

# WAKE: A Behind-the-ear Wearable System for Microsleep Detection

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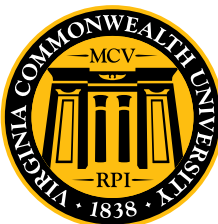
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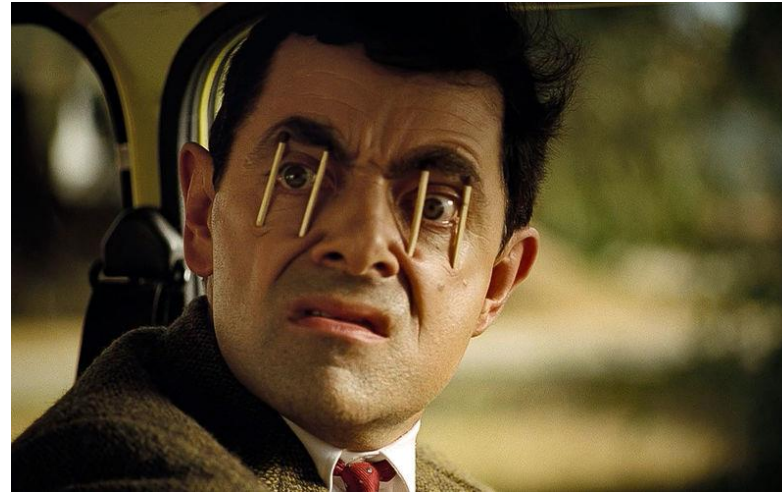


Children's Hospital Colorado



# Microsleep detection problem

Microsleep can be costly and even deadly!

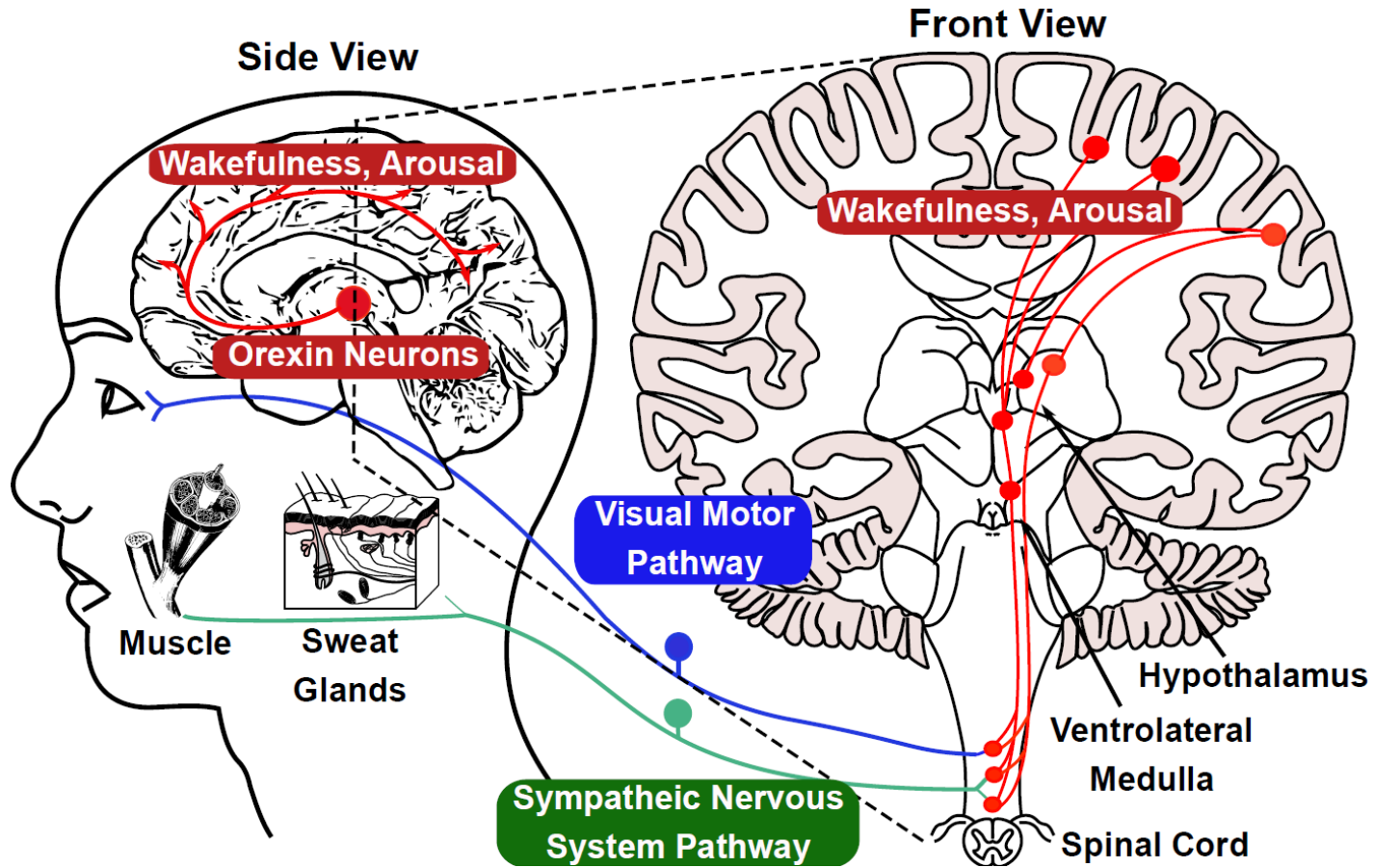


- ❑ U.S.: **65+ millions** people experiences Microsleep because of Sleep Deprivation, Narcolepsy, and Sleep Apnea.
- ❑ **3X** risk of vehicle accident
- ❑ **1.6X** risk of work accident

**\$411 Billions**



# What happens during a microsleep?



## □ Cognitive States:

- The shift of brain waves from fast Alpha (awake, conscious) to slow Theta (sleep, unconscious) activities.

## □ Behaviors:

- Slow rolling eyes, irregular eye blinks.
- Relaxed facial muscle tone and reduced sweat glands' activity.

