An Oura-informed guide to cardiovascular care

A practical guide for clinicians managing cardiovascular disease prevention and treatment.

ŌURA for Organizations

2026

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Foreword

Cardiovascular disease remains the leading cause of death and disability worldwide for both women and men, and much of that burden accumulates silently, in the years of elevated blood pressure, disrupted sleep, and rising arterial stiffness that precede a diagnosis. Traditional cardiovascular care is built around episodic snapshots that happen to occur in the doctor’s office — a blood pressure cuff reading, a lipid panel, an annual physical. Those snapshots are essential, but they were never designed to capture how a patient's physiology moves day to day, or how it progresses over months and years.

That is the gap Oura Ring is built to help fill. Worn continuously, it gives us a longitudinal view of resting heart rate, heart rate variability, and sleep. Our Cardiovascular Age feature provides an estimate of arterial stiffness derived from optical photoplethysmography (PPG) signals, similar to the waveform from a traditional pulse oximeter. While Oura Ring cannot replace an annual visit to a primary care doctor or advice from a cardiologist, Oura adds value by helping patients understand their baseline health, experiment with changes in sleep, diet, and activity, and see how their actions result in deviations from their baseline over time (both positively and negatively!) Additionally, our new Health Radar features provide an extra layer of support. Blood Pressure Signals is trained over a rolling 30-day window to detect signs of when an individual’s baseline blood pressure is elevated. Similarly, Nighttime Breathing Patterns tracks the burden of breathing pauses during sleep in 30 day windows and notifies the user of risk of sleep-related breathing disturbances. The information gathered from these features, when shared by patients, taken with patient history and symptoms may be useful for providers to determine if a diagnostic workup makes sense.

This guide walks through what Oura Ring measures in the cardiovascular domain, what has been validated and against what reference standards, where I think the evidence supports a role in clinical practice today, and where clinical judgment still has to lead. Patients are already bringing their wearable data into your clinic, and my hope is that this guide gives you enough context to fill the gaps between visits and help your patients live their healthiest lives.



Mike Freedman, MD, MPhil
Clinical Director, Heart Health, Oura

About Oura

- Oura Members average 23.5 hours daily wear time, resulting in reliable, continuous data.
- Oura Ring is lightweight, durable, and comfortable with 5-8 days of battery life.
- Oura Ring tracks 50+ health insights and metrics such as menstrual cycle statistics, day of ovulation, heart rate (HR), and sleep stages.
- The arterial flow of the finger provides a strong PPG signal with advantages over sensors worn in other locations, and provides very high agreement between Oura Ring and ECG, supporting high accuracy for nocturnal HR and heart rate variability (HRV).
- Oura tracks peripheral skin temperature at a rate of approximately one reading per minute.
- Oura's sleep staging algorithm has been validated against polysomnography (PSG), achieving 92% agreement for sleep-wake detection and 79% 4-stage accuracy in adults. A Harvard-led validation study across multiple wearables found Oura Ring to be the most accurate device tested for 4-stage sleep classification compared with PSG.
- Members can download structured, exportable data summaries (e.g., sleep) that turn vague recall into a concrete starting point for collecting a patient history.



Background

Cardiovascular disease (CVD) is the leading cause of death and disability globally. In 2023, CVD accounted for an estimated 437 million disability-adjusted life years (DALYs) worldwide, and 79.6% of that burden was attributable to modifiable risk factors, including high blood pressure, poor diet, sedentary behavior, and poor sleep.

Hypertension is a primary driver of this burden, and it is frequently undetected or undertreated. Individuals with elevated blood pressure often show progressive arterial stiffness, a marker of vascular aging that precedes overt CVD and end-organ damage, well before symptoms appear. In a meta-analysis of over 15,000 patients followed for a mean of 7.7 years, each 1 m/s increase in aortic pulse wave velocity (PWV) was associated with a 14% higher relative risk of a cardiovascular event and a 15% higher relative risk of death. Additionally, nocturnal systolic blood pressure non-dipping patterns have also been strongly associated with incidence of cardiovascular events and cardiovascular outcomes in scientific literature.

The economic toll of cardiovascular disease is projected to grow substantially. According to the American Heart Association, annual U.S. healthcare costs attributable to cardiovascular conditions are expected to rise from $393 billion in 2020 to $1.49 trillion by 2050. Outside of direct costs, poor cardiovascular health reduces quality of life and productivity, and CVD manifestations such as heart attacks, strokes, and chronic heart conditions remain major drivers of disability.

To meaningfully change the course of cardiovascular disease at both an individual and population level, evidence-based lifestyle practices need to be paired with proactive, data-informed care. Oura Ring gives members visibility into estimates of PPG-derived pulse wave velocity through Cardiovascular Age, resting heart rate, heart rate variability, sleep quality, nocturnal blood pressure dipping patterns, and activity, and members have the ability to share this data directly with their care teams. These signals can support earlier awareness of potential cardiovascular risk and help identify opportunities for behavior change before disease burden accumulates.

Using Oura in clinical care

The use of Oura Ring in cardiovascular care marks a shift from episodic encounters to a continuous view of heart health that bridges daily life with the clinic. While Oura Ring is a wellness product and not a diagnostic medical device, it can act as an objective, behaviorally grounded contextual companion for patients who may choose to share their data with their clinicians as additional context for discussions about their cardiovascular health, sleep, activity, and other lifestyle factors.



Oura data cannot replace diagnostic tools, but it can:

Flag meaningful deviations from a person's baseline, such as a rising resting heart rate, declining HRV, overnight blood pressure dipping patterns (typical (10-20%, pronounced (>20%,), reduced (0-10%, or rising (<0%), or an upward drift in Cardiovascular Age.

Examining Oura data can support earlier referral, targeted work-ups, and counseling around timing-sensitive topics like new blood pressure related risks.

