

## Worked-Out HT and CI from Chapter 11 Class revised 24 November 2011

[Also check the Guide to Chapter 11 on the Web page.]  
[Square brackets enclose things you think but don't write.]

### ***Hypothesis test, page 511 Example 2 (Case 3, paired data)***

- (1)  $d = \text{Dom} - \text{Non-dom}$   
H0:  $\mu_d = 0$ , no difference in reaction time  
H1:  $\mu_d < 0$ , dominant hand reaction time is less than non-dominant hand reaction time
- (2)  $\alpha = 0.05$
- (RC) [Put the d's into L1 by subtracting the original data *in order*.]  
 $n < 30$ . MATH200A/2 no outliers; MATH200A/5 straight line ( $r=.978$ );  
therefore sampling distribution is ND [or, therefore OK]
- (3-4) T-Test,  $\mu_0=0$ , List:L1,  $\mu < \mu_0$   
outputs:  $t = -2.78$ ,  $p = .0090$ ,  $\bar{x}$  [really  $d\text{-bar}$ ] =  $-.0132$ ,  $s = .0164$ ,  $n = 12$
- (5)  $p\text{val} < \alpha$ , reject  $H_0$  and accept  $H_1$
- (6) At the 0.05 significance level, dominant hand reaction time is less than non-dominant hand reaction time in the average person.

### ***Confidence interval***

[No need for requirements check, since we already did it for the preceding HT. But when doing CI on its own, check requirements.]

T-Interval: List L1, C-Level .95

Outputs (-.0236, -.0027) [This is a CI on the mean  $d$  in the population.]

[First draft: Dominant minus non-dominant is between -0.0236 and -0.0027, therefore dominant reaction time is less by 0.0027 to 0.0236 second.]

For publication: I'm 95% confident that, on average, the dominant hand has reaction time 0.0027 to 0.0236 second less than the non-dominant hand.

[Remember, confidence interval with these cases needs **size and direction**.]

[Remark. The HT was one-tailed with  $\alpha = 0.05$ . The two-tailed  $\alpha$  would be 0.10, and the corresponding CI would be 90%. But there's nothing wrong with doing a 95% interval.]

### ***Hypothesis test, page 523 (Case 4)***

- (1) Pop. 1 = Space rats; Pop. 2 = Earthbound rats  
H<sub>0</sub>:  $\mu_1 = \mu_2$ , no difference between space rats' and Earthbound rats' mean red blood cell mass  
H<sub>1</sub>:  $\mu_1 \neq \mu_2$ , mean red blood cell mass different for space rats and Earthbound rats
- (2)  $\alpha = 0.05$
- (RC) Flight sample: normality check  $r = .9838$ , no outliers, OK  
Control group: normality check  $r = .9732$ , no outliers, OK
- (3-4) 2-SampTTest, List1:L2, List2:L3,  $\mu_1 \neq \mu_2$ , Pooled:No  
Outputs:  $t = -1.44$ ,  $p = .1627$ ,  $df = 25.996$ ,  $\bar{x}_1 = 7.881$ ,  $\bar{x}_2 = 8.43$ ,  $s_1 = 1.017$ ,  $s_2 = 1.005$ ,  $n_1 = 14$ ,  $n_2 = 14$
- (5)  $p > \alpha$ . Fail to reject H<sub>0</sub>
- (6) At the 0.05 significance level, [the difference between the sample means could be explained away by sample variability, so] we can't tell whether there is a difference in average red blood cell mass between space rats and earthbound rats or not.

### ***Confidence interval***

[No need for requirements check, since we already did it for the preceding HT. But when doing CI on its own, check requirements.]

2-SampTInt, C-Level: .95

Outputs: (-1.335, .23655) [= space average minus Earthbound average]

[First draft: space minus earthbound is between -1.335 and +.237]

For publication: I'm 95% confident that the average space rat has between 1.335 ml lower RBC mass and 0.237 ml higher RBC mass than the average Earthbound rat.

[Notice that 0 (no difference) is inside the confidence interval when  $p > \alpha$ , and we can't tell whether there is a difference or not. This 95% confidence interval is exactly the flip side of the 0.05 hypothesis test we just did.]

## ***Hypothesis test, Physicians' Health Study (Case 5)***

Data: Aspirin group, 104 had heart attacks, 10,933 did not  
Placebo group, 189 had heart attacks, 10,845 did not

- (1) Pop. 1: aspirin takers, pop.2: non-aspirin takers  
H<sub>0</sub>:  $p_1 = p_2$ , taking aspirin makes no difference in likelihood of heart attack  
H<sub>1</sub>:  $p_1 \neq p_2$ , taking aspirin makes a difference to the likelihood of heart attack  
[Population 2 is non-aspirin takers, not "placebo". The *sample* takes a placebo, but the *population* that you're interested in would take nothing.]
- (2)  $\alpha = 0.001$
- (3-4) 2-PropZTest,  $x_1 = 104$ ,  $n_1 = 11037$ ,  $x_2 = 189$ ,  $n_2 = 11034$ ,  $p_1 \neq p_2$   
Outputs:  $z = -5.00$ ,  $pval = 5.7009E-7$ ,  $\hat{p}_1 = .0094$ ,  $\hat{p}_2 = .0171$ ,  $\hat{p} = .0133$
- (RC) [For HT, use  $\hat{p}$ , the blended probability of the two samples]  
 $n * \hat{p} * (1-\hat{p}) = (11037+11034)*.0133*(1-.0133)=289.64 > 10$ , OK  
 $20n_1, 20n_2$  both  $<$  population?  $20n_1 =$  about  $20n_2 =$  about 220,000, less than US male population, OK
- (5)  $p < \alpha$ . Reject H<sub>0</sub> and accept H<sub>1</sub>
- (6) At the 0.001 level of significance, taking aspirin does change the likelihood of a heart attack. In fact, taking aspirin reduces the likelihood of a heart attack.

## ***Confidence interval***

[No need for requirements check, since we already did it for the preceding HT. But if doing the CI without HT, check requirements for each sample separately, using  $\hat{p}_1$  and  $\hat{p}_2$ .]

2-PropZInt, C-Level = .999

Outputs: (-.0128, -.0026) [= likelihood with aspirin – likelihood w/o aspirin]

We're 99.9% confident that taking aspirin reduces the likelihood of a heart attack by .26% to 1.28%.