**Keys to capture  
microsleeps!**

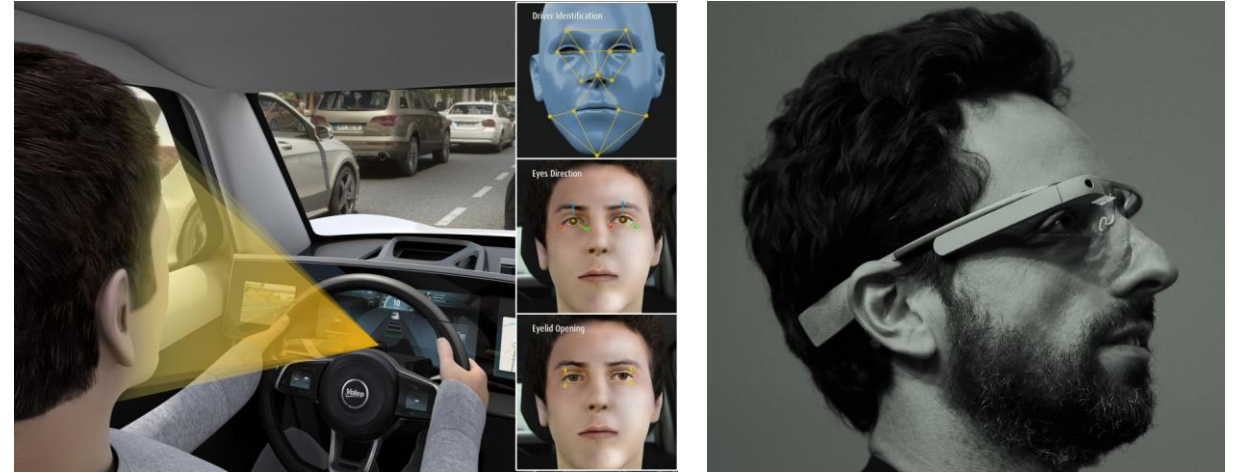


# The need of a new solution



## Video-EEG + Maintenance of Wakefulness Test:

- Medical 'gold-standard'
- Requires sleep expert and technicians
- High cost, can't be used daily
- Multiple sensors on the head and face.

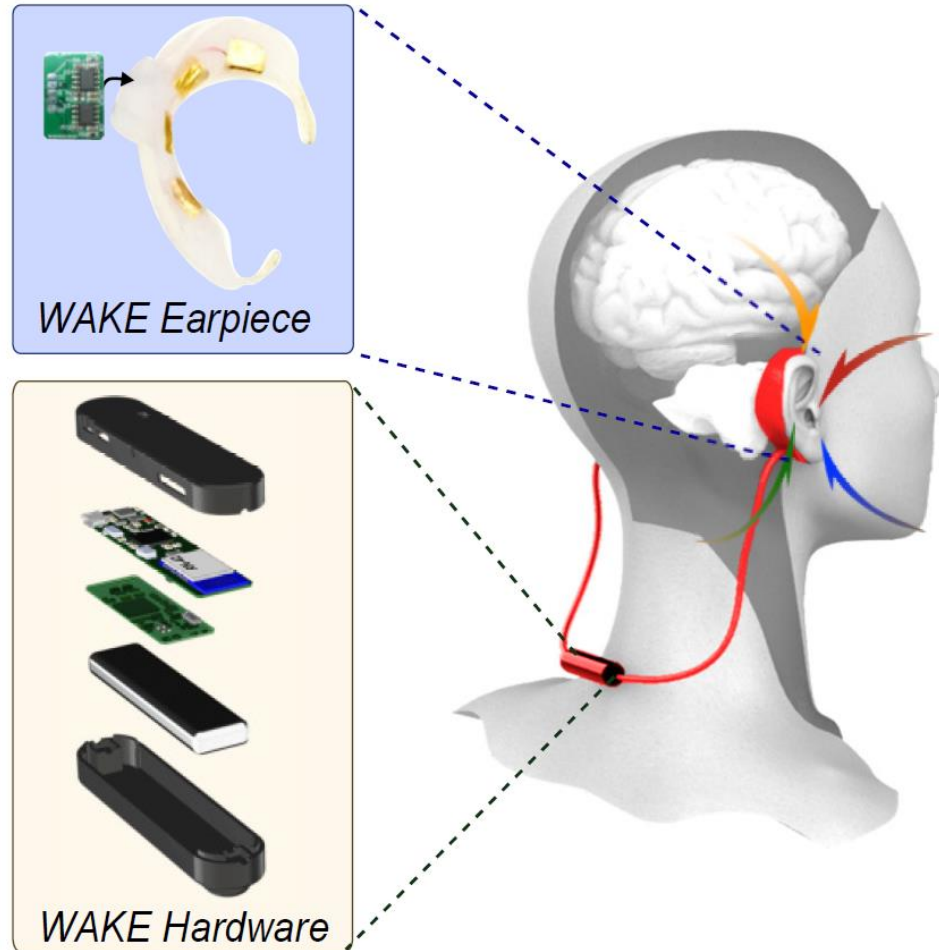


## Camera:

- Only captures behaviors
- Privacy concern
- Limited by lighting condition

**A new (accurate, low cost, socially acceptable) solution is needed!**

# Our proposed Behind-the-ear wearable system



Able to capture key microsleep biomarkers

Compact, low cost, can be used daily

Socially acceptable



# Roadmap

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- ❑ Challenges and our solutions to realize WAKE
- ❑ Implementation and Evaluations
- ❑ Conclusion



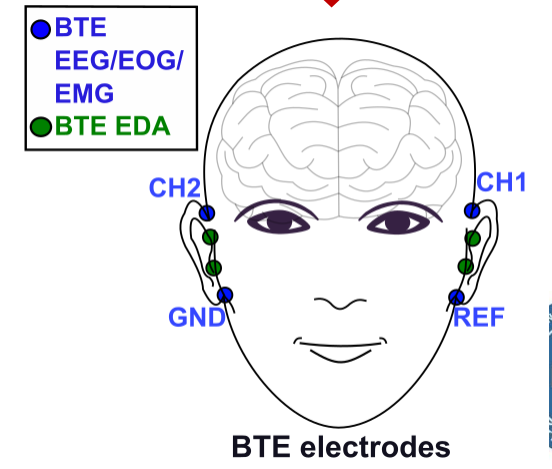
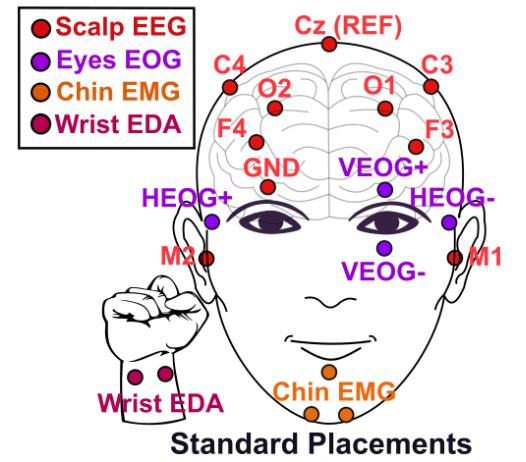
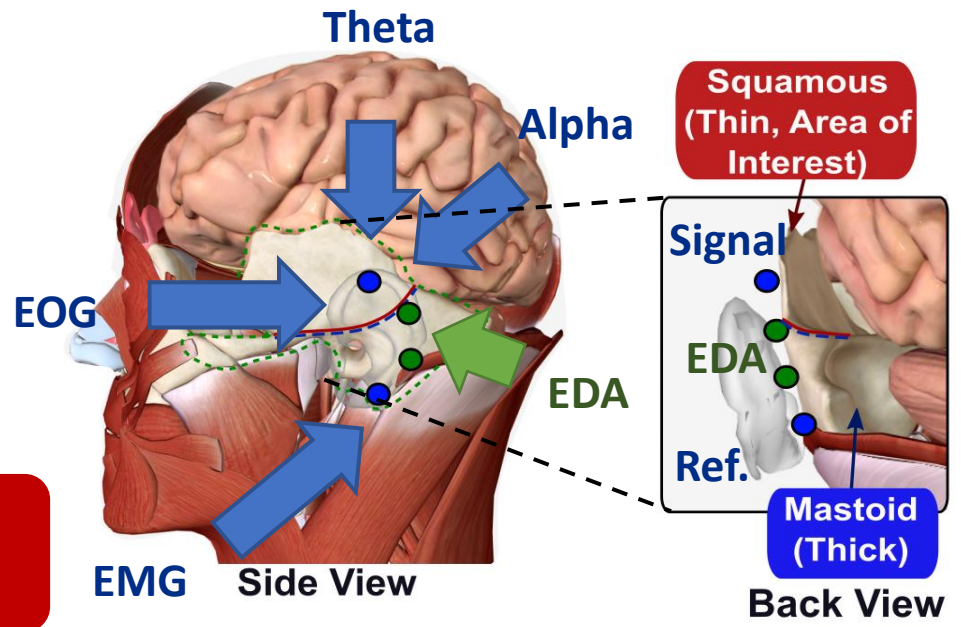
# Challenge #1: Where to place the sensors? (1/2)