How Oura addresses clinical challenges in cardiovascular care

CLINICAL CHALLENGE	OURA VALUE-ADD
Limited visibility into health between visits	Oura provides multiple vital signs captured daily, including: • Heart rate • HRV • Respiratory rate • Blood Oxygen Sensing (SpO2) • Skin temperature As well as digital biomarkers with known associations with cardiovascular health including: • Cardiovascular Age • Nocturnal blood pressure dipping patterns
Under-recognized sleep disruption as cardiometabolic drivers	Poor sleep is associated with elevated risks of obesity, type 2 diabetes, hypertension, gestational diabetes, gestational hypertension, cardiovascular events, and all-cause mortality. Sleep regularity is an independent risk factor for all-cause mortality. • Oura sleep tracking measures sleep timing, sleep staging, restfulness, efficiency, and total sleep. Breathing disturbances overnight are associated with increased risk of cardiovascular disease • Oura Nighttime Breathing feature provides a 30-day rolling view of sleep-related breathing patterns and disturbances.

How Oura addresses clinical challenges in cardiovascular care

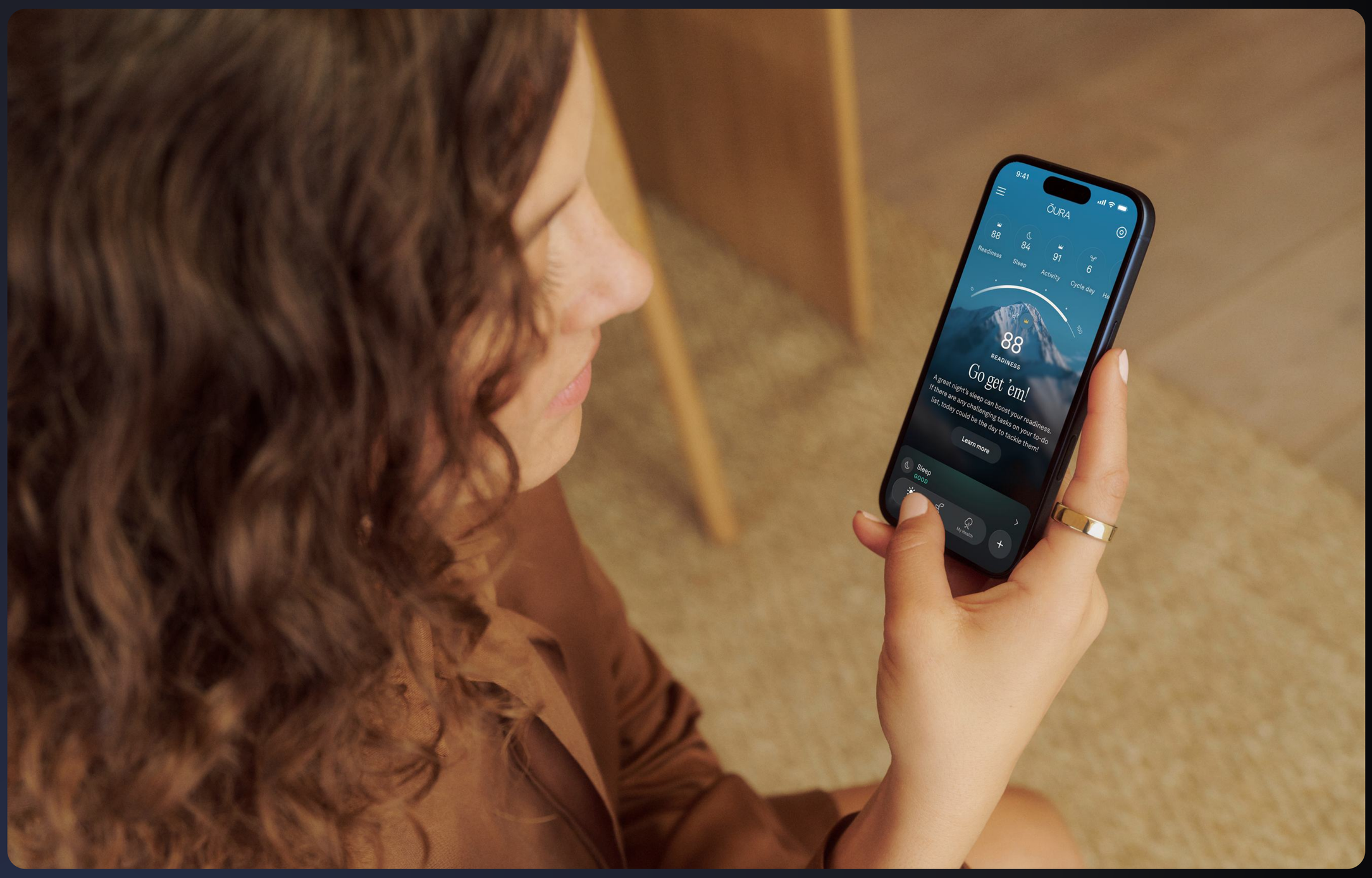
CLINICAL CHALLENGE	OURA VALUE-ADD
Catching chronic stress	Higher psychosocial stress is significantly associated with cardiovascular disease, major coronary heart disease and stroke events. Oura Ring tracks Cumulative Stress, a composite metric which includes sleep continuity, sleep micromotions, HRV, HR, temperature regulation, and activity. Cumulative stress was validated in a cohort of over 8,000 individuals against the Copenhagen Burnout Inventory (CBI) and Perceived Stress Scale (PSS), and shows the “hidden toll” of unmanaged stress which can empower patients to make changes before that strain leads to exhaustion, burnout, or illness. Providers can view Cumulative Stress as another data point in evaluating cardiovascular risk long term.
Objective assessment of lifestyle risk factors based upon patient recall	Patients who require behavior change support can use Oura to track exercise progress and other lifestyle interventions. • Oura tracks multiple types of activity as well as sedentary patterns. • Greater sedentary time is associated with higher risk of obesity, diabetes mellitus, hypertension, coronary artery disease, heart failure, chronic kidney disease, COPD, depression, sleep apnea, and atrial fibrillation. Increasing daily steps offset the excess risk of high sedentary time (14 vs. 8 hours/day) for several conditions. • Sleep data is collected nightly and viewable by patients and providers with sleep reports.

