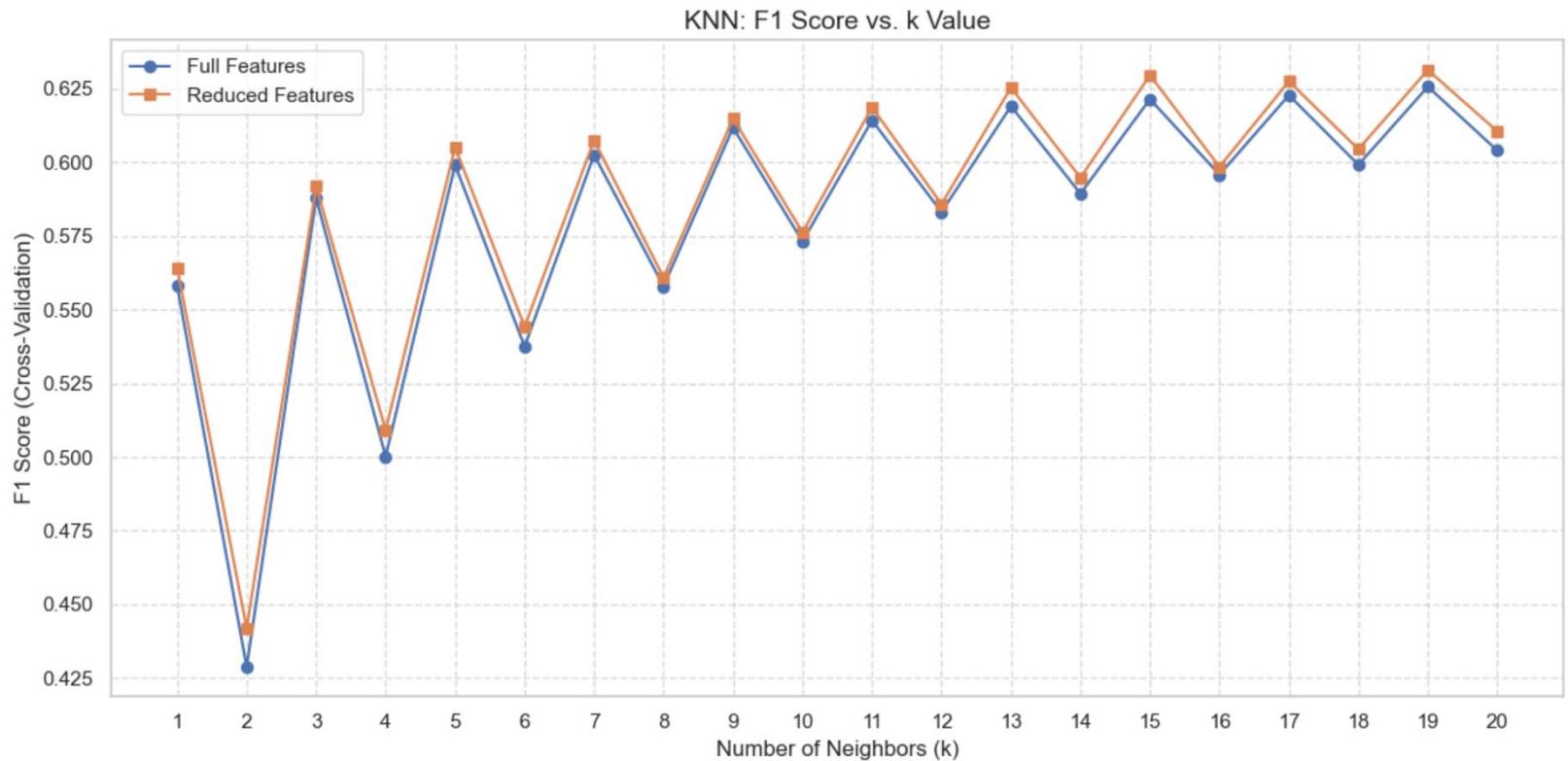
- K-Nearest Neighbors classifies based on similarity to training examples
- Distance-based method requiring careful feature scaling
- Applied MinMaxScaler to scale all features to [0, 1] range
- Euclidean distance used for proximity calculation

Optimization Process:

- Tested K values from 1 to 20 using 5-fold cross-validation
- Used F1-score as optimization metric to balance precision and recall
- Evaluated both full and reduced feature sets

Results:

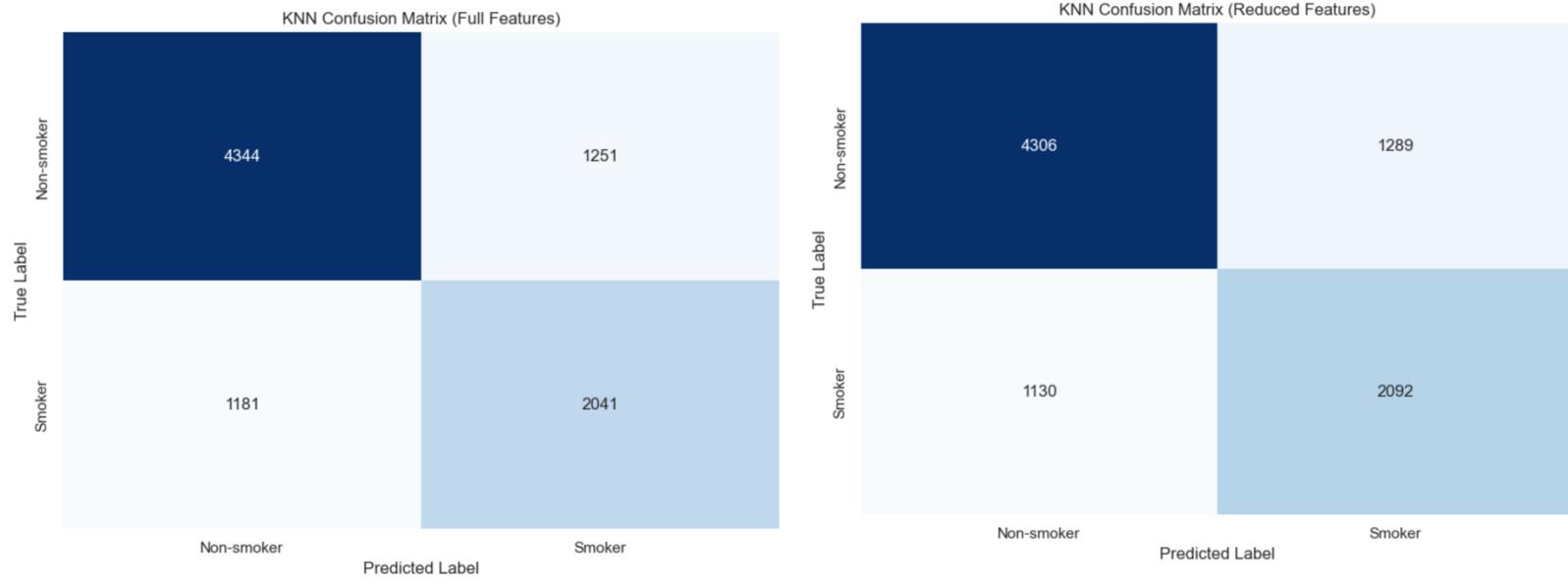
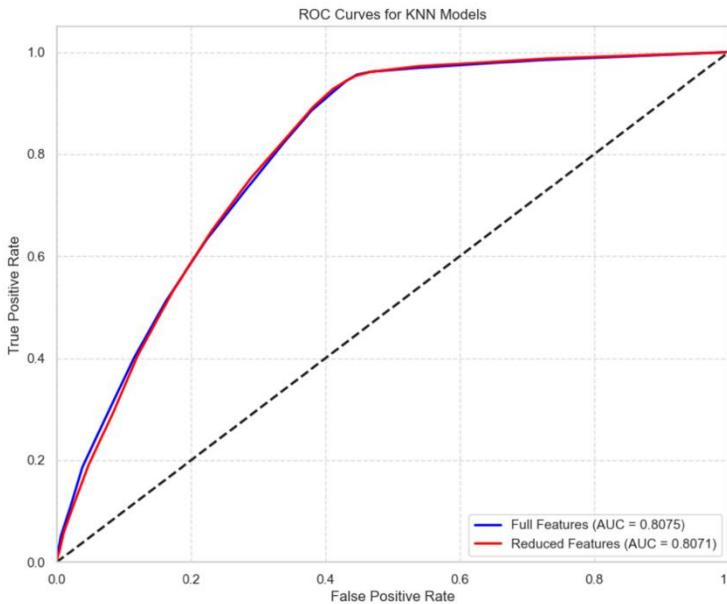
- Optimal K for both datasets: K = 19
- Larger K indicates smoother decision boundaries needed
- Similar optimal K for both feature sets suggests consistent neighborhood structure
- K=19 provides noise resistance while maintaining predictive power



MODEL: KNN

Performance Metrics:

Metric	Full Features	Reduced Features
Accuracy	0.724	0.726
Precision	0.620	0.619
Recall	0.633	0.649
F1 Score	0.627	0.634
ROC AUC	0.808	0.807



Key Observations:

- Reduced feature set performs slightly better than full set
- Improved recall with reduced features (+1.6%)
- Feature reduction simplifies model without performance loss
- Good balance between precision and recall
- Provides strong baseline with simple, interpretable algorithm
- ROC AUC of ~0.81 indicates good discrimination ability

MODEL: DECISION TREE (CART)

CART Implementation:

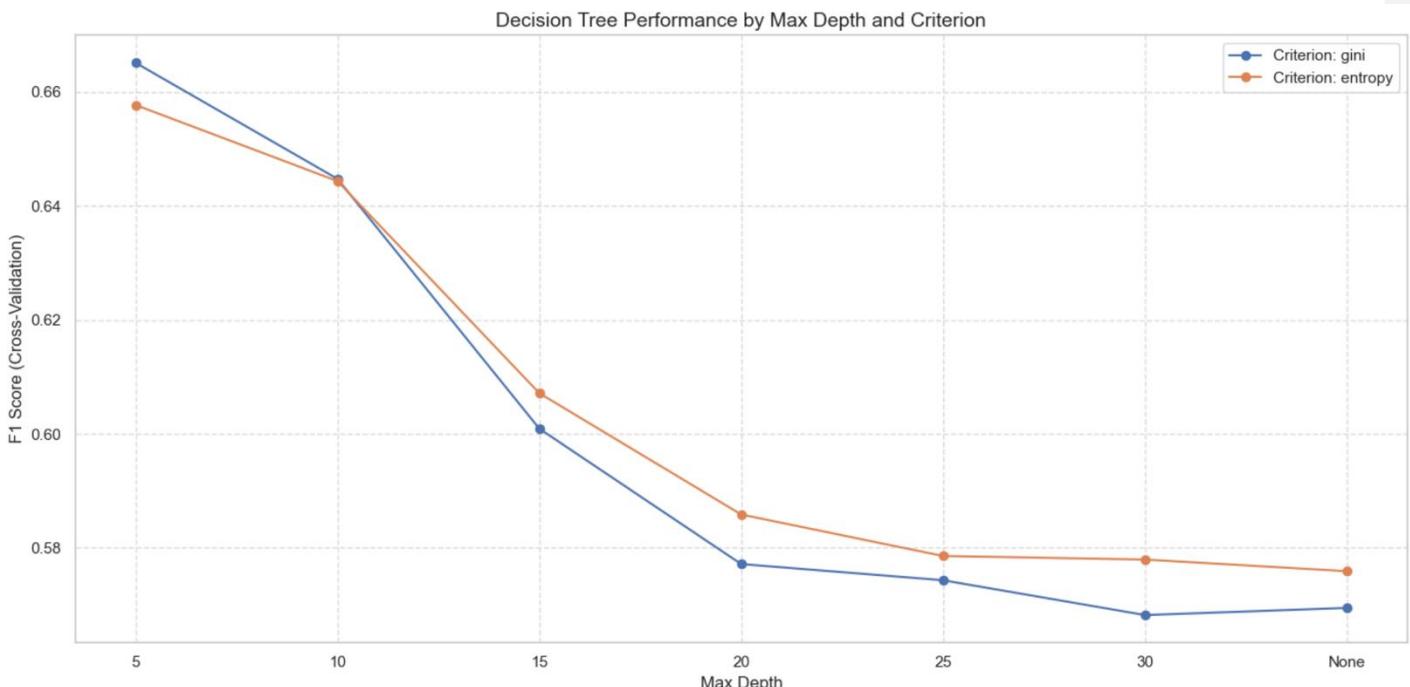
- Classification and Regression Trees (CART) recursively partition data
- Creates a flowchart-like structure of binary decisions
- No feature scaling required (threshold-based decisions)
- Naturally handles both numerical and categorical features