□ So that:

- **Wearability** and **sensing sensitivity** can be achieved.
- **Minimal number of sensors** is desirable.

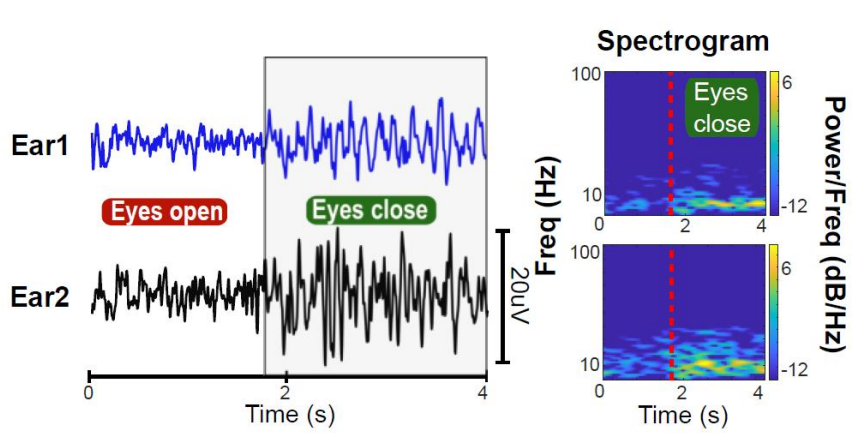
**The ear is the intersection of microsleeep biomarkers!**



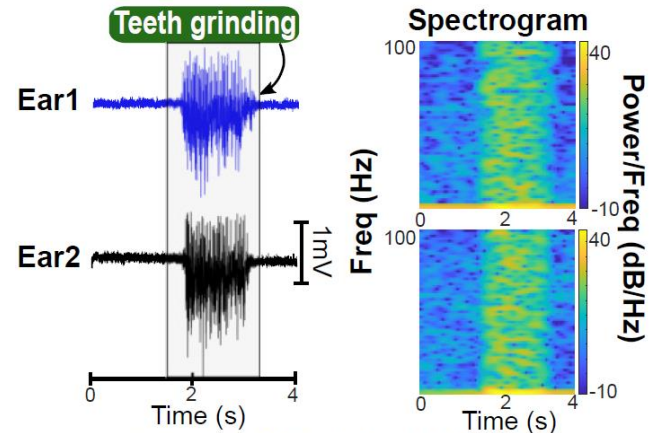


# Challenge #1: Where to place the sensors? (2/2)

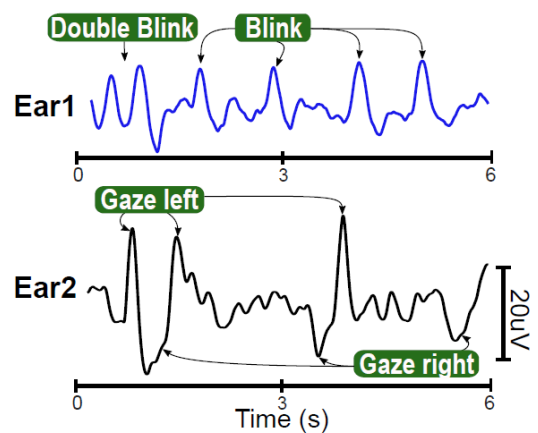
## Feasibility confirmation



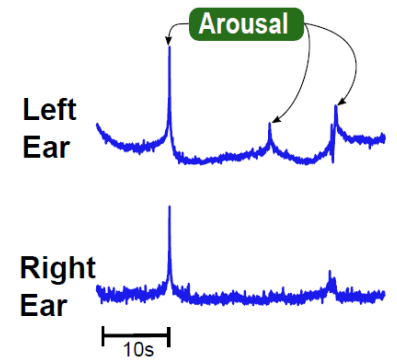
a) Eyes-closed Alpha Rhythms (0.3 to 35Hz)



c) Facial EMG (0.3 - 100Hz)



b) Vertical and Horizontal EOG (0.3 - 10Hz)



d) EDA (0.1-1.5Hz)

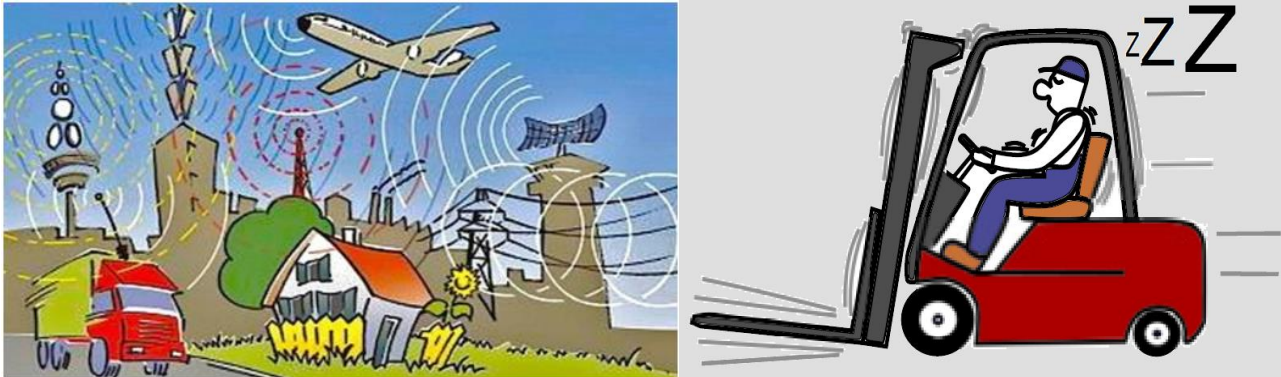
**Unique characteristics/challenges** of the BTE signals?