How Oura addresses clinical challenges in cardiovascular care

CLINICAL CHALLENGE	OURA VALUE-ADD
Biometric data based risk tracking	Integrating wearable + EHR data gives a more complete picture of the American Heart Association's Life's Essential 8 — the eight health behaviors and health factors that have been demonstrated to improve cardiovascular outcomes (heart-healthy diet, physical activity, avoidance of tobacco, high-quality sleep, appropriate weight management, cholesterol control, blood sugar control, blood pressure control.) • Individuals with high Life's Essential 8 scores, including sleep and activity as key health behaviors, have a 56% lower risk of coronary heart disease and a 48% lower risk of stroke. Oura also provides continuous monitoring of Resting Heart Rate and HRV alongside Cardiovascular Age and estimated VO_2 Max, which can be helpful for both establishing a baseline of cardiovascular health and tracking positive and concerning trends in related metrics. These are relevant in all populations, and may be especially useful for patients with known cardiovascular risk factors such as hypertension, diabetes, obesity, or a family history of cardiovascular disease.
Post cardiovascular event return to function support and long term monitoring	Oura provides many of the metrics that cardiac rehabilitation programs have found helpful by providing continuous, personalized monitoring. Wearable personal activity monitoring devices have been shown to increase activity among patients in cardiac rehabilitation and are associated with increases in physical activity and aerobic capacity compared with cardiac rehabilitation alone. Research also suggests that high quality and sufficient sleep is beneficial for post myocardial infarction (MI) outcomes including reduced inflammation, increased healing, and is associated with improved recovery of ejection fraction.

Cardiovascular health features, validation, and clinical application

Oura Ring evaluates heart-health based on continuous PPG measurement, collected mainly during sleep when movement is minimal and signal quality is highest. These metrics are shown as both daily values and trends over time, allowing members and clinicians to establish a baseline and monitor positive and negative deviations. Heart-related data are further combined with sleep and activity information to produce broader readiness and recovery indicators that reflect overall physiological load. Although not intended as clinical diagnostic tools, these features can help members notice changes from their usual patterns.



Resting heart rate (RHR)

Oura Ring measures resting heart rate every five minutes during the day, with a higher sampling frequency at night. The Heart Rate feature can be used to monitor RHR and restorative time, as well as heart rate during exercise, and patients can measure heart rate on demand with a single tap in the app.

Validation data

In a 49-person lab validation, Oura Ring achieved very high agreement with an ECG device for resting heart rate ($r^2 = 0.996$). The study enrolled healthy adults spanning an age range of 15 to 72 years old, with varying levels of physical activity. Rather than testing across a broad heart rate range during daily activity, the validation compared Oura's nightly average heart rate against simultaneous ECG recordings collected overnight, drawing on 4,511 individual 5-minute data points across the 49 subjects.

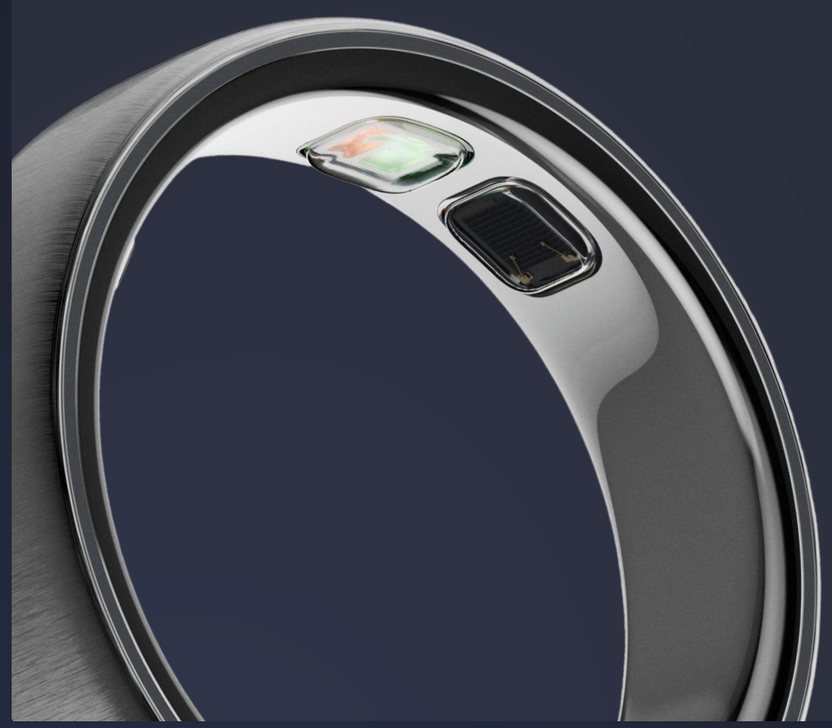


Opportunity for clinical application

- **Baseline drift as an early signal:** A sustained rise in nightly RHR from a patient's personal baseline, independent of any single office reading, can prompt a closer look for signs of a rhythm problem, evolving illness, deconditioning, or medication effects between visits. Physicians can use Resting Heart Rate data similarly to how they would use heart rate in the clinic as a contextual metric.
- **Heart failure and arrhythmia management:** For patients with known cardiovascular diseases, trend changes in RHR, disturbed sleep, and patient reported symptoms may help identify when a patient needs closer monitoring by clinical teams.

Patient spotlight

Sometimes the clearest early signal that continuous physiological data from an Oura Ring can matter to a person's actual health comes from the people wearing it.





Tim, 59, checked his Oura App one ordinary morning and noticed his overnight resting heart rate — normally between 50 and 64 bpm — had dropped to 39. At his son’s urging, Tim went to the emergency room. After a clinical evaluation he went into surgery for a pacemaker.

