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WEARABLE VIDEO MONITORING OF PEOPLE WITH AGE DEMENTIA : VIDEO INDEXING AT THE SERVICE OF HELTHCARE

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ABSTRACT

Exploration of video surveillance material for healthcare becomes a reality in medical research. In this paper we propose a video monitoring system with wearable cameras for early diagnostics of Dementia. A video acquisition set-up is designed and the methods are developed for indexing the recorded video. The noisiness of audio-visual material and its particularity yield challenging problems for automatic indexing of this content.

1. INTRODUCTION

Exploration of video surveillance material for the purposes of healthcare and home assistance to elderly population is now becoming in the focus of attention of multi-disciplinary research, both medical practitioners and computer scientists. With the ageing of population in the world, the care of dementia diseases becomes one of the medical priorities. Impairment in Instrumental Activities of Daily Living (IADL) related to cognitive decline is a major diagnostic criterion for Dementia [1]. However a valid evaluation of this criteria is often difficult to obtain because of deny or anosognosia by the patient, or by his caregiver [2]. Moreover, this impairment is also considered as a major consequence of the disease and is one the main outcome in prognosis studies or controlled clinical trial for Dementia or Alzheimer's Disease [3]. Thus, an objective and operational tool designed to evaluate IADL functions could be of major interest in clinical or epidemiological studies on Dementia.

In this paper we propose a general framework and specific tool of multimedia indexing for monitoring the daily activity of people with dementia using wearable video cameras. The paper is organized as follows. In Section 2 we describe the design of the acquisition set-up and compare it with existing solutions of wearable monitoring. In Section 3 we formulate and design first solutions for the content indexing tasks both on a single media (video) and on mixed media (audio and video). In Section 4 we summarize first achievements and outline perspectives.

2. DESIGN OF THE ACQUISITION SET-UP

2.1. Needs and constraints

The purpose of the system is to record the activity of the patient during an extended time interval (from 3 hours for the observation of a specific activity during the day, such as the lunch and its preparation, to 16 hours when a full day is captured without any intervention).

The goal of this system is to enable specialists of age dementia to analyze the behavior of the patients at home, during their usual activities. For this reason, the focus is put on capturing audio and video data at standard video rate (25Hz), in order to convey most of the useful information concerning inter-personal interactions (through speech and physical contact), individual activities (manual or contemplative activities), or the reaction of the person to its environment.

The footprint of the device in term of size and weight must be the lowest possible, considering that it is meant to be worn by aged persons. The design has therefore to be tailored for this target, which is rather constraining due to the possible articulation and muscle disabilities such persons may have. One objective is to produce a device that weights globally less than 500g, which most of the weight being hold in an ergonomic manner, so that it does not induce fatigue after several hours.

2.2. Review of existing similar devices

The MITHril wearable platform [4] is a modular system based on a PDA computer, which allows both the online capture and processing of various signals, such as ECG, blood pressure or inertial motion, which are needed in different medical contexts. The autonomy is limited both by the consumption of the PDA and the storage capacity.

Our medical video capture problematic is close to the setup proposed by the Sensecam project [5], [6] which also considers a wearable device with a camera and microphone. It was used in a medical context as a retrospective memory aid for people with memory impairment [7]. The Sensecam

device captures images at a low frame-rate (of the order of one image every 30 seconds), which is enough to produce a video log of the day, but not enough to be able to properly analyze details on the behavior of the person, which is of concern in our case.

The previous art most relevant to our context has been developed for the WearCam project [8], which uses a camera strapped on the head on young children. This setup allows capturing the field of view of the child together with their gaze with autonomy of one hour. We discuss this choice in the next section.

Another embedded camera setup was proposed the StartleCam project [9], which used a wearable computer as an acquisition device. The weight being an important point in our context, we preferred the WearCam approach of wireless video transmission.

2.3. Camera field of view

The camera position is closely related to which content must be captured. We can identify two main contents of interest for the analysis of the behavior (see fig 1): close field (physical interaction with the environment...), interpersonal environment (where other persons stay when dialoging), and far environment (which contains events that may come up unexpectedly, such as a phone ringing...).

One of the main advantages of using a wearable camera is the ability to capture hands close to the body, such as when manipulating a tool or holding objects, which can bring information on the ability of the person with respect to manipulation. To obtain such observations with fixed cameras, several of them would need to be installed because of the occultation by the body.