Optimization Approach:

- Tested different split criteria:
 - Gini impurity: Measures probability of misclassification
 - Entropy: Measures information gain
- Explored max_depth values: 5, 10, 15, 20, 25, 30, None
- Evaluated 50 different random states for tree initialization
- Used cross-validation F1-score for parameter selection

Best Parameters:

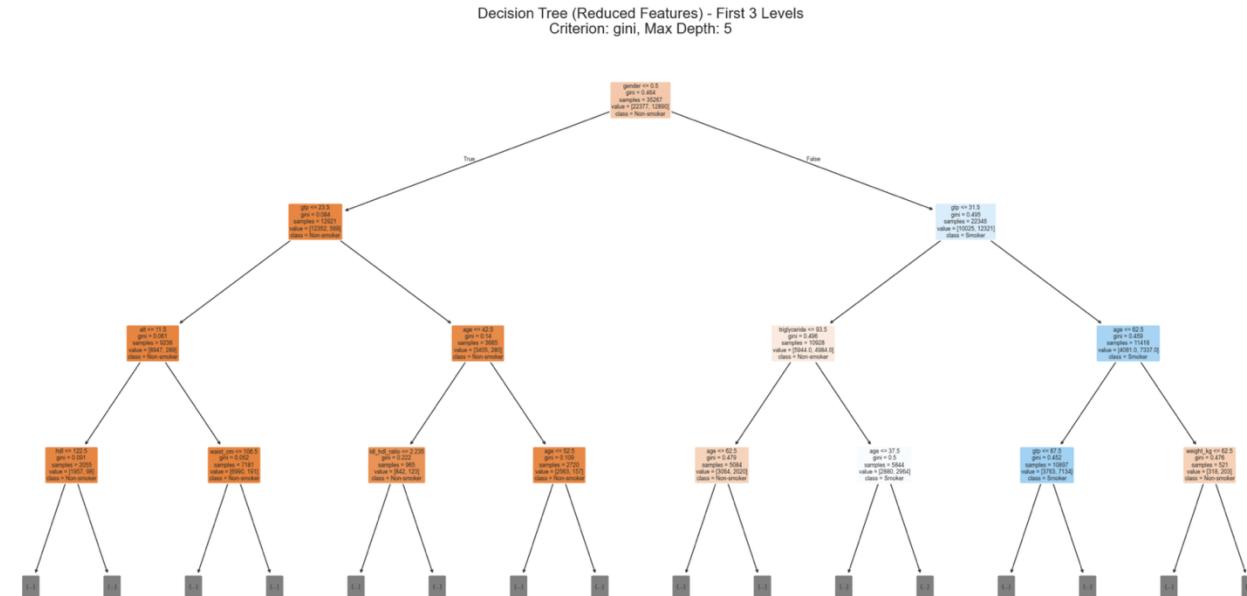
- Criterion: gini
- Max Depth: 5
- Random State: 1
- Best Cross-Validation F1 Score: 0.67



MODEL: DECISION TREE (CART)

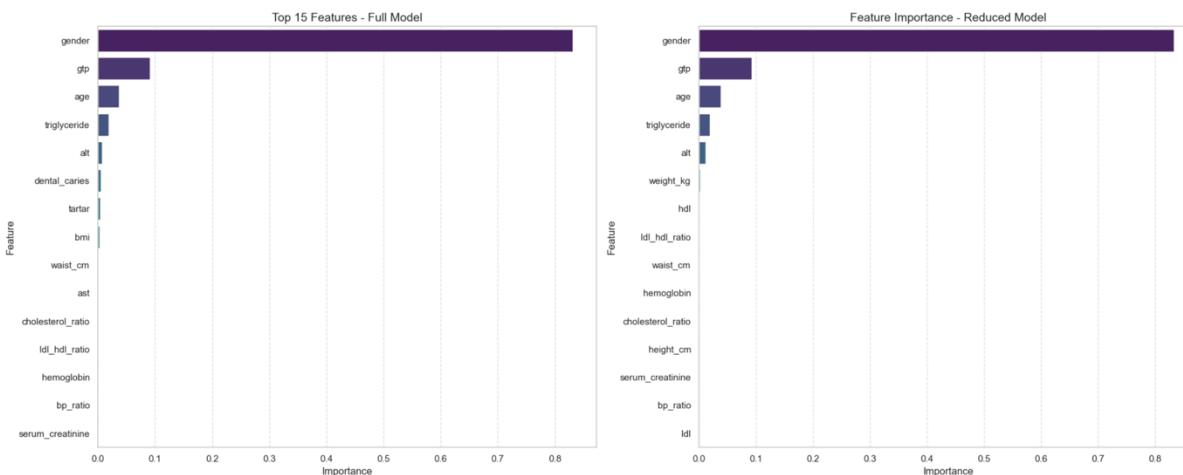
Tree Structure Insights:

- Root node splits on gender (most discriminative feature)
- For males (gender=1):
 - GTP is the next most important split
 - Age and hemoglobin form subsequent decision points
- For females (gender=0):
 - Different feature pathway follows
 - Hemoglobin and triglyceride are key factors



Top Important Features:

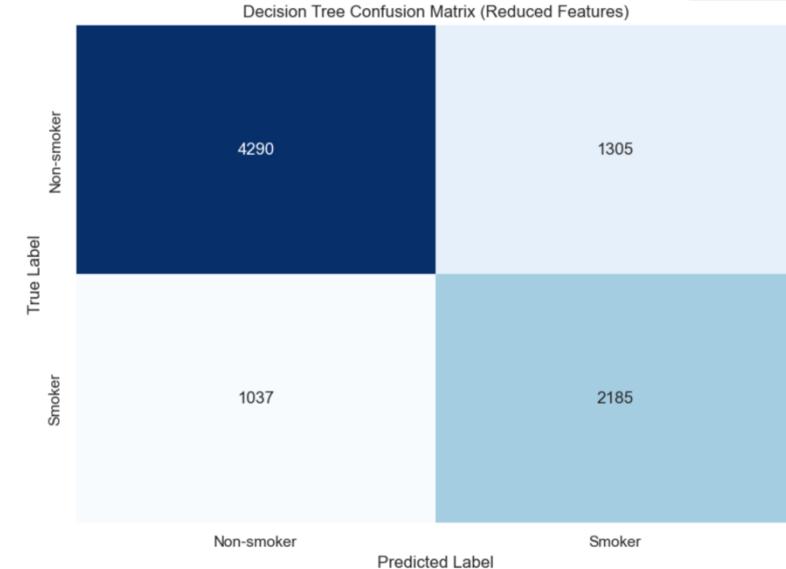
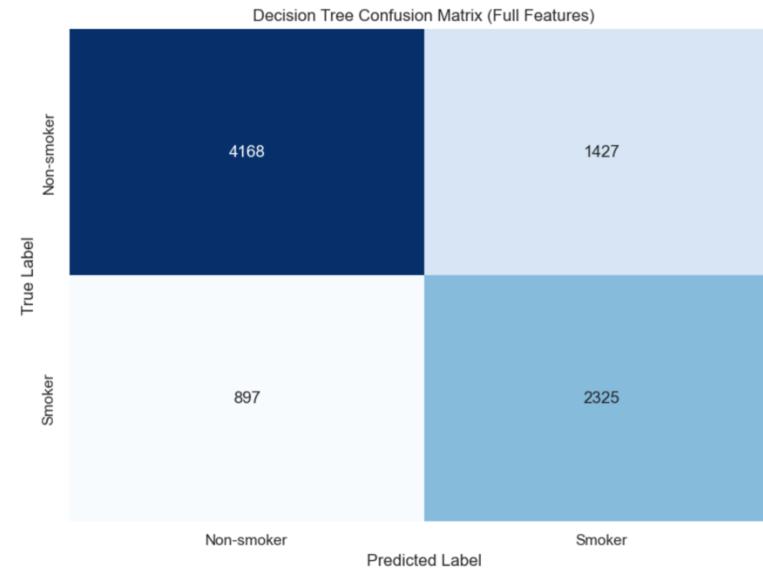
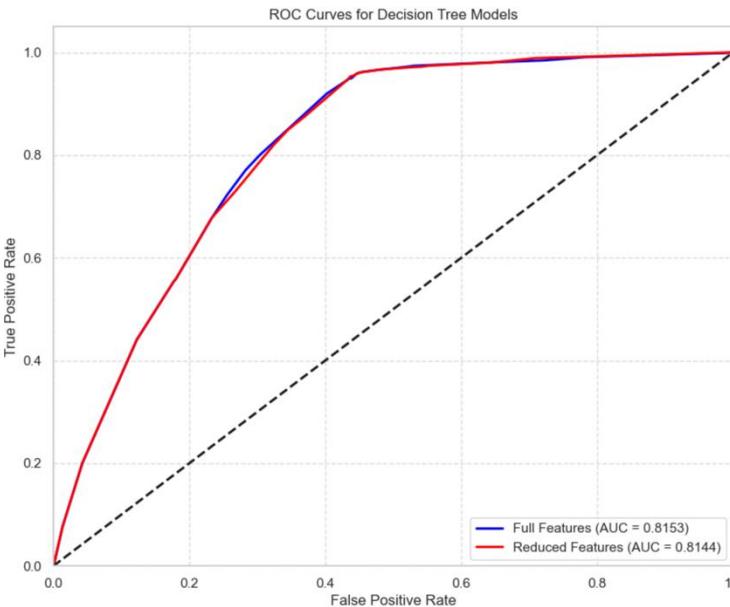
1. Gender (0.83) - Dominates the decision process
2. GTP (0.09) - Liver enzyme elevated in smokers
3. Age (0.04) - Age-related smoking patterns
4. Triglyceride (0.02) - Lipid marker affected by smoking
5. ALT (0.01) - Liver function indicator



MODEL: DECISION TREE (CART)

Performance Metrics:

Metric	Full Features	Reduced Features
Accuracy	0.736	0.734
Precision	0.620	0.626
Recall	0.722	0.678
F1 Score	0.667	0.651
ROC AUC	0.815	0.814



Observations:

- Full feature set provides better recall (+4.3%)
- Reduced feature set gives slightly better precision
- Only 2.4% reduction in F1-score with reduced features
- Minimal impact on ROC AUC (0.001 difference)
- Simple tree structure provides excellent interpretability
- Outperforms KNN on recall, accuracy, and ROC AUC

MODEL: RANDOM FOREST

Random Forest Approach:

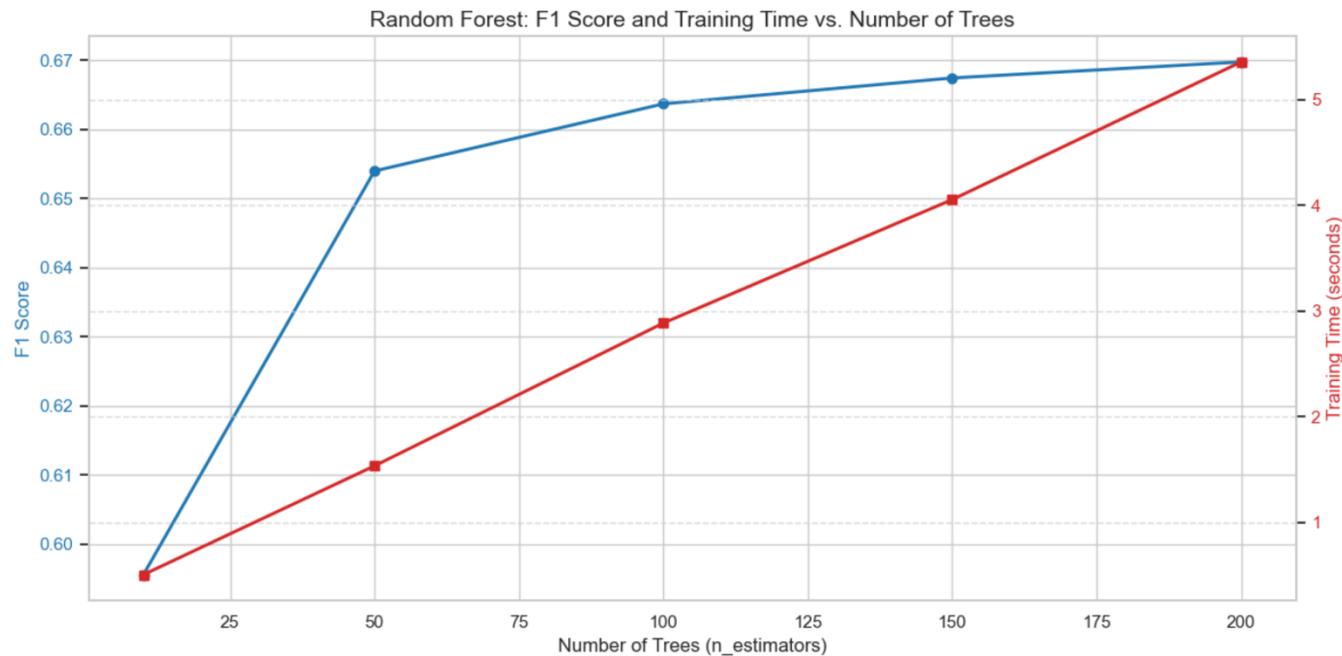
- Ensemble of decision trees, each trained on random data subsets
- Each tree considers random feature subset when splitting
- Final prediction by majority voting across all trees
- Naturally handles feature interactions and non-linearities
- More stable than single decision trees

Parameter Optimization Process:

- Two-stage optimization:
 - First optimized `n_estimators` (number of trees): 10, 50, 100, 150, 200
 - Then optimized `max_depth` using best `n_estimators`: 5, 10, 15, 20, 25, 30, None
- Measured both performance (F1-score) and training time

Results:

- Best `n_estimators`: 200
- Best `max_depth`: 10
- F1-score: 0.68 (cross-validation)
- Performance plateaus after 150 trees



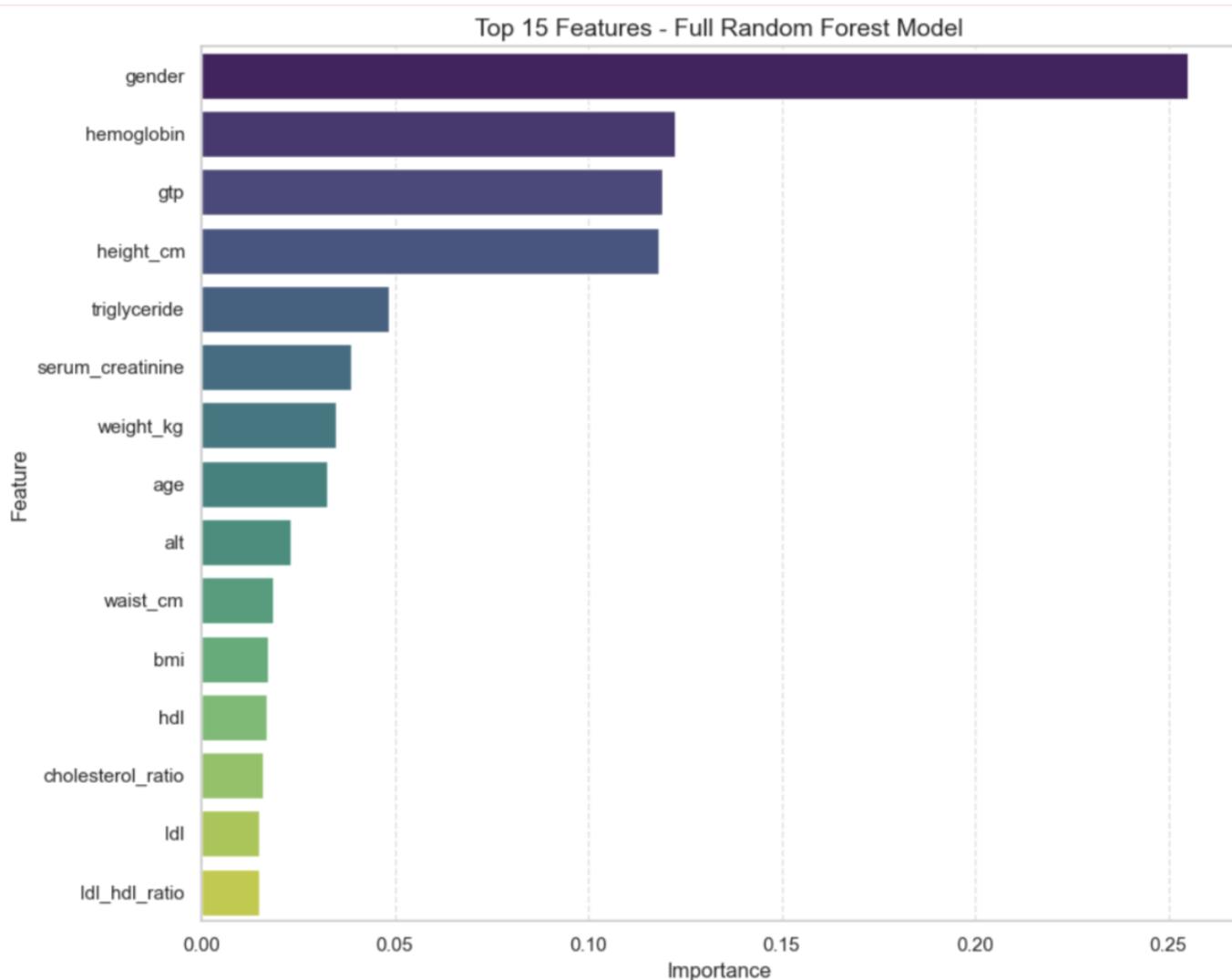
MODEL: RANDOM FOREST

Feature Importance Analysis:

- More balanced feature importance distribution than single tree
- Less dominated by gender (25% vs. 83% in single tree)
- Considers complex feature interactions

Top Important Features:

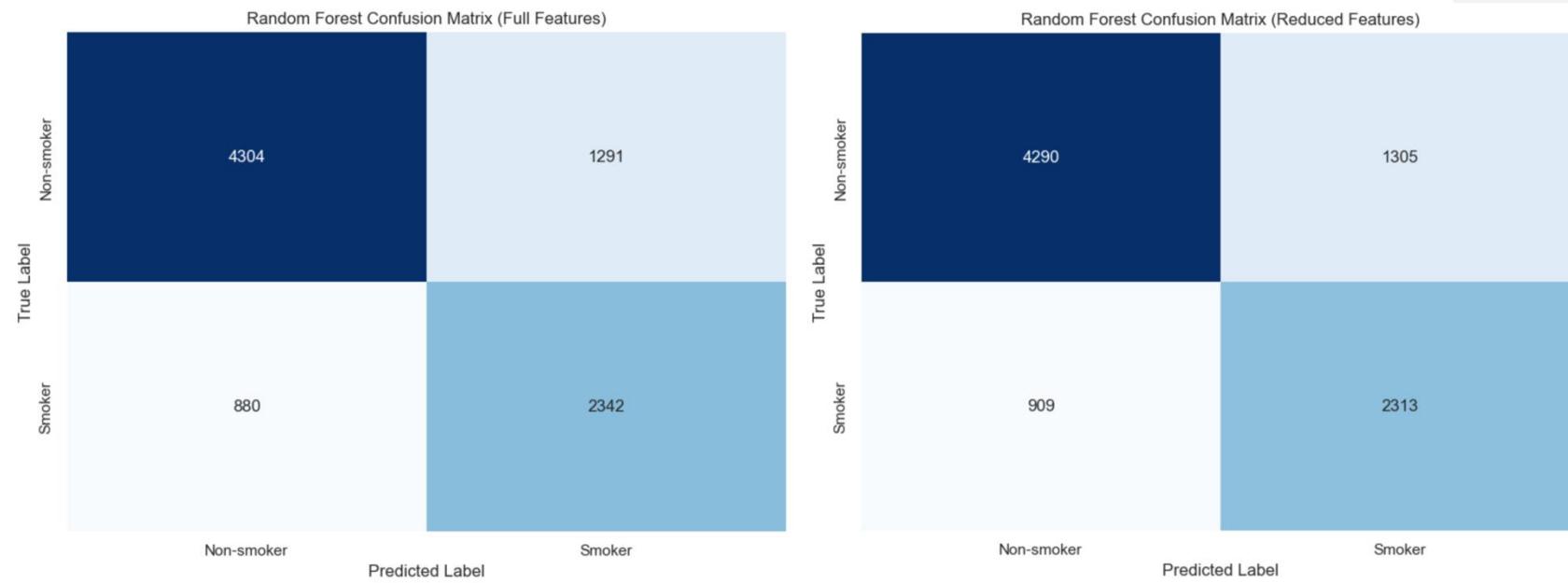
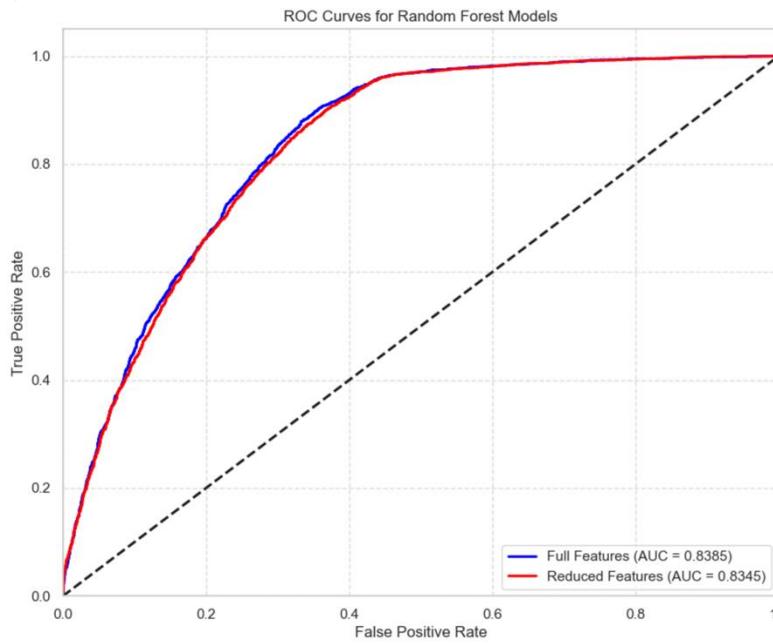
1. Gender (0.25) - Still most important, but more balanced
2. Hemoglobin (0.12) - Affected by carbon monoxide from smoking
3. GTP (0.12) - Liver enzyme elevated in smokers
4. Height (0.12) - Correlates with gender differences
5. Triglyceride (0.05) - Lipid affected by smoking



