Table 1. Features of Z-Alizadeh Sani dataset.

|  |  |  |
| --- | --- | --- |
| Feature type | Feature name | Range |
| Demographic | Age | 30–86 |
| Weight | 48–120 |
| Sex | Male, female |
| BMI (body mass index Kg/m2) | 18–41 |
| DM (Diabetes Mellitus) | Yes, no |
| HTN (hyper tension) | Yes, no |
| Current smoker | Yes, no |
| Ex-Smoker | Yes, no |
| FH (family history) | Yes, no |
| Obesity | Yes if MBI > 25, no otherwise |
| CRF (chronic renal failure) | Yes, no |
| CVA (Cerebrovascular Accident) | Yes, no |
| Airway disease | Yes, no |
| Thyroid Disease | Yes, no |
| CHF (congestive heart failure) | Yes, no |
| DLP (Dyslipidemia) | Yes, no |
|  |
| Symptom and examination | BP (blood pressure: mmHg) | 90–190 |
| PR (pulse rate) (ppm) | 50–110 |
| Edema | Yes, no |
| Weak peripheral pulse | Yes, no |
| Lung rales | Yes, no |
| Systolic murmur | Yes, no |
| Diastolic murmur | Yes, no |
| Typical Chest Pain | Yes, no |
| Dyspnea | Yes, no |
| Function class | 1, 2, 3, 4 |
| Atypical | Yes, no |
| Nonanginal CP | Yes, no |
| Exertional CP (Exertional Chest Pain) | Yes, no |
| Low Th Ang (low Threshold angina) | Yes, no |
|  |
| ECG | Rhythm | Sin, AF |
| Q Wave | Yes, no |
| ST Elevation | Yes, no |
| ST Depression | Yes, no |
| T inversion | Yes, no |
| LVH (left ventricular hypertrophy) | Yes, no |
| Poor R progression (poor R wave progression) | Yes, no |
|  |
| Laboratory and echo | FBS (fasting blood sugar) (mg/dl) | 62–400 |
| Cr (creatine) (mg/dl) | 0.5–2.2 |
| TG (triglyceride) (mg/dl) | 37–1050 |
| LDL (low density lipoprotein) (mg/dl) | 18–232 |
| HDL (high density lipoprotein) (mg/dl) | 15–111 |
| BUN (blood urea nitrogen) (mg/dl) | 6–52 |
| ESR (erythrocyte sedimentation rate) (mm/h) | 1–90 |
| HB (hemoglobin) (g/dl) | 8.9–17.6 |
| K (potassium) (mEq/lit) | 3.0–6.6 |
| Na (sodium) (mEq/lit) | 128–156 |
| WBC (white blood cell) (cells/ml) | 3700–18,000 |
| Lymph (Lymphocyte) (%) | 7–60 |
| Neut (neutrophil) (%) | 32–89 |
| PLT (platelet) (1000/ml) | 25–742 |
| EF (ejection fraction) (%) | 15–60 |
| Region with RWMA (regional wall motion abnormality) | 0, 1, 2, 3, 4 |
| VHD (valvular heart disease) | Normal, mild, moderate, severe |

Table 2. Features of Coronary Heart Disease dataset.

|  |  |
| --- | --- |
| Feature Name  | Range  |
| Smoking  |  no, yes  |
| Drinking wine/alcohol  |  no, yes  |
| Hypertension  |  no, yes  |
| Diabetes  |  no, yes  |
| Cerebral infarction  |  no, yes  |
| Payment method of hospitalization |  At one’s own expense, Employee medical insurance, Resident medical insurance, Provincial medical insurance  |
| Monthly household income  |  3,000 yuan and below, 3,001–5,000 yuan, More than 5,000 yuan  |
| Marriage  |  married, divorce, widowed, unmarried  |
| Education level  |  Junior high school and below, High school and above  |
| Gender  |  Male, Female  |

Table 3. Features of UCI Heart Disease Dataset.

|  |  |
| --- | --- |
| Feature Name  | Range  |
| age  |  Continuous value (e.g., years)  |
| sex  |  1 = Male, 0 = Female  |
| cp  |  1 = Typical angina, 2 = Atypical angina, 3 = Non-anginal pain, 4 = Asymptomatic  |
| trestbps  |  Continuous value (Resting blood pressure in mm Hg)  |
| chol  |  Continuous value (Serum cholesterol in mg/dl)  |
| fbs  |  1 = True (Fasting blood sugar > 120 mg/dl), 0 = False  |
| restecg  |  0 = Normal, 1 = ST-T wave abnormality, 2 = Left ventricular hypertrophy (according to Estes)  |
| thalach  |  Continuous value (Maximum heart rate achieved)  |
| exang  |  1 = Yes (Exercise-induced angina), 0 = No  |
| oldpeak  |  Continuous value (ST depression induced by exercise relative to rest)  |
| slope  |  1 = Upsloping, 2 = Flat, 3 = Downsloping  |
| ca  |  0–3 (Number of major vessels colored by fluoroscopy)  |
|  thal  |  0 = Normal, 1 = Fixed defect, 2 = Reversible defect  |
|  target  |  1 = Presence of heart disease, 0 = Absence of heart disease  |

cardiovascular

The original paper of the cardiovascular dataset has been thoroughly reviewed, but it does not mention the specific meanings of each category in the categorical features. Therefore, I am unable to display the exact correspondences.

Here is the doi of the original paper: https://doi.org/10.1371/journal.pone.0278217