Heart rate variability (HRV)

Heart Rate Variability (HRV) is the measurement of variation in the time interval between consecutive heartbeats (the interbeat interval), and it serves as a non-invasive proxy for autonomic nervous system (ANS) function.

In general, higher HRV is associated with greater vagal tone relative to sympathetic drive — indicating a nervous system that is well-regulated, resilient to stress, and capable of flexibly shifting between states of activation and recovery. Lower HRV tends to reflect sympathetic dominance or reduced parasympathetic modulation, which can indicate physiological stress, insufficient recovery, fatigue, illness, or in clinical contexts, autonomic dysfunction. This relationship is not strictly linear or diagnostic in isolation — HRV is influenced by age, sex, fitness level, respiration rate, posture, and time of day — but the directional association between HRV and vagal-sympathetic balance is well established in the literature, particularly for time and frequency-domain metrics such as RMSSD and high-frequency (HF) power, which are considered relatively vagally mediated.

HRV is used to assess stress, recovery, cardiovascular health, and autonomic function, and it is increasingly applied in areas like mental health, chronic disease management, and early illness detection. As with any autonomic biomarker, HRV should be interpreted longitudinally and in context rather than as a single absolute value, given substantial inter-individual variability in baseline autonomic tone.

Validation data

HRV (measured as rMSSD — Root Mean Square of Successive Differences) performance of Oura Ring in multiple real-world, peer-reviewed evaluations has a consistent correlation with ECG at above 90%, with mean absolute error below 6ms.



Opportunity for clinical application

- **Autonomic strain and chronic stress:** Sustained HRV decline, viewed longitudinally can support conversations about chronic stress burden, overtraining, or early autonomic dysregulation.

- **Cardiometabolic risk:** An internal Oura analysis shared at AHA Scientific Sessions of self-reported disease status across roughly 320,000 members found lower HRV and higher resting HR and respiratory rate in individuals with self-reported cardiovascular disease (hypertension, sleep apnea, or type-2 diabetes) compared with age- and sex-matched controls, with variable effects depending on condition. These data points may help foster earlier patient-provider conversations around possible screening and treatment.



Cardiovascular Age (CVA)

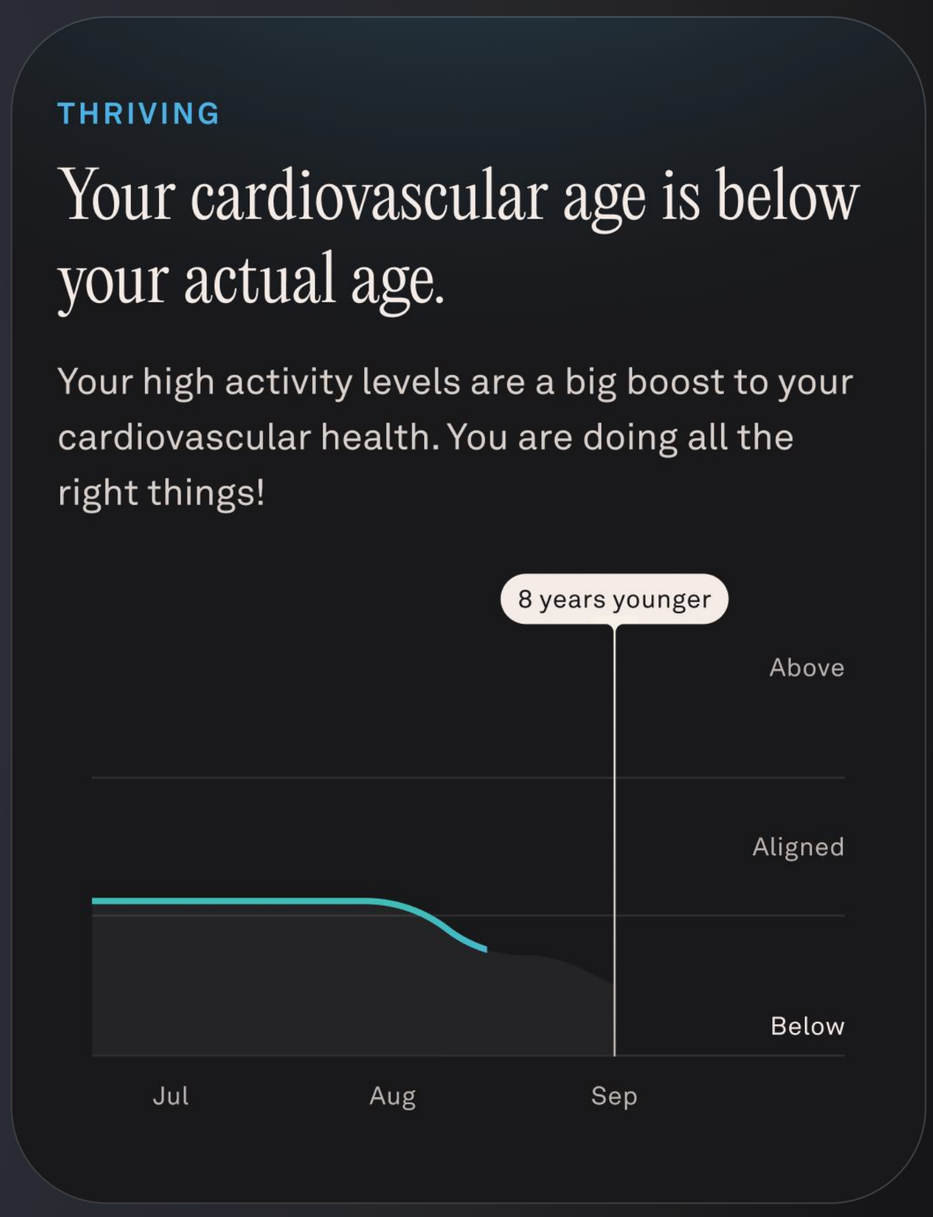
Cardiovascular Age (CVA) is an estimate of the health of an individual's cardiovascular system relative to their chronological age. Oura estimates CVA by analyzing age-related observations within the photoplethysmography (PPG) signal, which carries information about estimated arterial stiffness and pulse wave velocity (PWV).