MODEL: RANDOM FOREST

Performance Metrics:

Metric	Full Features	Reduced Features
Accuracy	0.754	0.749
Precision	0.645	0.639
Recall	0.727	0.718
F1 Score	0.683	0.676
ROC AUC	0.838	0.835



Key Observations:

- Highest accuracy among all models tested
- Best performing tree-based model across all metrics
- Strong balance between precision and recall
- Only 1% reduction in F1-score with reduced features
- Highest ROC AUC (0.838) indicates excellent discrimination

MODEL: SVM

SVM Implementation Details:

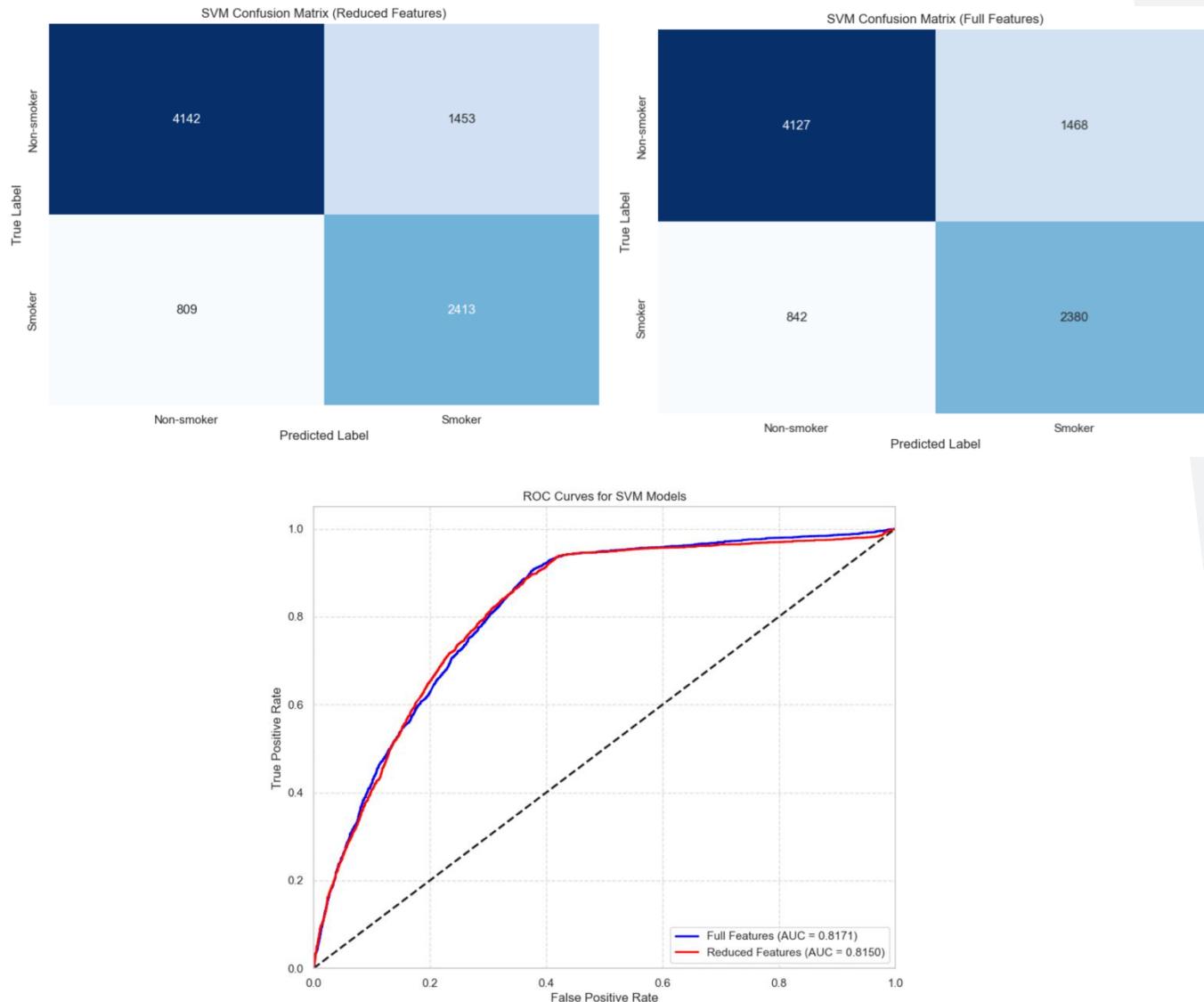
- Support Vector Machine finds optimal hyperplane separating classes
- Used Radial Basis Function (RBF) kernel for non-linear boundaries
- Feature scaling with MinMaxScaler crucial for SVM performance
- Probability estimation enabled for ROC AUC calculation
- Default parameters used: C=1.0, gamma='scale'

Performance Metrics:

Metric	Full Features	Reduced Features
Accuracy	0.738	0.743
Precision	0.619	0.624
Recall	0.739	0.749
F1 Score	0.673	0.681
ROC AUC	0.817	0.815

Key Observations:

- Reduced feature set performs better than full set (+1.2% F1-score)
- Higher recall and precision with fewer features
- Suggests SVM handles dimension reduction well
- Improved accuracy, precision, and recall with reduced features
- Good balance of precision and recall makes it versatile



MODEL: NAIVE BAYES

Naive Bayes Approach:

- Probabilistic classifier based on Bayes' theorem
- "Naive" assumption: features are conditionally independent
- Different variants handle different data distributions
- Fast training and prediction, even with large datasets

Variants Tested:

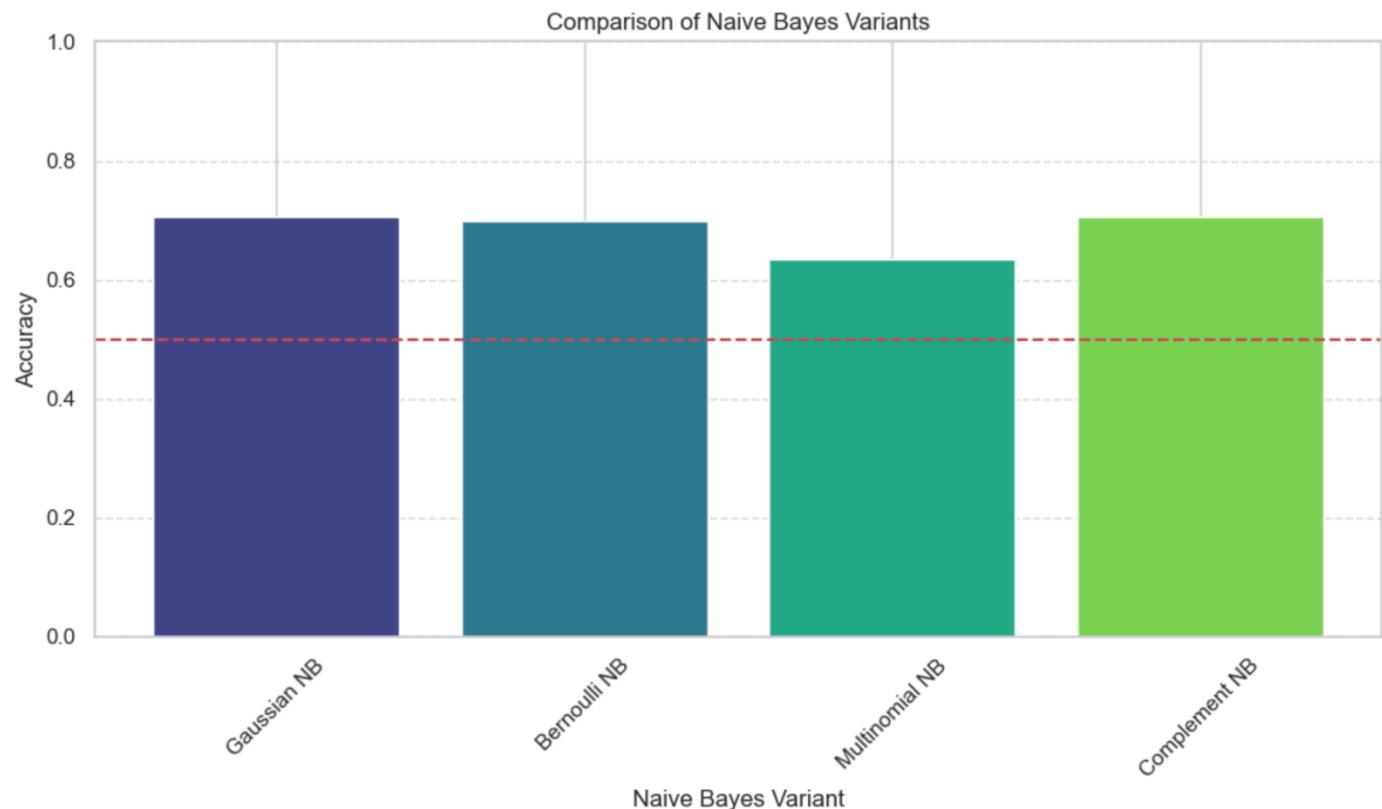
- Gaussian NB: Assumes features follow normal distribution
- Bernoulli NB: For binary/boolean features after binarization
- Multinomial NB: For discrete count data (non-negative features)
- Complement NB: For imbalanced datasets (non-negative features)

Variant Performance:

- Gaussian NB: Accuracy = 0.706
- Bernoulli NB: Accuracy = 0.700
- Multinomial NB: Accuracy = 0.635
- Complement NB: Accuracy = 0.706

Selection Rationale:

- Gaussian NB performs best, matching our continuous health indicators
- Selected Gaussian NB for full evaluation on both feature sets



MODEL: NAIVE BAYES

Implementation Details:

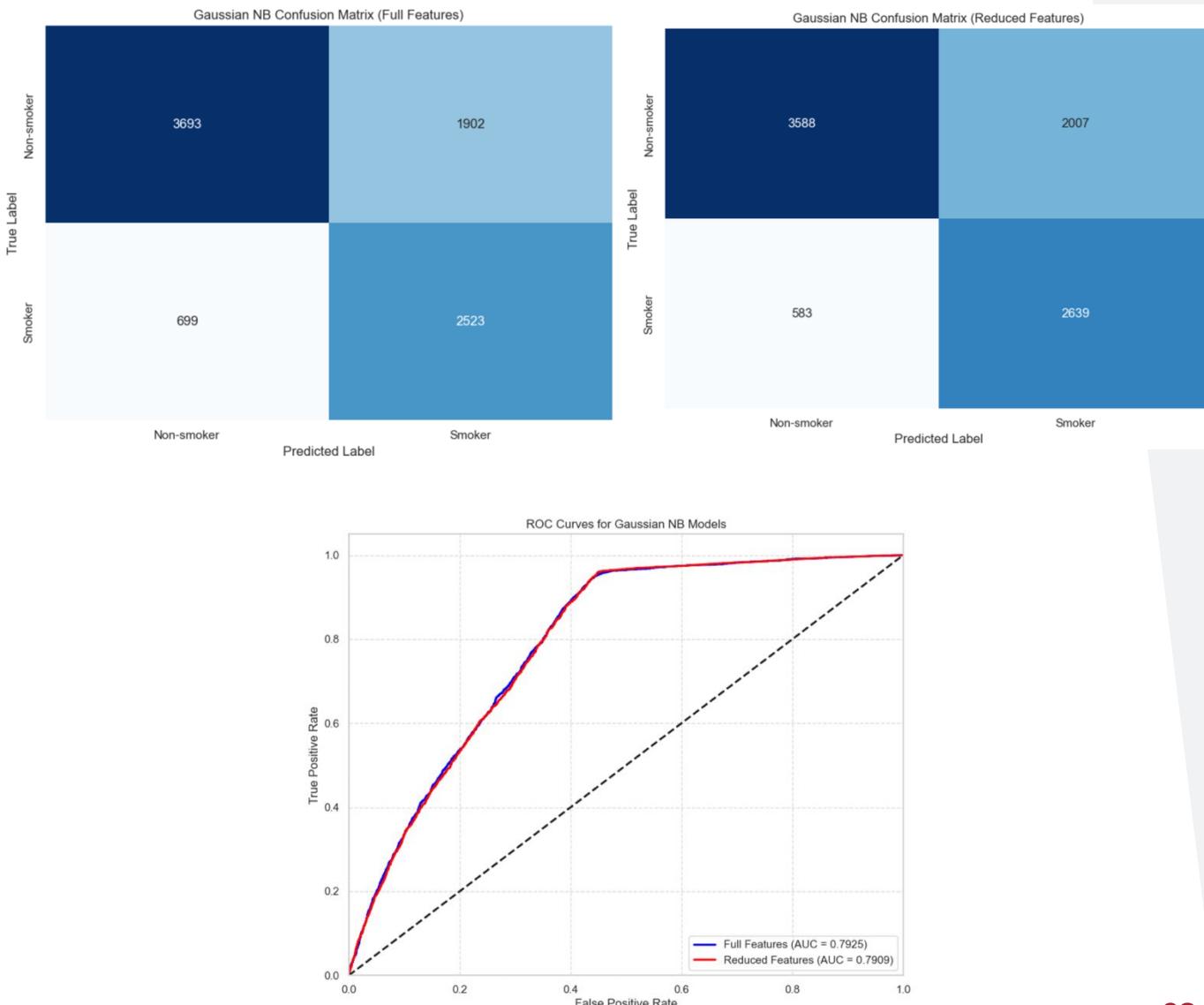
- Applied Gaussian NB to both feature sets
- No feature scaling required (algorithm accounts for feature distributions)
- Default parameters used (no hyperparameter tuning needed)
- Priors calculated automatically from class frequencies
- Fastest training time of all models tested

Performance Metrics:

Metric	Full Features	Reduced Features
Accuracy	0.705	0.706
Precision	0.570	0.568
Recall	0.783	0.819
F1 Score	0.660	0.671
ROC AUC	0.793	0.791

Key Observations:

- Highest recall among all models (up to 82%)
- Particularly good at identifying true smokers (low false negatives)
- Lower precision indicates more false positives
- Reduced feature set improves recall by 3.6%
- Independence assumption may explain lower overall accuracy



MODEL: LOGISTIC REGRESSION

About Logistic Regression:

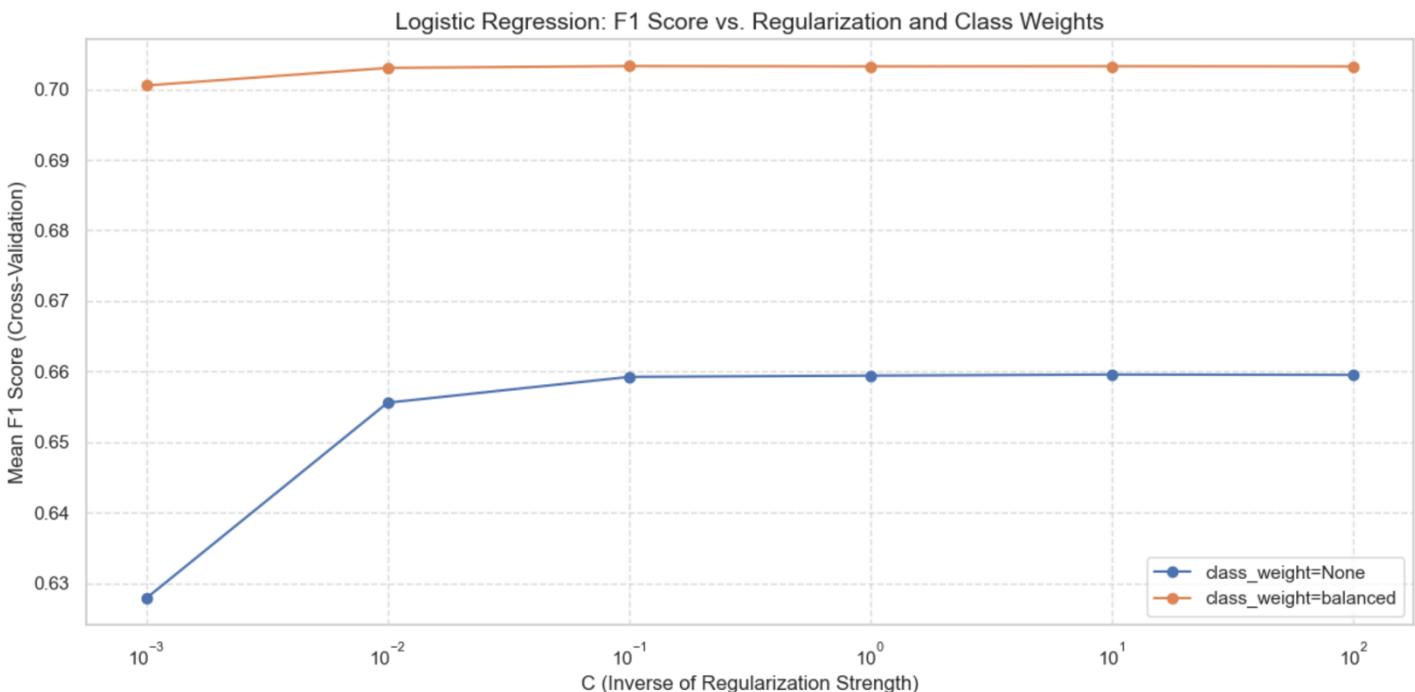
- Linear model for binary classification
- Predicts probability using logistic function transformation
- Models log-odds of positive class as linear combination of features
- Coefficients directly indicate feature importance and direction
- Widely used in medical and epidemiological research

Optimization Approach:

- Tested regularization strengths (C values: 0.001 to 100)
 - C controls inverse of regularization strength
 - Smaller C = stronger regularization = simpler model
- Explored class weight options:
 - None: Equal importance to all classes
 - 'balanced': Weights inversely proportional to class frequencies

Best Parameters:

- C = 0.1 (moderate regularization)
- class_weight = 'balanced'
- Best Cross-Validation F1 Score: 0.703



MODEL: LOGISTIC REGRESSION

Coefficient Interpretation:

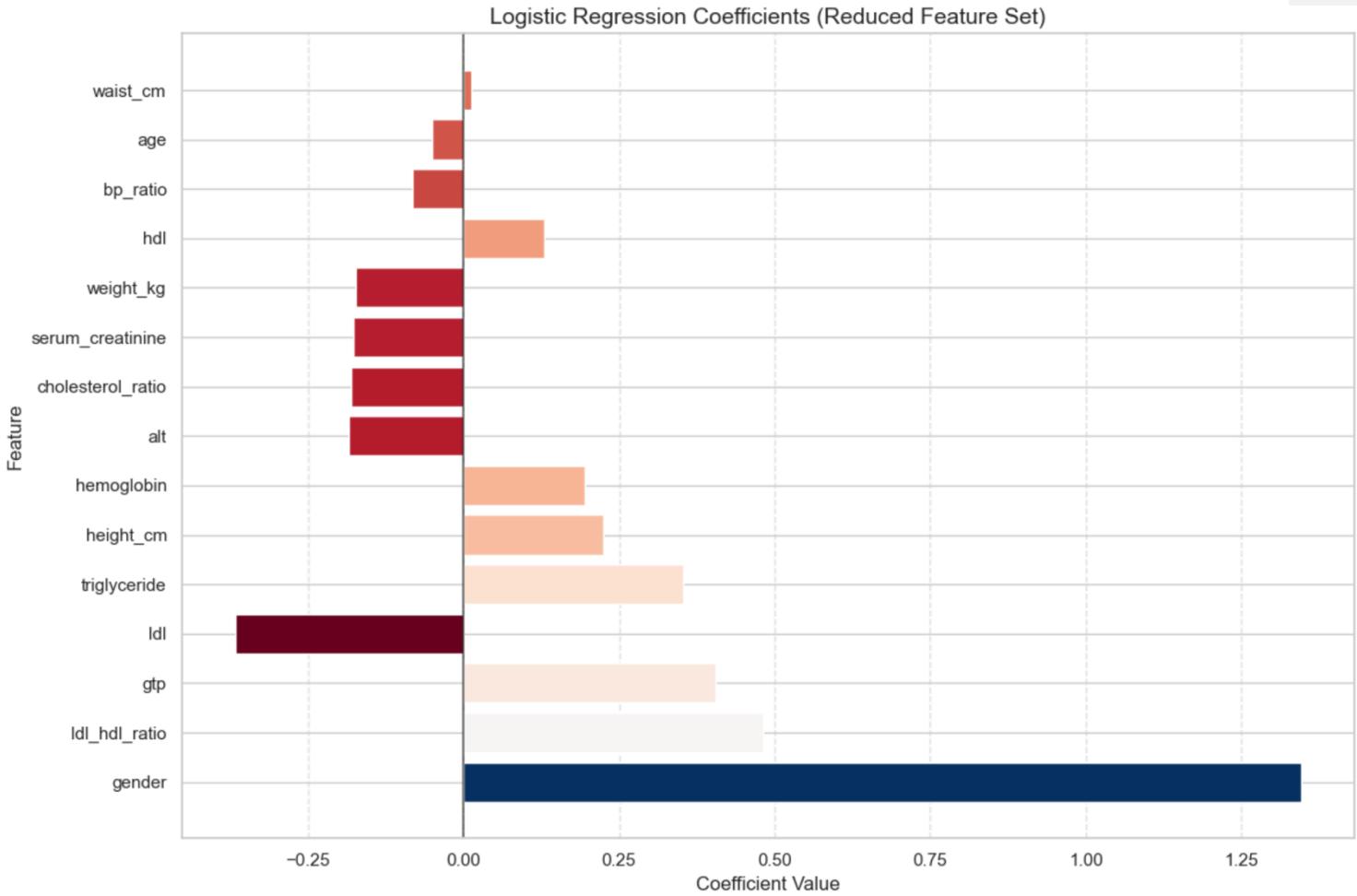
- Each coefficient represents log-odds change per unit feature increase
- Positive coefficient: feature increases smoking probability
- Negative coefficient: feature decreases smoking probability
- Magnitude indicates strength of effect

Top Positive Coefficients:

1. Gender: 1.346 (Males much more likely to be smokers)
2. LDL/HDL ratio: 0.481 (Higher ratio associated with smoking)
3. GTP: 0.405 (Elevated liver enzyme in smokers)
4. Triglyceride: 0.354 (Higher levels in smokers)
5. Height: 0.225 (Taller individuals more likely smokers)