- **Low amplitude** of BTE EEG/EOG. (i.e. <50uV vs. 100-500uV)
- **Overlap** frequency bands between BTE EEG/EOG and EMG with a **significant amplitude difference** (i.e. 1000x).





# Challenge #2: Motion and environmental noise (1/3)



**Motion and environmental noise is a long-standing challenge!**

## ❑ Motion artifacts:

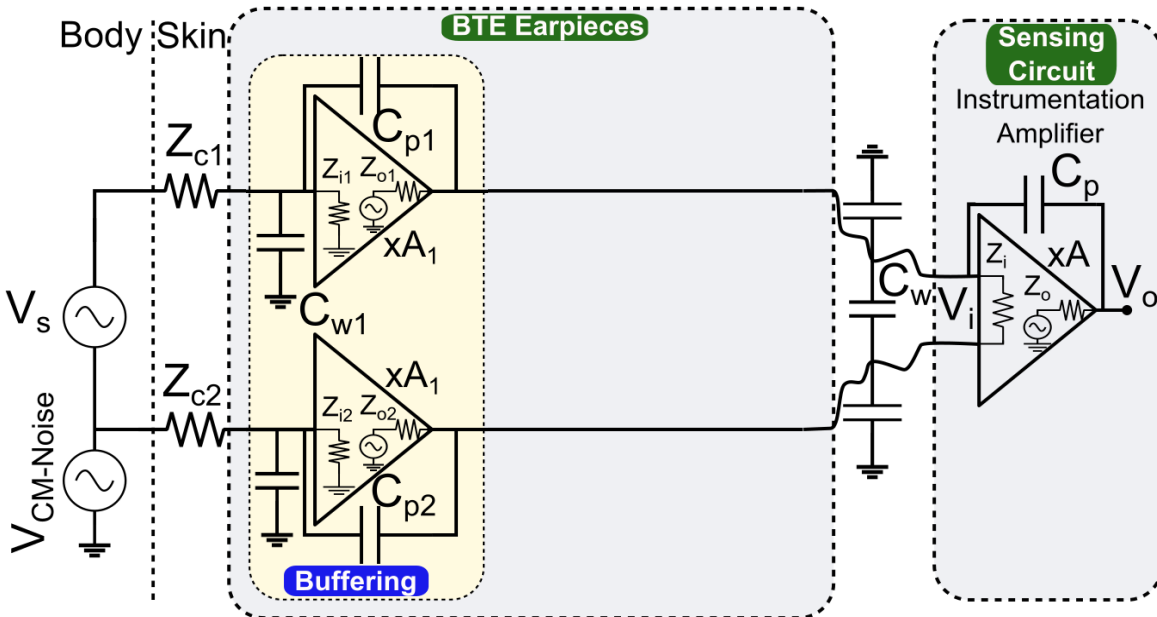
- **Micro-motions** of the sensing electrodes.
- **Fluctuation (i.e. microphonic triboelectric effect)** of the signal wires.

## ❑ Environmental noise:

- Noise coupled through the **human body** and **signal wires**.
- Noise characteristic **varies across environments**.

# Challenge #2: Motion and environmental noise (2/3)

## Three-folds cascaded amplifying (3CA) – Motion artifacts



### Electrical model:

$$V_o = G * V_s = \frac{A * V_s}{1 + (Z_{c1} + Z_{c2}) \left( \frac{1}{R_i} + j\omega(C_w + C_i + (A - 1)C_p) \right)} \quad (*)$$

- Movement of the wires => changes in  $C_w$
  - Micro-motion of the electrode => changes in  $Z_{c1}, Z_{c2}$
- => **Fluctuations** of the output signal.

### Introduce Stage 1 - Unity-gain amplifying:

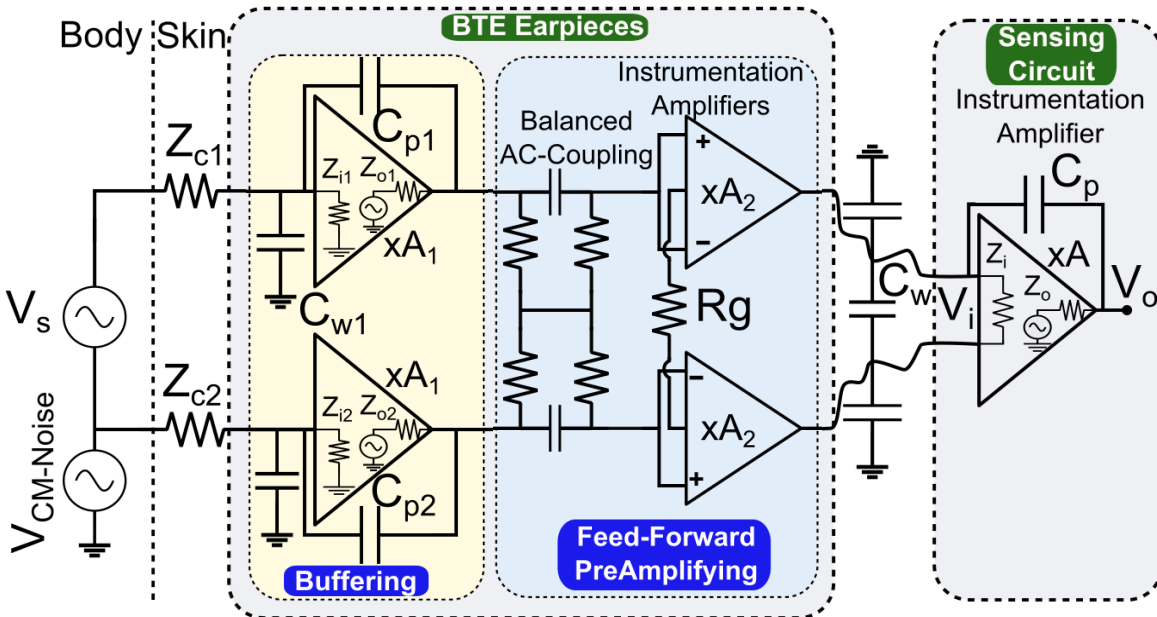
- **Z transformation:** transform  $Z_{c1}, Z_{c2}$  in (\*) to  $Z_{o1}, Z_{o2}$  ( $\sim 0$ ) => eliminate the effect of  $C_w$ .
- **Minimizing effect of  $Z_{c1}$  changes:** Minimize  $\gamma$  by using  $A=1$ , maximizing  $R_{i1}$ , minimizing  $C_{i1}, C_{w1}$ .