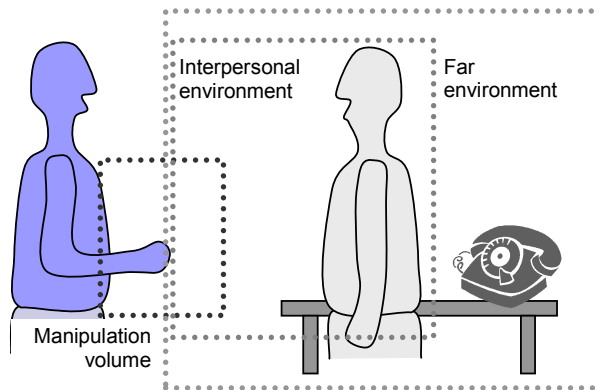


Fig 1. Definition of close, medium and far environment.

In the Sensecam project the camera is placed on the chest, which allows to capture the environment facing the person, at the expense of observing the person's hands (Fig. 2-a).

The camera worn on the head [8] is very good for capturing the intentions and focuses of the person (Fig 2-d), and would certainly be of much interest in our context. However, such

an approach was not retained for our first prototype for several reasons. First, the ergotherapists we consulted consider any weight on the head may be a problem for aged persons, because of potential disabilities at the cervical level. Second, the device is intended to be worn in an autonomous setup. The battery that is needed to power the camera during several hours is heavy enough to require it to be worn at some practical location such as the hip. The wires running up to the head would make the device difficult to put and to remove when the person feels the need to.

Two setups have been tested in our case: a first setup is located close to the manipulation area (Fig 2-b), and second one on the shoulder (Fig 2-c), similar to the one that was shown in [10] to offer a good compromise considering several criteria.

The system being designed to be removable whenever the person feels the need to, the camera position can be displaced by the person themselves, resulting in small angle variations. For that reason, a too strict set-up of the position of the camera with respect to the person can not be kept over a long period, which makes a large field of view camera necessary to be able to cope with such variations.

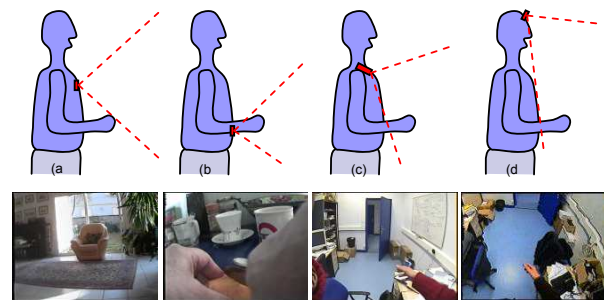


Fig 2. Various camera configurations and their associated field of view. (a) Chest-mounted. (b) Camera at manipulation level. (c) Shoulder-mounted. (d) Head-mounted, viewing down.

2.4. Device design and characteristics

The monitored person is equipped with an onboard camera and microphone which are integrated into a bag that is attached to the shoulder and the hip. The video and audio signals are transmitted wirelessly to a base recording station via an analog 2.4GHz transmitter within a 100m range, which is enough for capturing the actions inside a house. The camera and radio transmitter weight around 80g, and the 6800mAh battery weights 300g. The battery weight can be reduced when only short observations are needed.

The recording station receives the analog signal, digitizes and compresses it through an acquisition card (USB GrabeeX deluxe), and stores the compressed video on a USB external hard drive. This removable storage with a capacity of 500GB can hold several days of acquisition. In

case the person goes away from home, the recording station can be replaced by a portable media recorder extended with a wireless receiver and extra batteries, carried in a bag.

At the end of the observation period, the removable hard drive is easily recovered by a member of the project, and its contents transferred to a centralized and secure archive server. The members of the project can then have access to the videos through a secure network connection, in order for the doctors to make clinical observations of the behavior of the person. The video are also shared to test new algorithms and assess the feasibility of automatic processing that can then be integrated into the video consultation system.



Fig 3. Illustration of the current prototype, with considered camera position (a,b,c). The system is composed of a strap bag which holds a battery, a camera, a microphone, and a wireless transmitter.