Top Negative Coefficients:

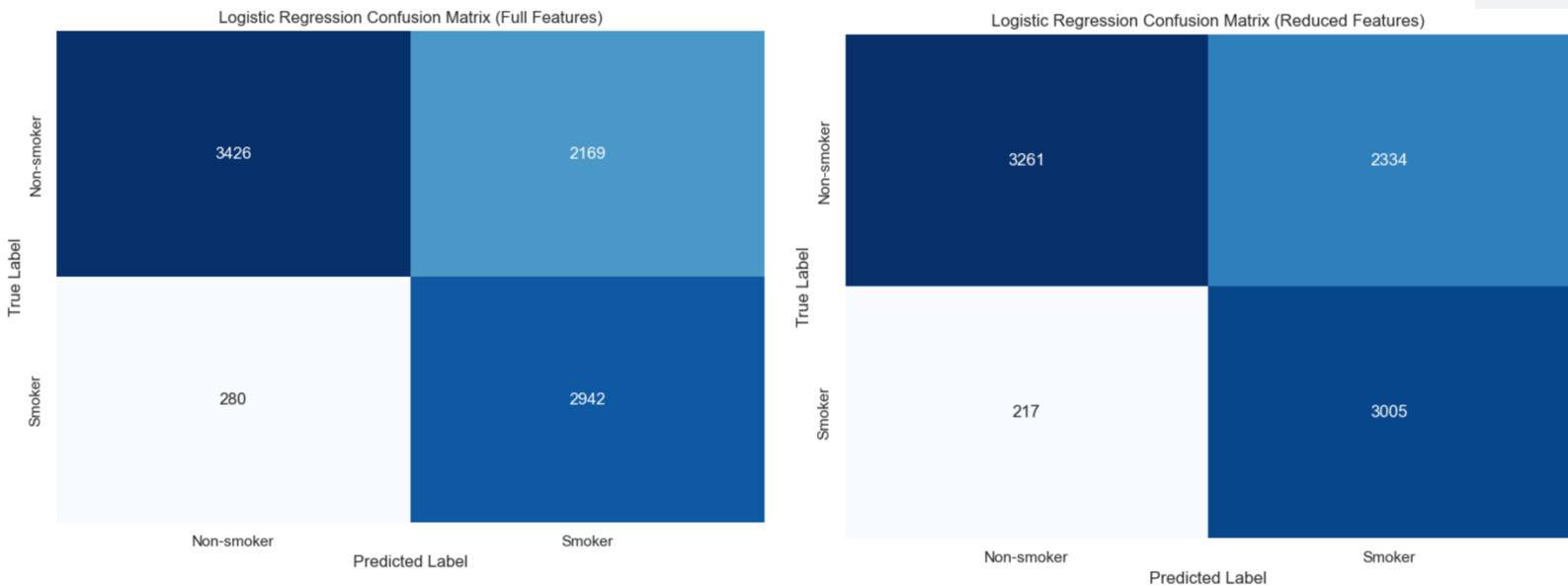
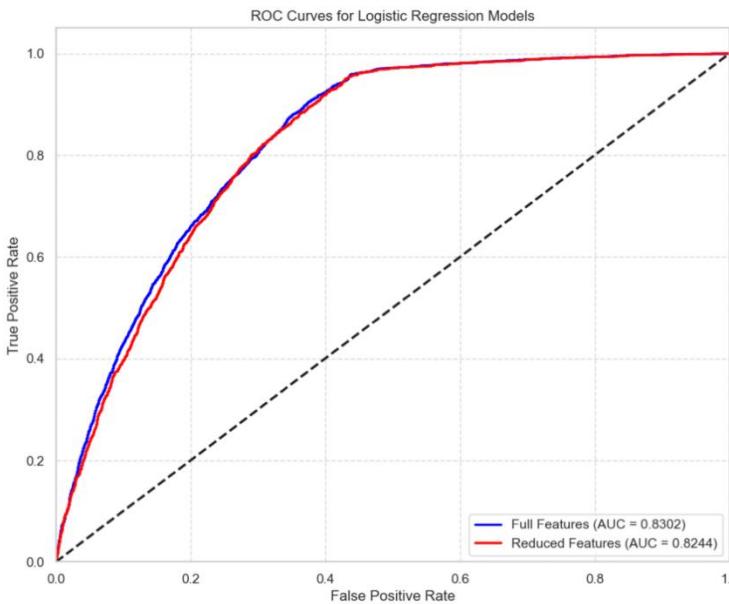
1. LDL: -0.367 (Lower "bad" cholesterol in smokers)
2. ALT: -0.184 (Liver Enzyme)
3. Cholesterol ratio: -0.181 (Complex lipid interactions)
4. Serum creatinine: -0.178 (Kidney function marker)
5. Weight: -0.174 (Complex relationship with smoking)



MODEL: LOGISTIC REGRESSION

Performance Metrics:

Metric	Full Features	Reduced Features
Accuracy	0.722	0.711
Precision	0.576	0.563
Recall	0.913	0.933
F1 Score	0.706	0.702
ROC AUC	0.830	0.824



Key Observations:

- Highest F1 score among all models
- Outstanding recall performance (>90%)
- Lower precision due to higher false positive rate
- Excellent at identifying smokers (misses <10%)
- Balanced class weights help address moderate class imbalance
- Maintains strong performance with reduced features
- Good balance between interpretability and performance

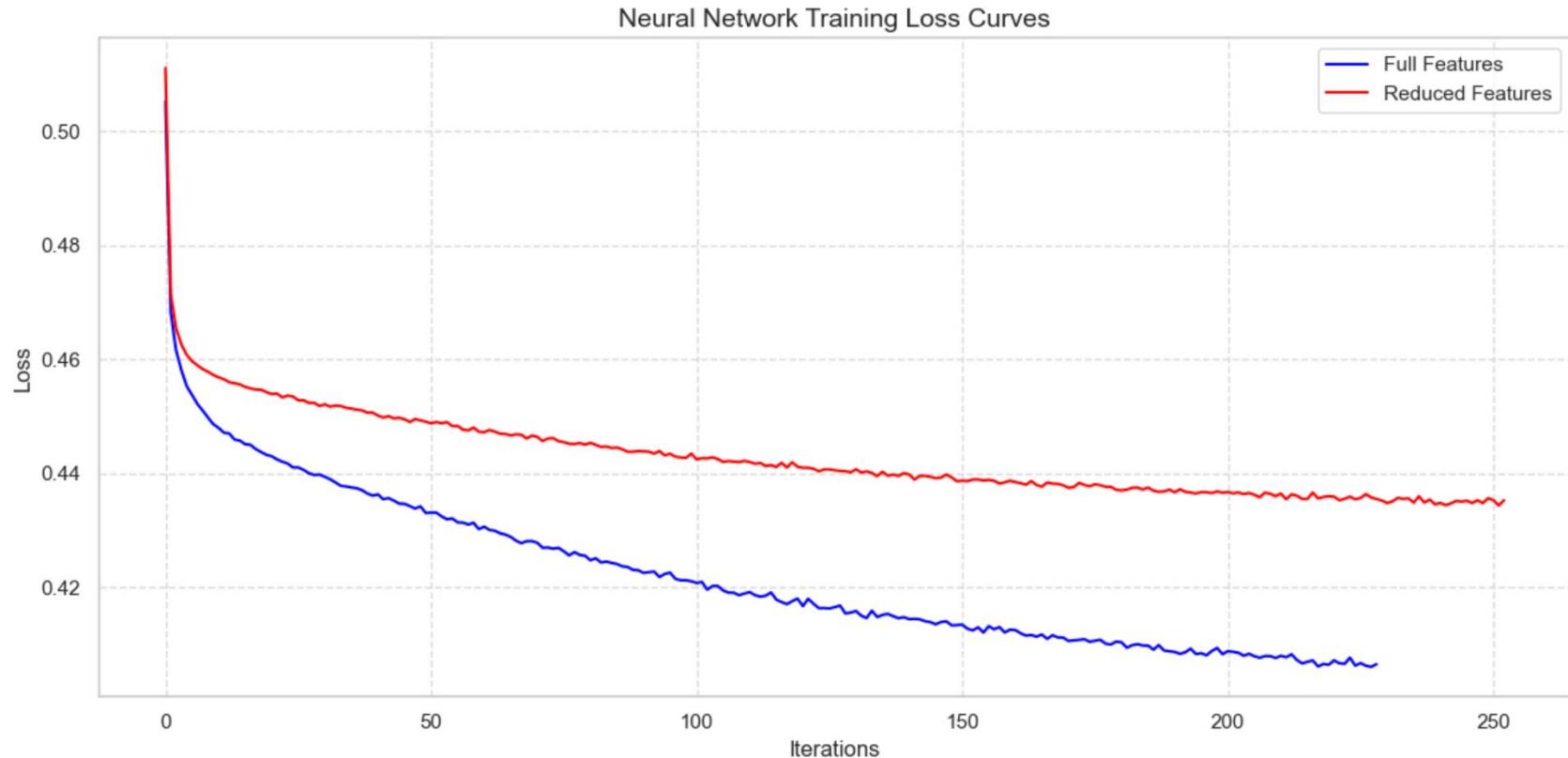
MODEL: ARTIFICIAL NEURAL NETWORK

Network Architecture:

- Multi-Layer Perceptron (MLP) with scikit-learn implementation
- Single hidden layer with 100 neurons
- ReLU activation function for non-linearity
- Adam optimizer for efficient training
- Output layer with softmax activation for probabilities

Implementation Details:

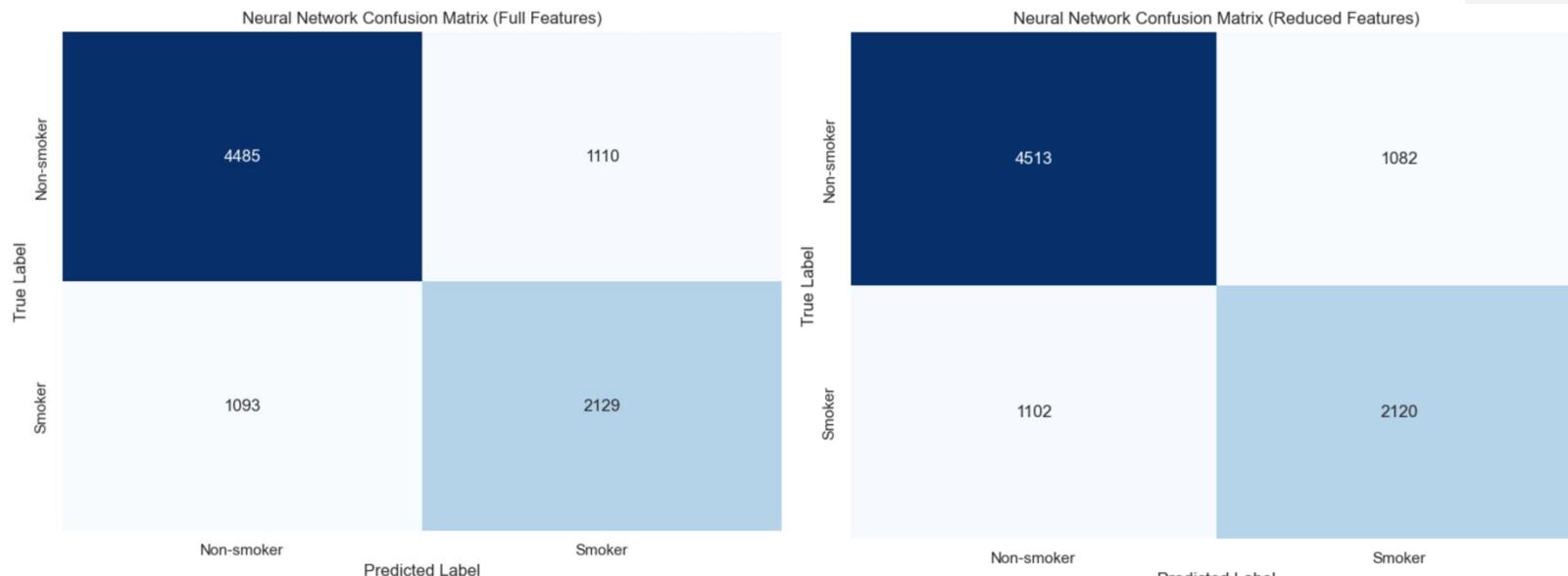
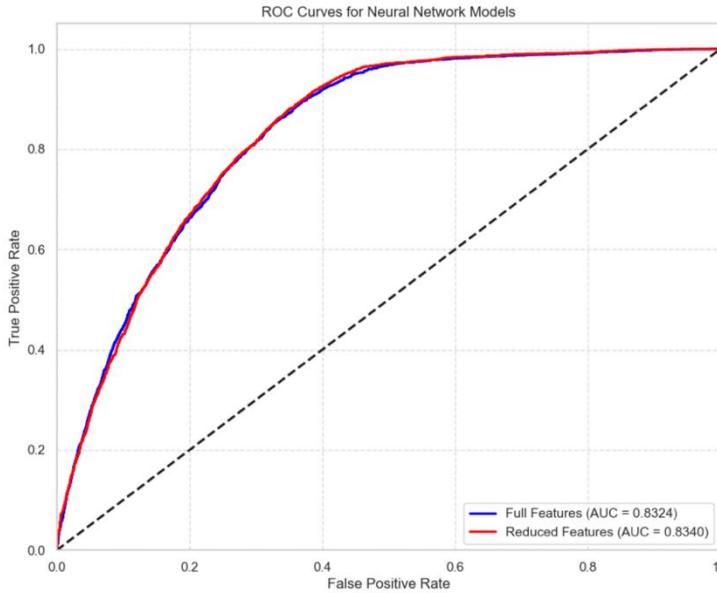
- Feature standardization with StandardScaler (critical for neural networks)
- alpha=0.0001 for L2 regularization
- batch_size='auto' for efficient training
- max_iter=300 iterations for convergence
- learning_rate_init=0.001



MODEL: ARTIFICIAL NEURAL NETWORK

Performance Metrics:

Metric	Full Features	Reduced Features
Accuracy	0.750	0.752
Precision	0.657	0.662
Recall	0.661	0.658
F1 Score	0.659	0.660
ROC AUC	0.832	0.834



Key Observations:

- Highest precision among all models
- Second-highest ROC AUC (0.834)
- Most balanced between precision and recall
- Reduced feature set performs slightly better
- Strong overall discrimination ability
- Less interpretable than other models
- Good choice when precision is critical

MODEL COMPARISON - ACCURACY & PRECISION

Accuracy Comparison:

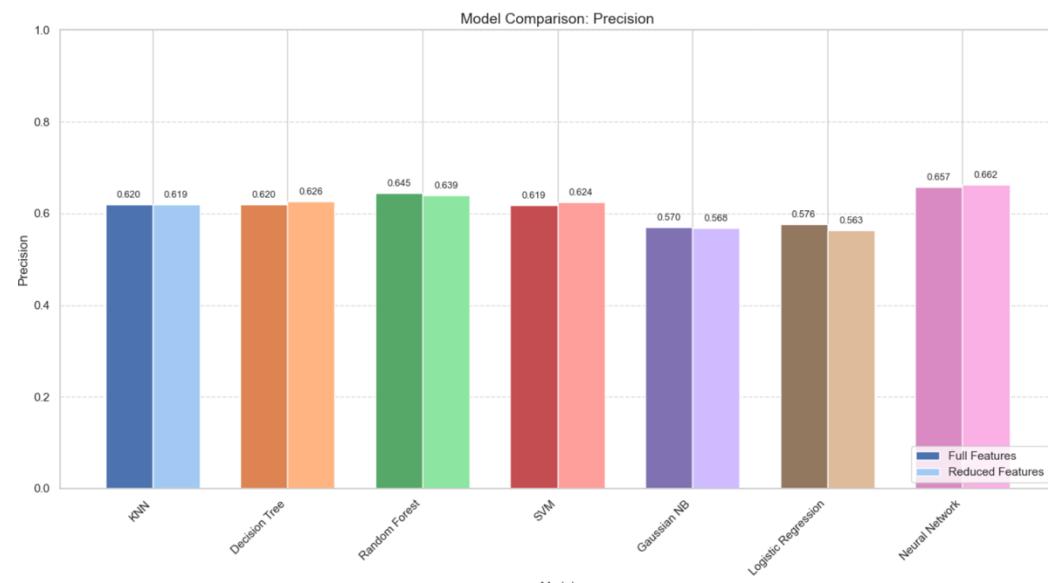
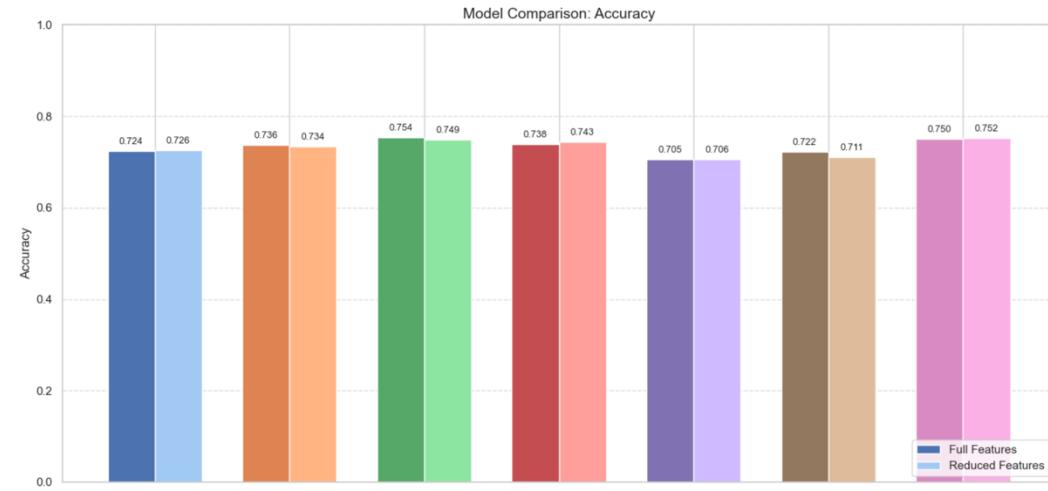
- Random Forest (Full): 0.754 [Highest]
- Neural Network (Reduced): 0.752
- Random Forest (Reduced): 0.749
- SVM (Reduced): 0.743
- Decision Tree (Full): 0.736

Precision Comparison:

- Neural Network (Reduced): 0.662 [Highest]
- Neural Network (Full): 0.657
- Random Forest (Full): 0.645
- Random Forest (Reduced): 0.639
- SVM (Reduced): 0.624

Observations:

- Tree-based models and neural networks lead in accuracy
- Random Forest edges out Neural Network by small margin
- Most models maintain accuracy within ~2% with reduced features
- 75% accuracy is strong given the challenging nature of the prediction task
- Neural Network provides most precise predictions
- Feature reduction has minimal impact on precision for most models



MODEL COMPARISON - RECALL & F1 SCORE

Recall Comparison:

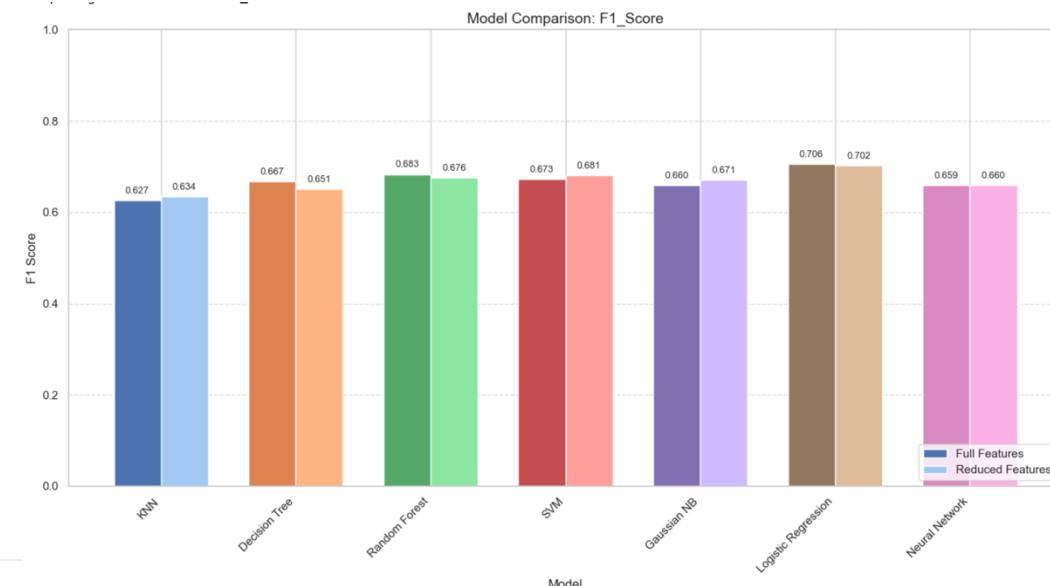
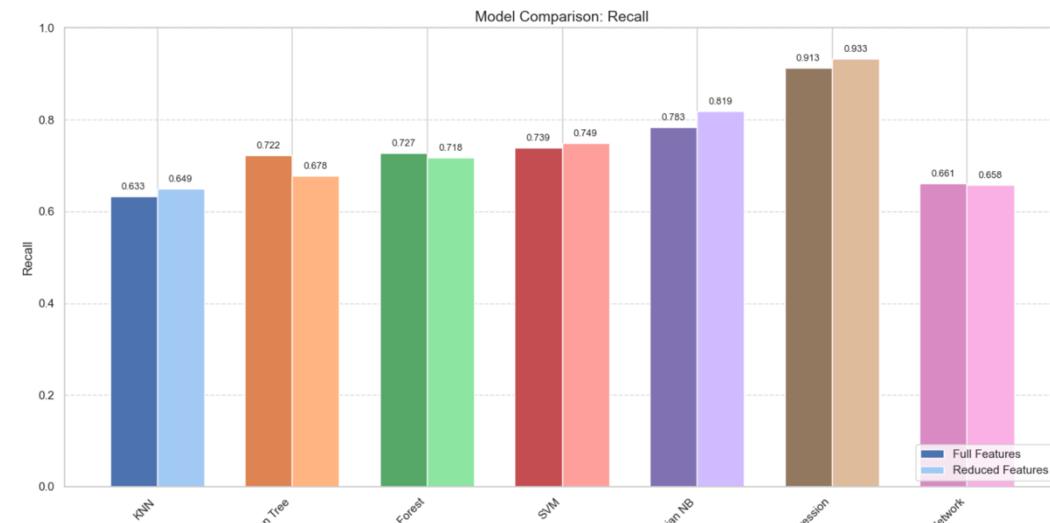
- Logistic Regression (Reduced): 0.933 [Highest]
- Logistic Regression (Full): 0.913
- Naive Bayes (Reduced): 0.819
- Naive Bayes (Full): 0.783
- SVM (Reduced): 0.749