$$V_o = \frac{A_1 * V_s}{1 + Z_{c1} \left( \frac{1}{R_{i1}} + j\omega(C_{w1} + C_{i1} + (A - 1)C_{p1}) \right)} = \frac{A_1 * V_s}{1 + Z_{c1}\gamma}$$



# Challenge #2: Motion and environmental noise (3/3)

## Three-folds cascaded amplifying (3CA) – Environmental noise



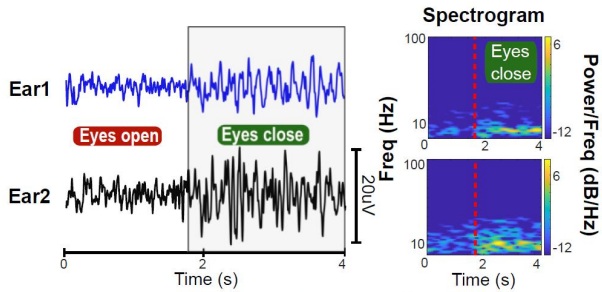
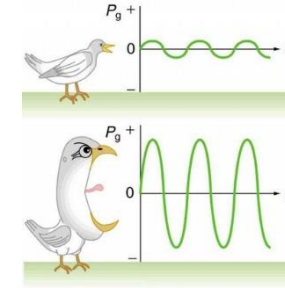
### □ Introduce Stage 2 - Feed Forward Differential PreAmplifying (F2DP):

- **2 separate amplifying stages** minimize the effect of motion due to contact impedance.
- **Feed-Forward Differential Amplifying** technique with dual instrumentation amplifiers:
  - Enhance Common-mode rejection ratio (CMRR).

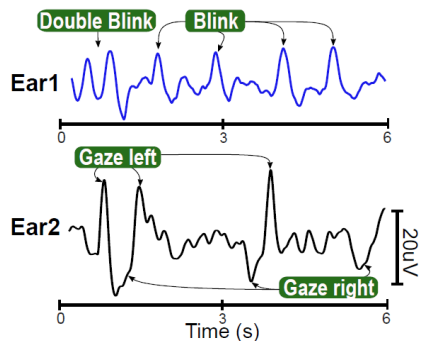
$$CMRR_{IA} = \frac{G_{DM}}{G_{CM}}; \quad CMRR_{F2DP} = \frac{G_{DM1} + G_{DM2}}{|G_{CM1} - G_{CM2}|}$$

- Produce **amplified, fully differential** signals => robust again environmental noises.
- **Balanced AC-coupling** topology: efficiently remove DC component while mitigating component mismatches issue.

# Challenge #3: Overlap signal with a significant range (1/2)

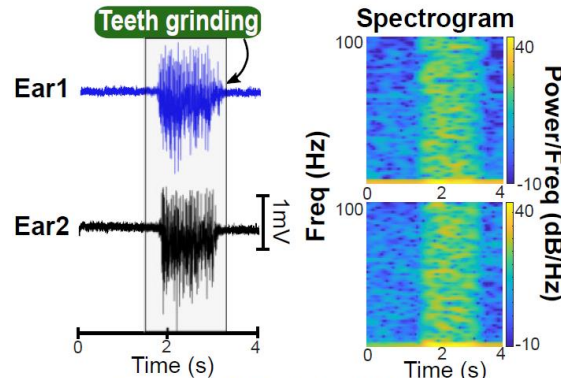


a) Eyes-closed Alpha Rhythms (0.3 to 35Hz)



b) Vertical and Horizontal EOG (0.3 - 10Hz)

VS.



c) Facial EMG (0.3 - 100Hz)

**BTE EEG/EOG is overlap with EMG in a three-orders magnitude range!**

## ❑ Using a fixed gain is not efficient!

- High gain => saturate BTE EMG signal.
  - Low gain => increase noise floor for weak BTE EEG/EOG signals.
- => The amplifier gain needs to be changed on-the-fly.

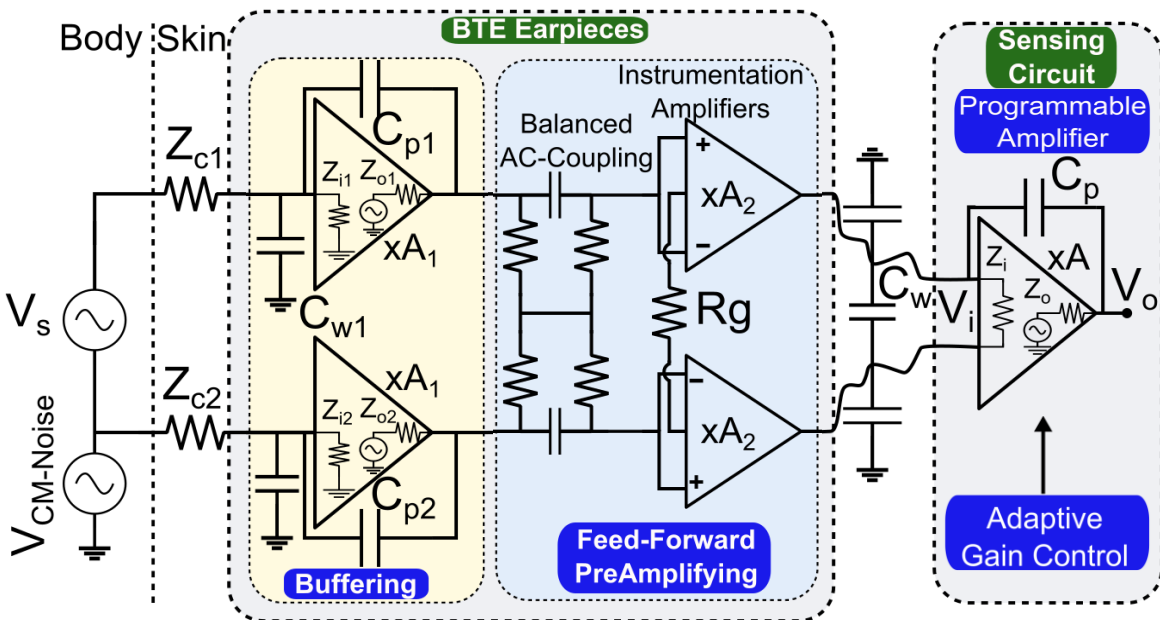
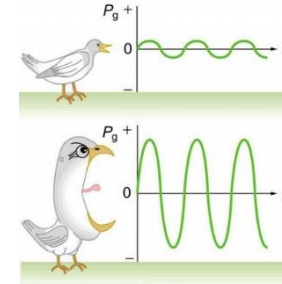
## ❑ Observations on BTE signal patterns:

- Strong EMG events don't happen frequently.
- EMG events can happen abruptly.
- EMG signal is stochastic and can vary significantly.