3. CONTENT INDEXING TASKS

To efficiently and automatically index the content, thus proposing browsing facilities and (semi-)automatic interpretation of patient behavior to the doctors, several indexing problems have to be solved. The first straightforward tasks are summarizing video content in order to give a scene overview, identifying specific actions (cooking, watching TV, ...), and identifying interpersonal interaction. These tasks can be solved both in a mono-media framework (video) and by using audio and visual cues together. In the following, we address such tasks as scene overview for fast browsing, important inter-personal issue such as privacy check and person detection, and finally the identification of the audio environment.

3.1. Scene Overview

The registered video sequences will be used by medical practitioners, who are interested in particular events (cooking, washing, reading), in particular places (kitchen, garden, living room) in the household and also in outdoor environment. To make their work easier the sequence parts have to be indexed and summarized. To achieve this goal we intend to use mosaic images to sum up the scenes. The

mosaic images proved to be an efficient tool for video summarizing and recognition of the environment [11]. In this work we resort to the mosaicing method we developed for MPEG2 compressed general purpose video [12][13].

The mosaic image of a video segment is a blend of all frames of the segment aligned in the same coordinate system of a reference frame as

$$M = \beta_K \sum_{k=1}^K G(k).I(k), \quad (1)$$

Where $I(k)$ is the k th video frame, $G(k)$ is the geometrical transformation from the image $I(k)$ to the mosaic M , K is the number of video frames $I(k)$ in the sequence, and $\beta_K(n)=1/|n|$ with $|n|$ as the number of available pixels at position n .

Thus to compute the mosaic M we need to compute the geometrical transformation $G(k)$ of each video frame $I(k)$ into the reference frame $I(0)$. In [13] this geometrical transformation has been defined as a composition of affine 1st order models of camera motion between successive frames.

$$\vec{d}(c_x, c_y) = \begin{pmatrix} a_1 \\ a_4 \end{pmatrix} + \begin{pmatrix} a_2 & a_3 \\ a_5 & a_6 \end{pmatrix} \begin{pmatrix} c_x \\ c_y \end{pmatrix}, \quad (2)$$

Here $d(c_x, c_y)$ is a displacement vector of a center of a block of pixels. In [13] we used MPEG2 macro block motion vectors in order to derive the camera model.

Despite the videos acquired with the wearable camera are available in MPEG2 compressed form, the macro-block motion vectors cannot be directly used as it was the case in [13]. This is due to the fact that in most cases the motion between successive frames has a very strong magnitude. Indeed, the elderly persons often have problems with balance control during walking. Thus the apparent displacement becomes very strong. We observed magnitudes of around 30 pixels in average (see Fig. 1).



Fig. 4. Three consecutive frames from an outdoor video. The pictures are blurred because of the strong motion.

Thus to correctly align video frames we developed a hierarchical block-matching algorithm and applied it to the decoded frames. Here, for the pair of consecutive frames $I(k-1)$, $I(k)$ two Gaussian multi-resolution pyramids are built $P(k-1, l), P(k, l)$, $l=0, \dots, 2$ with l denoting the level in the pyramid. The block-matching is realized at the top level of the pyramid by a full-search estimator with pixel accuracy. Then the motion vectors of blocks at the nearest lower level of the pyramid $d^{l-1}(c_x^{l-1}, c_y^{l-1})$ are predicted as

$$\tilde{d}^{l-1}(c_x^{l-1}, c_y^{l-1}) = s \cdot d^l(c_x^l, c_y^l) \quad (3)$$

where s is the sub sampling factor: in this work we used a conventional value $s=2$.

Then the motion vectors are refined by a full search with half-pixel accuracy. This process is repeated until the final motion vectors at the level $l=0$ are obtained. This is a classical hierarchical block-matching algorithm used in video compression. Here the window size W for the displacement search was chosen sufficiently large at the top-level in order to re-cover strong motion magnitudes ($W=8$) and was significantly reduced at the intermediate levels and the basis of the pyramid ($W=3$).

The resulting motion vectors were used as initial measures for a robust motion estimator [14] allowing for rejection of outliers – and obtaining the global camera model (2). The geometrical transformation $G(k)$ in (2) has then been computed as a composition $G(k)=G(k-1) \circ G(k-2) \dots \circ G(1)$.

The example of the mosaic obtained is shown in Fig. 5. Here we can state that the final mosaic is not very much focused. The main reason of this is the low quality of original frames acquired with a wearable camera and exhibiting a strong motion blur. This aspect can be improved in the future by our super-resolution method [13].