Younger arteries are more elastic, expanding and contracting in response to changes in blood flow. As vessels age, arteries tend to stiffen and lose elasticity. Faster pulse waves are associated with less flexible large arteries and a higher CVA. An Oura Member's estimated CVA is shown relative to their chronological age, categorized into three levels: Above (CVA exceeds chronological age by 6 or more years), Aligned (CVA is within +/- 5 years of chronological age), or Below (CVA is at least 6 years lower than chronological age). Fourteen days and nights of data over the previous 30 days are needed to generate a CVA within the Oura App.

The reference measure, cfPWV, is associated with cardiovascular outcomes and improves with exercise, making it a unique digital biomarker for patients to see the effect of their lifestyle on their cardiovascular health.

Validation data

In an internal Oura validation study of 99 subjects (36 males, 63 females; mean age 46.6 ± 16.6 years), Oura's estimated PWV showed a strong correlation with gold-standard carotid-femoral PWV (r = 0.83). Generating a CVA estimate requires at least 14 days and nights of data within a 30-day window, with measurements initiated only during sleep to minimize the effect of motion artifact. Of note, CVA results may not be valid for members with certain medical conditions, including aortic valvular disease or poor perfusion, and estimation accuracy depends on accurate member-provided demographic information.

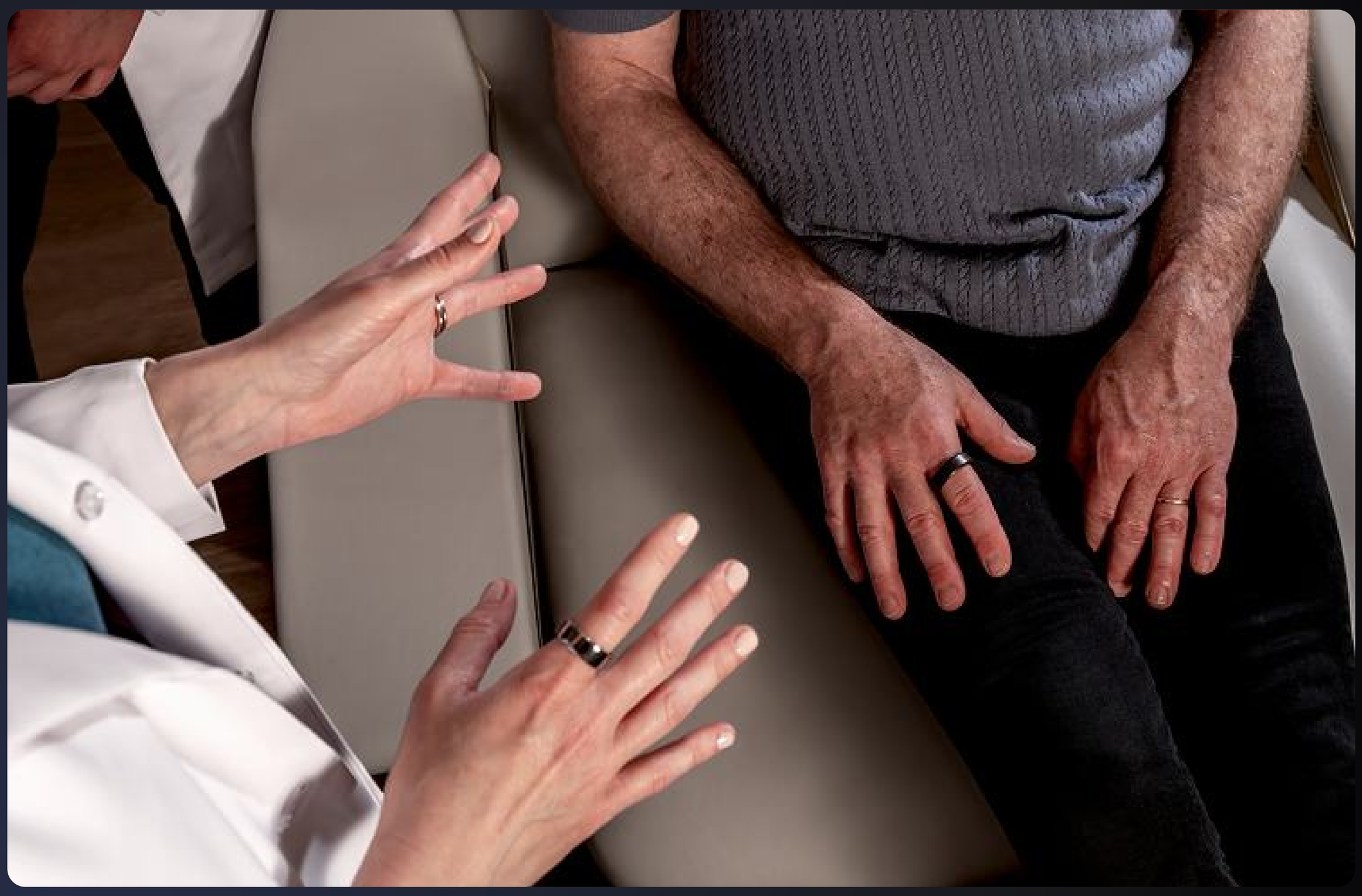


Opportunity for clinical application

- **Making vascular aging visible between visits:** CVA provides weekly updates that can help clinicians and patients identify and contextualize changes in vascular aging trends that a single annual measurement would miss. Clinicians might consider reviewing quarterly for patients with risk factors for vascular disease.

- **Motivating and monitoring lifestyle interventions:** CVA can serve as a longitudinal marker for monitoring the efficacy of lifestyle changes recommended in clinic and for motivating behavioral change with trackable metrics.