# Challenge #3: Overlap signal with a significant range (1/2)

## *Adaptive Amplifying and Adaptive Gain Control*



### □ Introduce Stage 3 – Adaptive Amplifying with an Adaptive Gain Control algorithm:

- Initially, **keep the gain at maximum** for BTE EEG/EOG signal.
- **React quickly to abrupt increases** from the initial state => capture an EMG event quickly.
- **React slowly to abrupt decreases** while an EMG event is happening => avoid gain oscillation.

### □ Square Law Detector vs. Peak Envelope Detector:

- Both can be used for AGC.
- PED with dynamic windows is used because of low complexity.

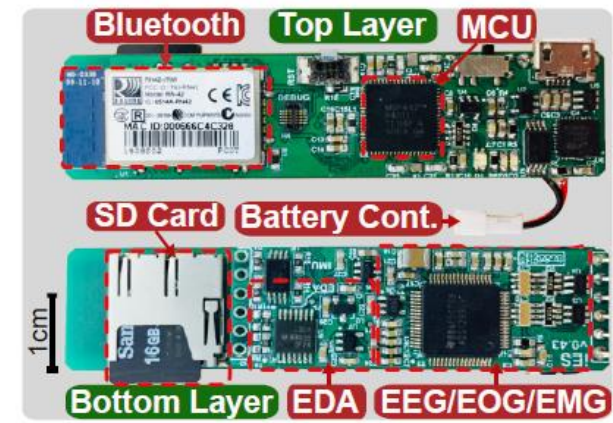
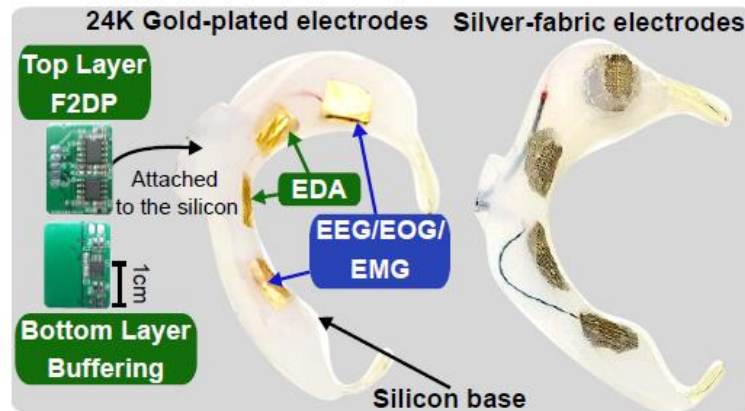
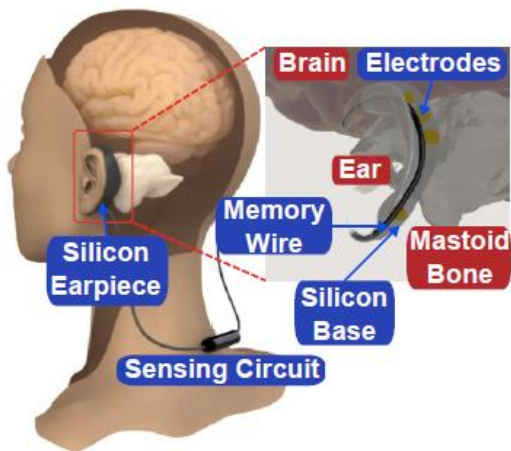
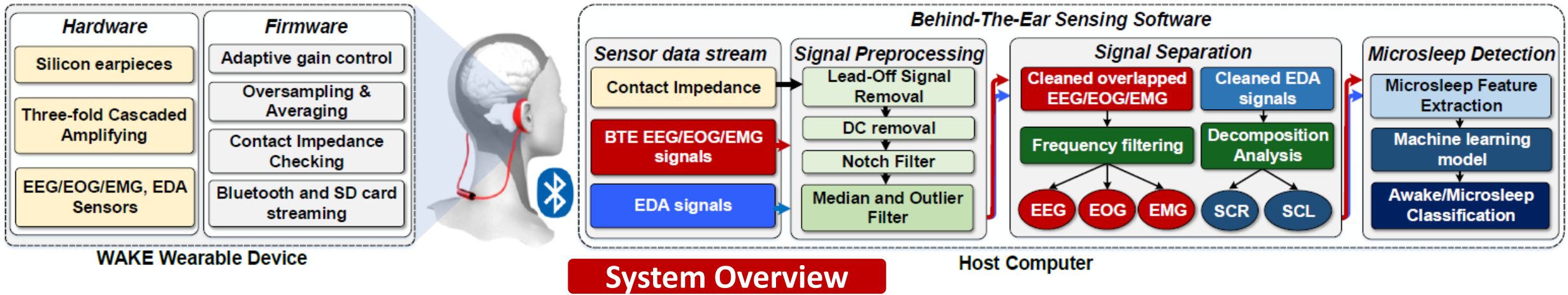
# Roadmap

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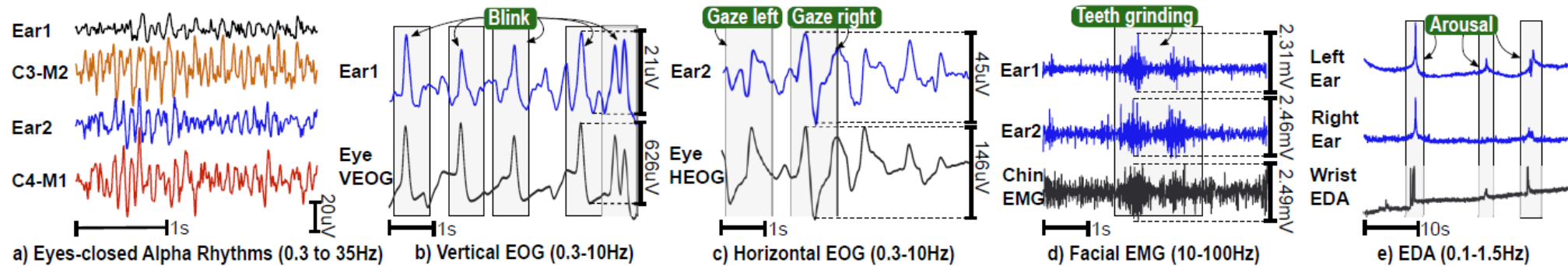
- ❑ **Challenges and our solutions to realize WAKE**
- ❑ **Implementation and Evaluations**
- ❑ **Conclusion**