Fig. 5. Result of the mosaicing algorithm on 10 pictures.

3.2 Privacy Check

Giving the video recordings to the doctors rise a new problem: there might be recognizable persons on the pictures which could violate their right to privacy. To solve this problem we want to hide the faces of the people who appear on the recorded sequences. This requires finding humans in the video.

Assuming that humans are moving, they are detected as camera independent motions. Let $I(k-1)$, $I(k)$ be two consecutive frames. With (2) $I(k-1)$ is transformed according to the camera motion between the two frames $I(k-1)$, $I(k)$. This transformed image $\tilde{I}(k-1)$ is then used to calculate an error image $E(k)$, which shows only those objects that are moving independently from the camera:

$$E(k) = |\tilde{I}(k-1) - I(k)| \quad (4)$$

These objects are considered as foreground objects, and the rest of the frame as the background. Although the global camera motion has been compensated, the error image may contain pixels that are belonging to background objects.

Further investigation is planned to improve the camera motion estimation accuracy to handle this point.

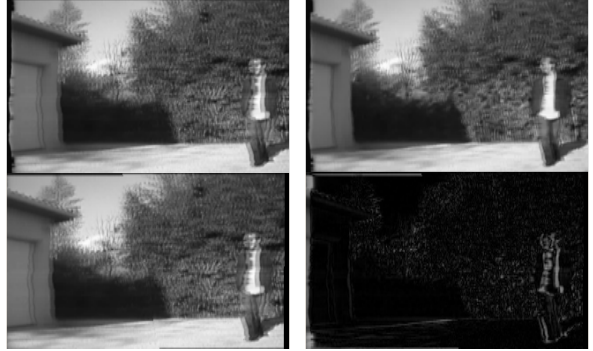


Fig. 6. Top Left: Previous Frame $I(k-1)$, Top Right: Current Frame $I(k)$, Bottom Left: Compensated Frame $\tilde{I}(k-1)$, Bottom Right: Error Image $E(k)$.

The previous motion compensated segmentation allows us to restrict further processing to the detected foreground. We are planning to use a whole body detector on the foreground objects. The problem with these detectors is that they are sensitive to the camera orientation. Usually it is not a serious problem because the camera is positioned uprightly, but in case of wearable cameras ours, the camera can tilt. This can result in up to $\pm 45^\circ$ deflection from the vertical/horizontal direction in the worst case.

To determine the orientation of the camera an edge orientation histogram $H(k)$ of each frame $I(k)$ was used. In this work we used 32 bin histograms for the angle range 0-180°. Generally a picture showing an ordinary living environment (house, garden) contains mainly horizontal and vertical edges. This means that only one or two peaks in the histogram are to be expected, and that these peaks should correspond to the horizontal or vertical direction, as illustrated in Figure 7.

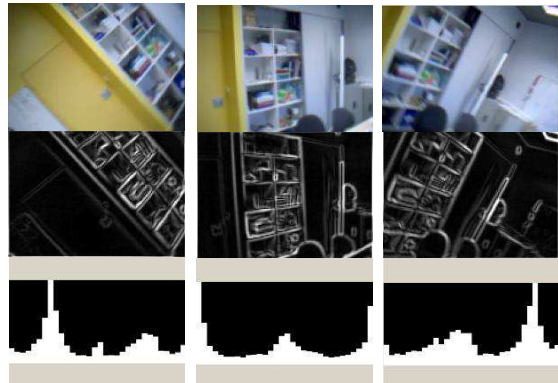


Fig. 7. Changes in the edge orientation histogram changes along with the camera orientation.

What cannot be extracted unambiguously from the histogram is whether the strongest peaks correspond to the vertical or the horizontal direction. To solve this problem, an additional hypothesis is used, which assumes that the real vertical/horizontal direction in the ground truth scene is closer to the vertical/horizontal direction of the scene registered by the camera. With this assumption the result of the algorithm is unambiguous, and can handle angular offsets (α) up to 45° .

Knowing the angular offset α , the image can be rotated to an upright position by rotating the image around its center. To test the effectiveness of our algorithm we used Haar-like feature based face detector [15, 16]. An example of geometrical correction proposed and face detection is shown in figure 8.