- **Framing risk conversations:** A patient's CVA trend, read alongside standard risk assessment tools, can be a concrete, physiology-based anchor for a cardiovascular health conversation.



Cardio Capacity (VO_2 max)

The Cardio Capacity feature estimates an individual's VO_2max, or how efficiently the body supplies oxygen to muscles during exercise.

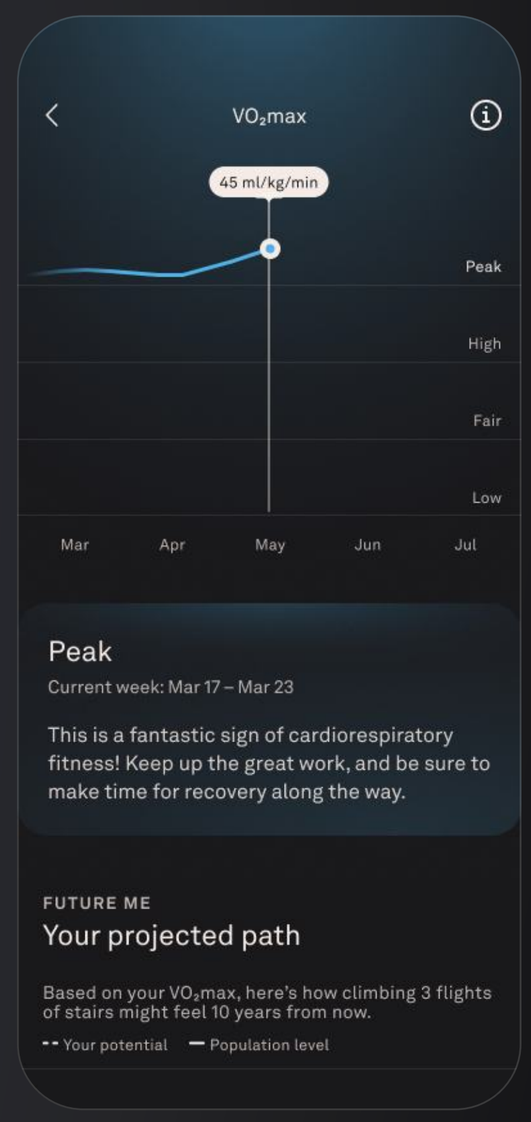
Higher cardio capacity has been associated with a reduction in cardiovascular risk, delayed onset of chronic disease, and improved mortality, consistent with the American Heart Association's position that cardiorespiratory fitness be treated as a clinical vital sign.

Validation data

Current validation data supporting the Oura Cardio Capacity and associated VO_2 Max is proprietary at time of publication.

Opportunity for clinical application

Fitness as a vital sign: While aerobic fitness has been long established as a protective factor for all-cause mortality, the gold standard of cardiopulmonary exercise testing is not indicated or recommended among all-comers for any preventive care. Still, cardio capacity (VO_2max) can improve with exercise, and trends give clinicians a passive way to track a patient's aerobic fitness, supporting risk stratification. Existing data on VO_2 reference ranges permits doctors to give sex-specific goals for a patient to work towards and enables exercise prescription discussions.



Cumulative Stress

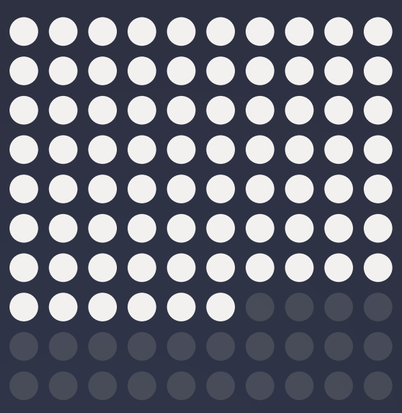
Cumulative Stress is Oura's stress-tracking feature, sitting alongside Daytime Stress, which monitors stress throughout daily activities and Resilience, which tracks the ability to recover from stress. Cumulative Stress is designed to help members understand how their body accumulates and responds to sustained physiological stress over time. Leveraging 31 days of Oura data, it evaluates the effects of accumulated stress on an individual's sleep metrics, stress baseline, and activity levels, drawing on five contributors: sleep continuity, heart stress-response (HRV and RHR), sleep micromotions, temperature regulation, and activity impact. Chronic stress has been linked epidemiologically and biologically to increased risk for cardiovascular disease, as well as endocrine and metabolic dysregulation and compromised immune function.

Validation data

The measure was trained and validated in a cohort of over 8,000 individuals using two standardized instruments, the Copenhagen Burnout Inventory (CBI) and the Perceived Stress Scale (PSS).

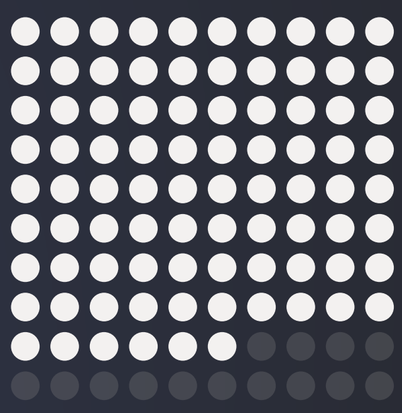
Initial performance results included:

76%



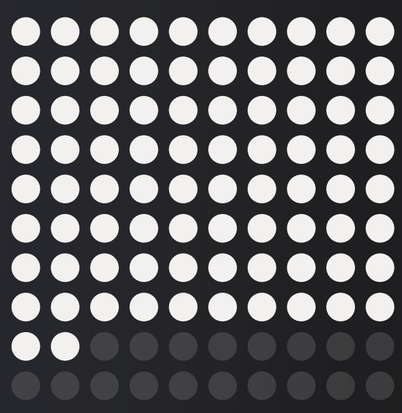
of those with high Cumulative Stress (CS) also reported an elevated CBI or PSS score