# Implementation



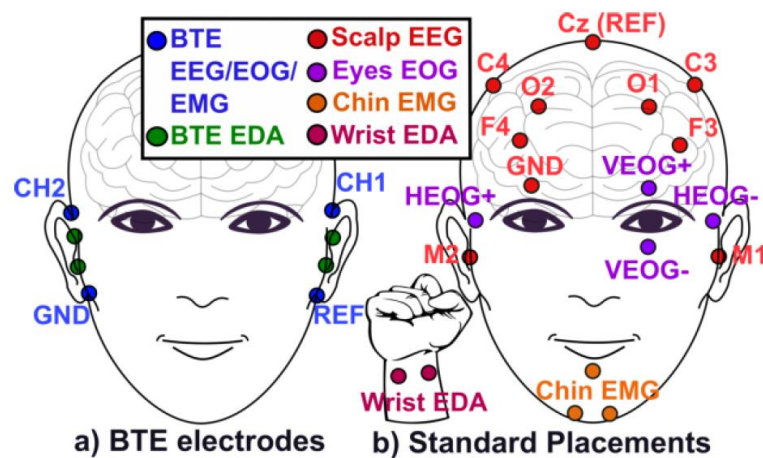
# Evaluation #1 – Signal Sensitivity Validation



## BTE vs. Ground-truth signals

## Normalized Cross Correlation

### Electrode placements



	Ear1	Ear2
C3-M2	0.35 (moderate)	
C4-M1		0.44 (moderate)
O1-M2	0.28 (weak)	
O2-M1		0.52 (moderate)
VEOG	0.47 (moderate)	
HEOG		0.59 (strong)
Chin EMG	0.62 (strong)	0.76 (strong)
Left Wrist EDA	0.37 (moderate)	

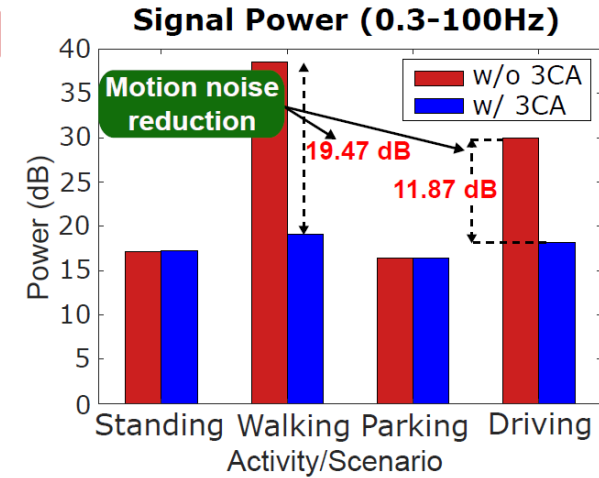
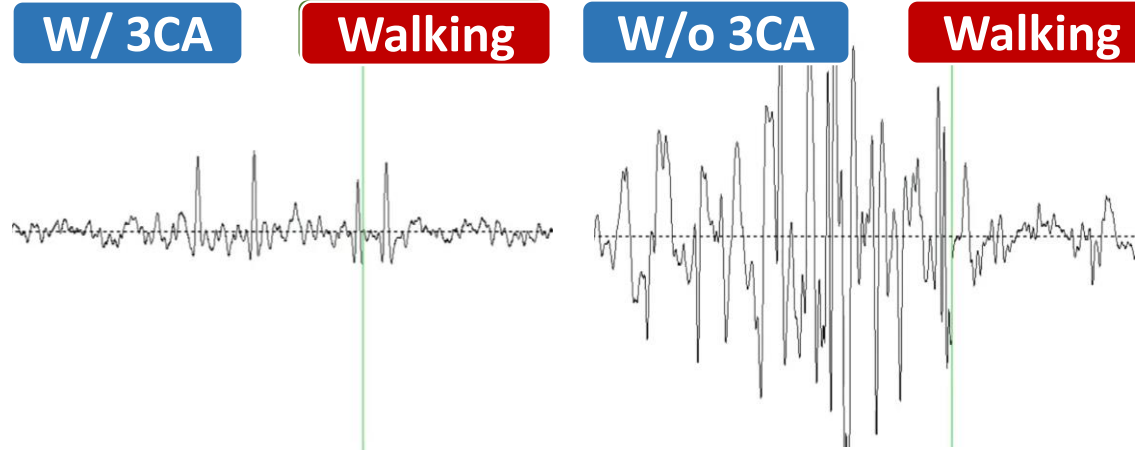




# Evaluation #2 – Motion and Environmental Noise Suppression

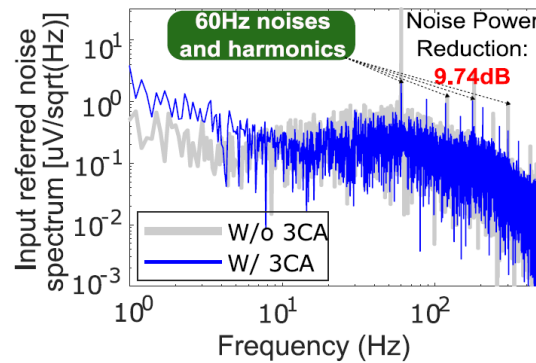
## ❑ Motion artifact evaluations:

- Standing vs. Walking.
- Parking (w/ a running engine) vs. Driving.
- Durations: 40-60 minutes

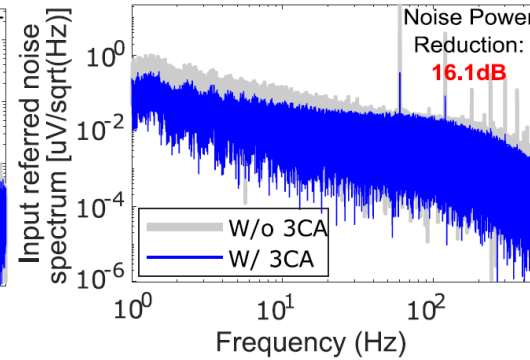


## ❑ Environmental noise evaluations:

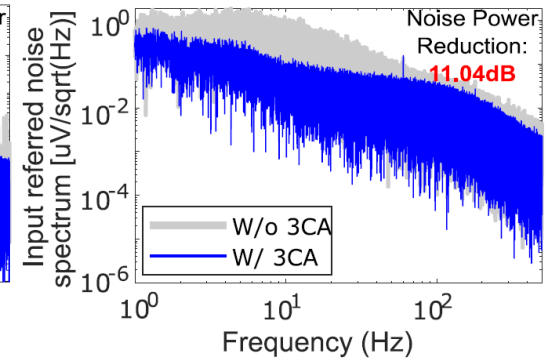
- 3 different environments: Office, Residential area, and Inside a car.
- Durations: 60 minutes