F1 Score Comparison:

- Logistic Regression (Full): 0.706 [Highest]
- Logistic Regression (Reduced): 0.702
- Random Forest (Full): 0.683
- SVM (Reduced): 0.681
- Random Forest (Reduced): 0.676

Observations:

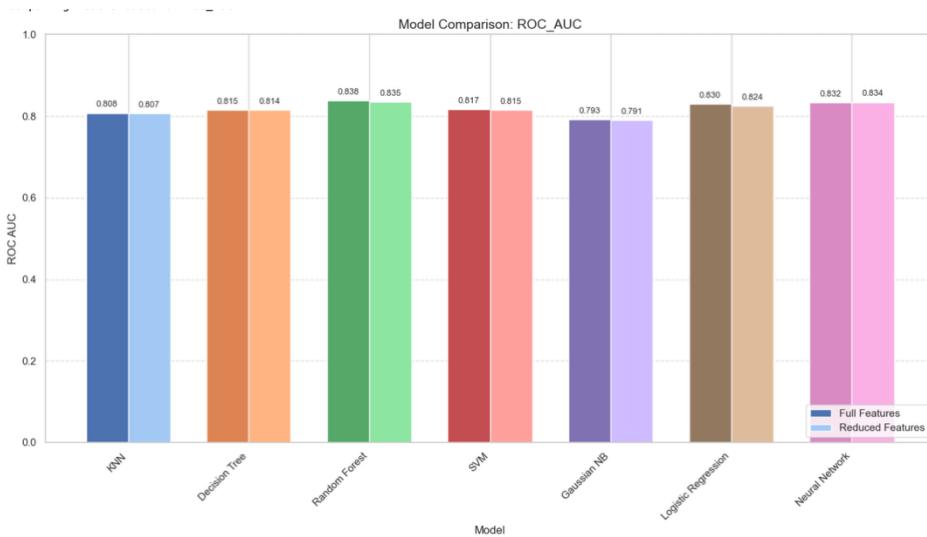
- Logistic Regression and Naive Bayes excel at finding smokers
- Logistic Regression achieves best overall balance (F1)
- Different models have different strengths for specific metrics
- Model choice should depend on whether false positives or false negatives are more concerning
- All models show strong F1 scores (>0.65) indicating good overall performance



MODEL COMPARISON - ROC AUC & FEATURE IMPACT

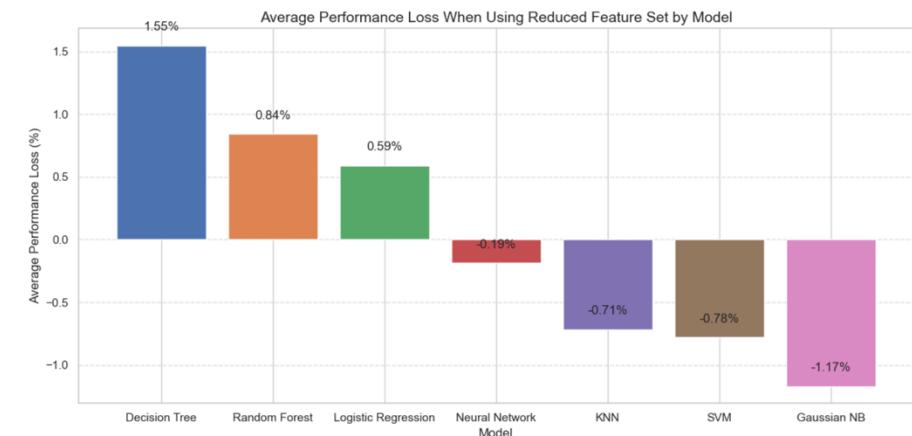
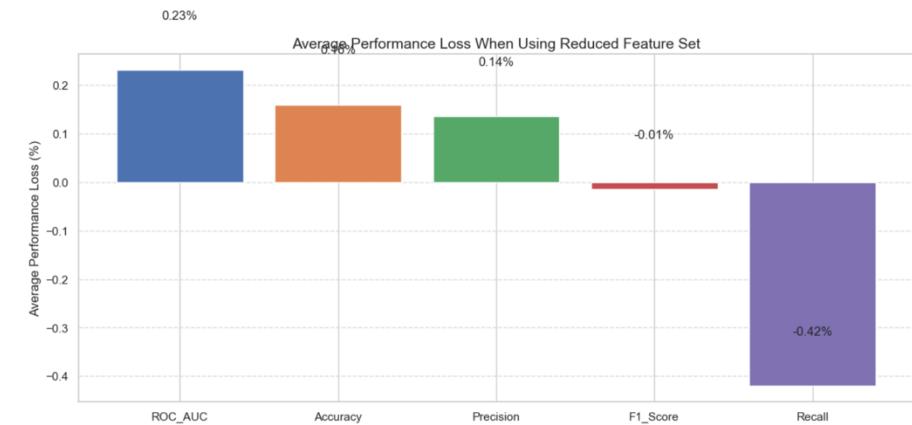
ROC AUC Comparison:

- Random Forest (Full): 0.838 [Highest]
- Neural Network (Reduced): 0.834
- Neural Network (Full): 0.832
- Logistic Regression (Full): 0.830
- Logistic Regression (Reduced): 0.824



Average Performance Change with Reduced Features:

- Decision Tree: -2.35%
- Logistic Regression: -0.58%
- Random Forest: -0.47%
- KNN: +0.31%
- Neural Network: +0.15%
- SVM: +1.13%
- Naive Bayes: +1.66%



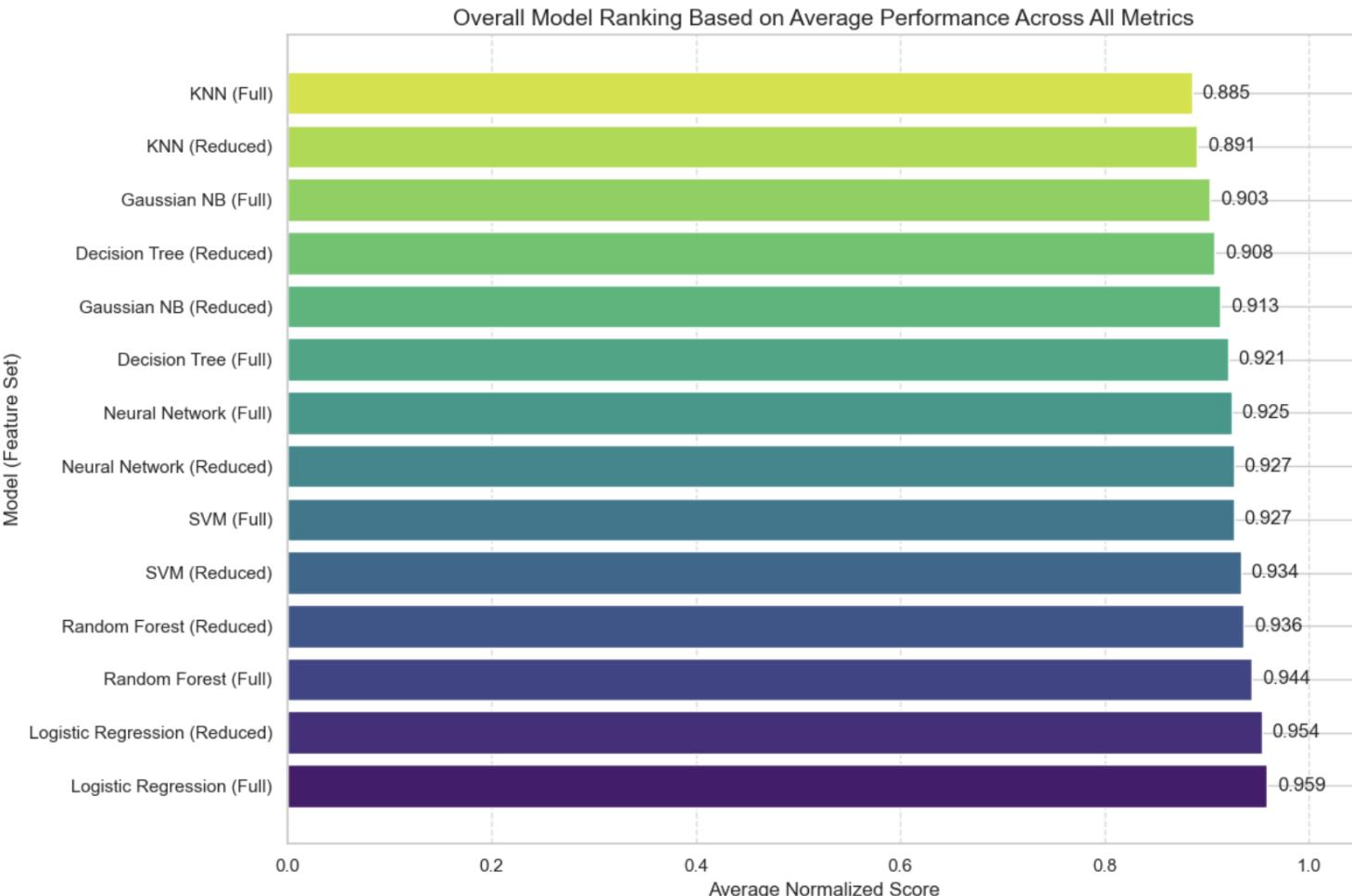
OVERALL MODEL RANKING

Normalized Score Ranking (Across All Metrics):

1. Logistic Regression (Full): 0.959
2. Logistic Regression (Reduced): 0.954
3. Random Forest (Full): 0.944
4. Random Forest (Reduced): 0.936
5. SVM (Reduced): 0.934
6. SVM (Full): 0.927
7. Neural Network (Reduced): 0.927
8. Neural Network (Full): 0.925

Key Observations:

- Logistic Regression provides best overall performance
- Random Forest ranked second overall
- Top models maintain strong performance with reduced features
- Feature reduction viable with minimal performance loss
- Simple models (Logistic Regression) outperform more complex ones



CONCLUSIONS AND RECOMMENDATIONS

Key Findings:

- Logistic Regression provides best overall performance (highest F1-score and recall)
- Neural Networks offer highest precision
- Random Forest achieves highest accuracy and ROC AUC
- 15 key features capture most predictive information

Most Important Predictors:

- Gender
- Liver enzymes (GTP, ALT)
- Hemoglobin
- Height and triglyceride levels

Recommendations:

- For balanced performance: Logistic Regression
- For minimizing false positives: Neural Network
- For highest discrimination ability: Random Forest
- Reduced feature set (15 features) viable for most applications

FUTURE WORK

- Explore ensemble methods combining strengths of different models
- Implement advanced hyperparameter tuning techniques
- Test more complex neural network architectures
- Validate on external datasets to ensure generalizability
- Develop a clinically-applicable prediction tool
- Investigate additional biological indicators potentially linked to smoking
- Explore interpretability techniques for complex models
- Extend model to predict smoking intensity (e.g., light vs. heavy smokers)

REFERENCES

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- Matplotlib & Seaborn: <https://matplotlib.org/> & <https://seaborn.pydata.org/>
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STEVENS
INSTITUTE OF TECHNOLOGY
1870

THANK YOU

Stevens Institute of Technology
1 Castle Point Terrace, Hoboken, NJ 07030





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INSTITUTE OF TECHNOLOGY
1870

ANY QUESTIONS?

Stevens Institute of Technology
1 Castle Point Terrace, Hoboken, NJ 07030