86%



of those with low CS also reported a low CBI or PSS score

82%



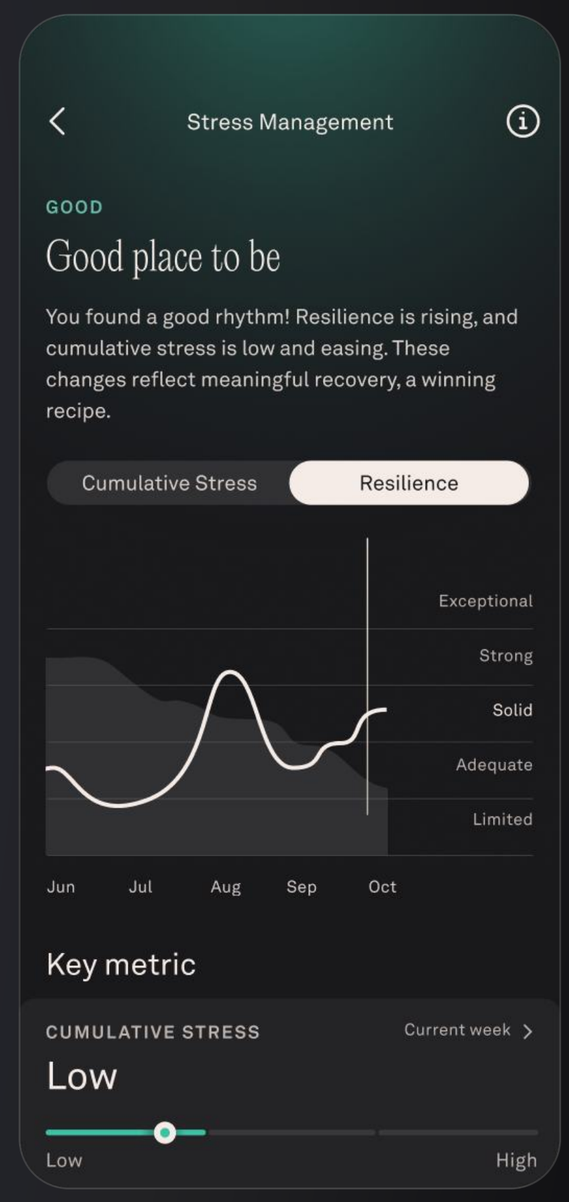
of the CS results were in alignment with the CBI scores



Opportunity for clinical application

- **Connecting stress to cardiometabolic risk conversations:** Sustained elevations in Cumulative Stress, viewed alongside high resting heart rate, declining HRV, or worsening sleep, can serve as an objective starting point for cardiometabolic risk-factor discussions.

- **Objectifying chronic strain:** Cumulative Stress reflects sustained physiologic strain rather than momentary fluctuation, giving clinicians an objective, longitudinal signal of burnout or sustained sympathetic activation.



Detecting changes in blood pressure: Health Radar and Blood Pressure Signals

Blood pressure is one of the most consequential indicators of cardiovascular health, yet for most people it remains invisible until something goes wrong. In May 2026, Oura launched Health Radar, a proactive monitoring layer built on top of the existing Symptom Radar feature. Health Radar continuously scans background biometric signals and surfaces only the patterns worth a member's attention.

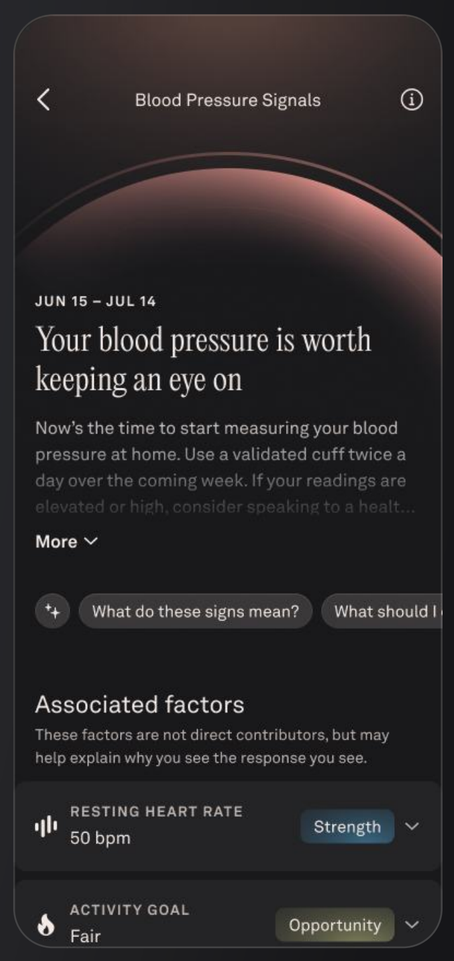
Blood Pressure Signals

Within Health Radar, Blood Pressure Signals tracks trends in cardiovascular-related patterns using nighttime PPG data across rolling 30-day assessment periods, requiring at least 15 nights of data to calibrate an initial baseline. It then surfaces an alert for patients who may have an underlying baseline blood pressure that appears to be increased from baseline, and may warrant checking with a blood pressure cuff and/or speaking with a healthcare professional. It is important for clinicians to understand what this feature does and does not do: it does not measure or display blood pressure in mmHg. It analyzes patterns in the nighttime PPG signal and surfaces a wellness-level signal when it detects a pattern that may be concerning. The feature is automatically disabled for members enrolled in Pregnancy Insights.

Validation data

The algorithm was developed in part using data from Oura's Blood Pressure Profile Study, which enrolled more than 300,000 consenting members who contributed Oura Ring data alongside self-reported hypertension status, self-reported health information, and optional cuff-based blood pressure measurements.

In testing, of the members who reported having a regular blood pressure ≥130/≥80 as well as other risk factors, the algorithm correctly identified **62%** as having signs of increased blood pressure; of the members who reported a regular blood pressure ≤130/≤80, the algorithm correctly identified **91%** as having no signs of increased blood pressure. In practice, a Blood Pressure Signals notification translates to a **6.9x** increased likelihood of increased blood pressure in a user who may be unaware of it.