Office



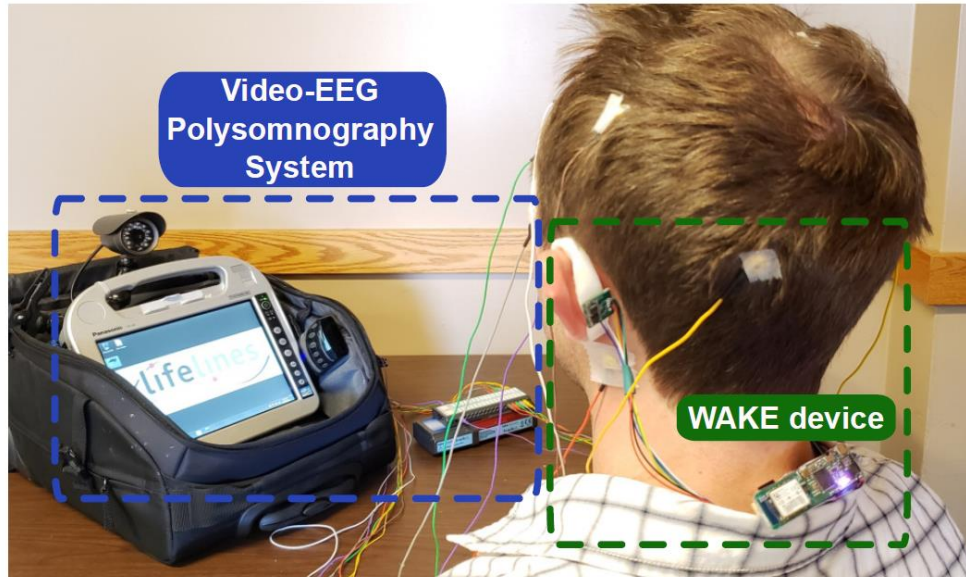
Residential Area



Inside a Car



# Evaluation #3 – Microsleep Detection Performance



**Experiment Setup**

## Demographic:

- 19 subjects.
- Healthy: 9, Sleep deprivation: 9, Narcolepsy: 1.
- Experiment duration: maximum 2h.
- **Ground-truth:** Video-PSG system with 2 sleep experts.

## Classification model:

- 35,558 awake and 8,845 microsleep data points.
- Epoch size: 5s, 80% overlap (i.e. slide every 1s).
- Durations: maximum 2 hours/each subject.
- **Hybrid model of a hierarchical classifier** (Random Forest, Adaboost, SVM) and **EMG-event-based heuristic rule**.

**Classification Performance**

Experiment	Precision	Sensitivity	Specificity
Leave-one-subject-out (Inter-subject)	0.76	0.85	0.85
Test-set (75%/25%) (Intra-subject)	0.87	0.9	0.96
Leave-one-sample-out (Intra-subject)	0.88	0.89	0.96

# Evaluation #4 – Usability Analysis

## Power and Thermal:

- **Active:** 241.5mW, 9.2h (600 mAh battery); 37.4°C (avg.), 38.9°C (peak).
- **Idle:** 51.60mW, 43.1h (600 mAh battery); 31.6°C (avg.).

## Cost:

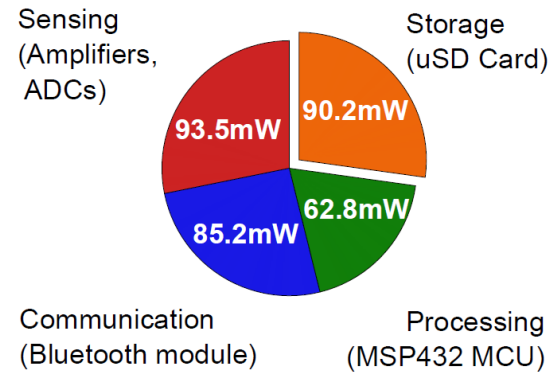
- Total component cost: <\$150.
- Video-PSG: >\$20,000.

## User's study:

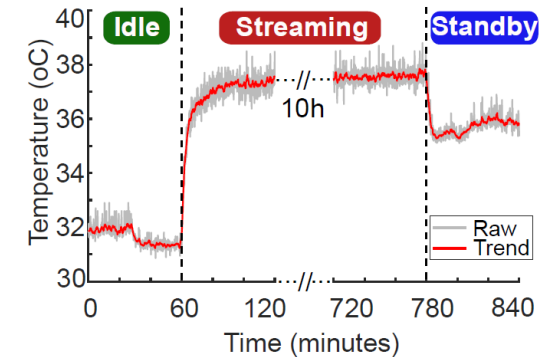
- 36 users who have used WAKE for 2 hours.

## WAKE and Eyeglasses study:

- 8 people who wear WAKE and eyeglasses during their daily activities for 3-4 hours.



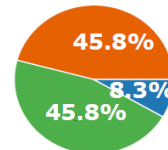
Active Power Usage



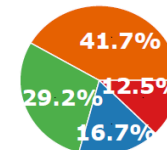
Thermal Profiling

## User's study

Is the WAKE device convenient?

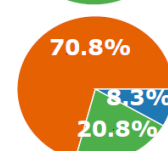


Do you want to wear WAKE device daily?

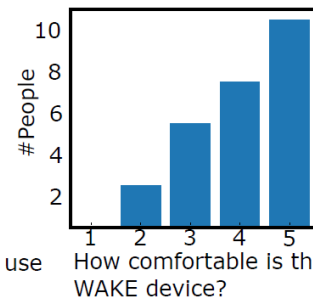
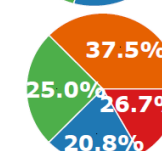


Legend: 5 (Strongly Agree), 4 (Agree), 3 (Neutral), 2 (Disagree)

Is WAKE more comfortable than PSG?

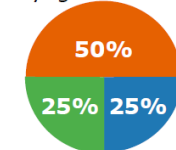


Can you easily use WAKE?

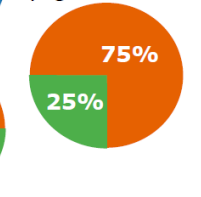
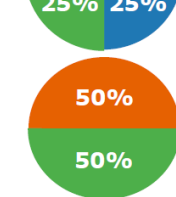


a) WAKE study

Is wearing both WAKE and eyeglasses comfortable?



Can you easily wear WAKE and eyeglasses?



You did NOT feel disturbed by wearing WAKE and eyeglasses?

b) WAKE and Eyeglasses study



# Conclusion

## □ Contributions of WAKE:

- Devise a **Three-fold Cascaded Amplifying (3CA)** technique to mitigate motion and environmental noises.
- Identify a **minimal number of areas behind human ears** so that a **wearable, compact, and socially acceptable device** can be designed to capture multiple microsleeep biomarkers.
- Develop a **hybrid classification model** detect users' microsleeep.
- **Evaluate the proposed system** using our custom-built prototype on 19 subjects to show the feasibility for microsleeep detection.

## □ Future work:

- In-the wild microsleeep detection evaluation.
- Optimizing WAKE device such as: employing dry electrode, better mechanism of keeping the electrode contact, etc.
- Exploring the effect of other human artifacts such as the impact of sweat condition, hydration, etc.