Nighttime BP

A companion feature, Nighttime BP, tracks overnight blood-pressure-related dipping patterns. In a healthy cardiovascular system, blood pressure typically falls by roughly 10–20% during sleep. Because nighttime is relatively free of the confounders that affect daytime readings (movement, posture, caffeine, stress), a blunted or absent nocturnal dip can be an early signal to keep an eye on that daytime cuff readings alone may miss.

Validation data

The Oura Science Team compared Oura Ring 4 PPG data with reference ambulatory blood pressure measurements in 134 participants over 48 hours to develop an algorithm to classify dippers and non-dippers. The algorithm demonstrated 84% sensitivity, meaning that it correctly identified 84%
of individuals with nocturnal blood pressure dipping, and 69% specificity, meaning that it correctly identified 69% of individuals without nocturnal dipping.

The algorithm distinguished individuals with nocturnal blood pressure dipping from those without, with an Area under the Curve (AUC) of 0.87, reflecting strong discriminative ability.



Cuff Readings

A third companion feature, Cuff Readings, lets members log manual cuff measurements directly in the app and are labeled using American Heart Association ranges (Normal, Elevated, High) for reference alongside trend data.

Note: Blood Pressure Signals is offered as a general wellness feature rather than a diagnostic one, consistent with FDA general wellness guidance issued in January 2026 for sensor-based estimation of blood pressure–related signals outside of premarket clearance. It cannot diagnose or rule out hypertension or any other condition.

Opportunity for clinical application

- **Prompting confirmation, not replacing it:** A Blood Pressure Signals alert in an otherwise asymptomatic patient is a cue for patients to take further action by measuring their blood pressure with a validated cuff or schedule a clinic visit for a blood pressure check.
- **Non-dipping as a risk marker:** A blunted nocturnal blood pressure dip, visible through Nighttime BP trends, is a recognized correlate of elevated cardiovascular risk and may support a more targeted workup or a recommendation for 24-hour ambulatory blood pressure monitoring.
- **Longitudinal context between visits:** Combining member-logged Cuff Readings with continuous Nighttime BP and Blood Pressure Signals trends gives patients and their clinicians a shared, dated record to review at follow-up, rather than relying on recall of home-cuff reading data.



Women's cardiovascular health

Heart disease is the top cause of death among women. Some risk factors are unique to women: Research shows higher cardiovascular disease risk among women with early menarche (<12) and late menarche (>16) and for people with type 1 diabetes who are diagnosed before the age of 10. Pregnancy functions as a cardiometabolic stress test, with complications like preeclampsia and gestational diabetes predicting elevated future cardiovascular risk, with two times the risk of heart disease and stroke compared to women without those conditions during pregnancy. Premature ovarian insufficiency (periods stop before age 40) and even earlier age of menopause (in early 40s) are linked to a meaningfully higher lifetime risk of coronary heart disease, driven in part by declining estrogen's effects on endothelial function, arterial stiffness, and lipid profile. Heart attacks in women can often present uniquely with symptoms such as neck, jaw, or back discomfort rather than chest pain and can contribute to misdiagnosis.

Comprehensive cardiovascular counseling for women involves taking context, such as if someone is approaching menopause, and using that context to inform the AHA's modifiable risk factors. Oura can help patients and clinicians recognize signs of perimenopause using the Menopause Impact Scale (MIS), and use that for motivational counseling towards Life's Essential 8 framework: diet quality, physical activity, nicotine exposure, sleep, body mass index, blood lipids, blood glucose, and blood pressure. Optimizing these eight areas is associated with a lower lifetime risk of cardiovascular disease, and it is important to understand that contextualization of these modifiable risk factors benefits from recognizing sex specific cardiovascular risks.





Opportunity for clinical application

- **During the reproductive years:** Given the known long term risk of hypertension in a patient who had a hypertensive disorder of pregnancy a patient can track trends in cardiovascular-related patterns after or between pregnancies using Blood Pressure Signals once they are at least six weeks postpartum.

- **Perimenopausal cardiometabolic:** Because HRV has been shown to decline with age, a patient's longitudinal HRV, CVA, sleep, and activity trends can serve as an objective starting point for earlier cardiometabolic risk-factor conversations.

What does Oura Ring track?

Oura Ring 4 captures 50+ health and wellness measurements, metrics, and insights for members.

VITAL SIGN

- Heart rate
- HRV
- Respiratory rate
- Blood Oxygen Sensing (SpO2)
- Skin temperature

WOMEN'S HEALTH

- Menstrual cycle day
- Period predictions
- Cycle phase
- Fertile window
- Ovulation detection
- Pregnancy tracking

CARDIOVASCULAR HEALTH

- Average heart rate (night)
- Cardio Capacity (VO_2 max)
- Cardiovascular Age
- Lowest heart rate (night)

STRESS & RECOVERY

- Activity balance
- Average HRV (night)
- Average respiratory rate (night)
- Cumulative Stress
- HRV balance
- Readiness Score
- Resilience level
- Restorative time
- Stress level
- Stress time
- Previous day activity

ACTIVITY

- Activity burn (calories burned during activity)
- Activity level
- Activity Score
- Activity tracking (AAD)
- Distance (workout)
- Inactive time
- Step count
- Total burn (calories burned through the day)
- Walking equivalency (distance)

GENERAL HEALTH

- Symptom Radar

SLEEP

- Breathing Regularity
- Chronotype
- Restlessness
- Sleep duration
- Sleep efficiency
- Sleep latency
- Sleep Score
- Sleep stages (wake/light/deep/REM)
- Time in bed
- Sleep balance
- Sleep regularity

Disclaimer

Oura Ring is not a medical device and is not intended to diagnose, treat, cure, monitor, or prevent medical conditions or illnesses. Members should not make any changes to medication, nutrition, or workouts without first consulting a doctor or another medical professional.

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