Fig. 8. Face detection after geometrical correction. On the original frame (left) the face detector fails to detect the face, while on the rotated image (right) it detects the face.

Perspectives on this part of the system consist in improving the robustness of the angle detection by injecting the camera motion information to consolidate these results over several frames. It is also planned to use a whole body detector instead of face detector, for the cases when the faces are only partly visible or too small.

3.3 Audiovisual indexing tools

3.3.1 Tools presentation

In regards with the identified events which may be of interest for the medical domain, some tools developed for cultural audiovisual content indexing were considered to extract potential key features for further works.

We first evaluated the interest of applying a segmentation tool on the audio track aiming to localize speech, music noise and silent segments. Speech segment can be useful to index conversational situations whereas music may help to identify activities such as watching TV or listening to the radio. This tool is divided into two classifications (speech/non-speech and music/non-music) [18]. For speech detection, we use an original feature (entropy modulation) and we merge it with the classical 4 Hertz modulation energy (corresponds to the syllabic rate). For music detection, we extract other original parameters: number of segments and segment duration. There result from the FBD

algorithm [19]. The decision is made regarding to the maximum likelihood criterion (scores). Finally, we have two classifications for each second of input signal: the speech/non-speech one and the music/non-music one. Then, we can merge them to have a speech/music classification system composed of four different segments: Speech, Music, Speech-Music and none (silence or noise). System provides more than 90% of accuracy for speech detection and music detection on audiovisual documents (like TV and Radio broadcasts).

The second tool applied to the first wearable recordings consists in detecting faces in the video, and labeling persons on the basis of their clothes appearance. This is necessary to localize phases of interaction with the relatives of the patient or with unknown people. This tool detects faces using the face detector previously introduced [15, 17]. Once a face has been detected at the same place on a sufficient number of frames, color and texture features are extracted from the zone located below, which is supposed to correspond to the person's clothes. These descriptors are then compared with those which may already have been extracted from previous images. If it appears that these values are met for the first time, the instance of a new person is created in the database. In the other case, a new occurrence of an already known person is inferred [20]. As this tool was developed for television applications, some priors have been integrated to improve results. The first one takes into account the fact that a same person is more likely to appear in the same set. This means that some color features related with the background have been added in the signature describing a person in the database. The second prior leads to consider that a person is always present on the screen for a minimal duration. For example, inferring the detection of a person during a whole shot, even if he or she was actually detected on a few frames, leads to significant improvements of the method on television programs. Unfortunately, this second prior can not be applied in the paradigm of the proposed experiments. We have decided that a person will be detected only if he or she appears on seven successive frames (this threshold has been determined as an optimal one in the general case). The output of that tool is a list of labels attached to the detected persons appearing in the video and, for each of them, a list of temporal segments corresponding to their appearances.

3.3.2. Application

In order to identify the possibility to exploit these tools and their limitations in this context, they were applied on 6 minutes extracted from two different recordings. The first one is an indoor recording showing during the first minutes three different persons. It has been shot with a static camera in the kitchen environment. The audio track is very noisy while the video is quite clear. Speech on the soundtrack can hardly be understood.

The second recording has been taken outside with the wearable camera. The patient is doing gardening activities. A relative can be seen on the first minute of video. Here, the audio track is much clearer than in the first case, but in the same time, the video is much more difficult to process: there are fast motions with a high magnitude corresponding to objects (hands, tools) close to the camera, and camera motions are producing really instable images. There is additionally a lot of noise due to the poor quality of the wireless communication between the remote camera and computer with is located inside the house. At last, the framing is not always on purpose and people appearances are often truncated (the heads are most of the time out of the field of the camera, when the patient is bending forwards).

3.3.3. Analysis of results

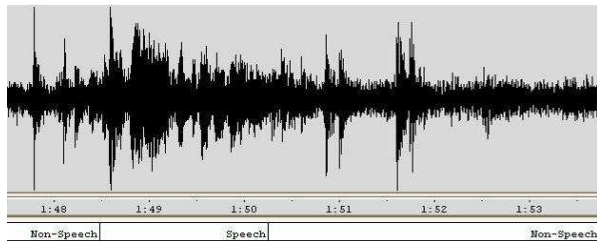


Fig. 9. Example of manual speech detection during a few seconds.

The performance of the speech/music detection algorithm is about 75%: this is very low compared to a TV broadcast corpus. If we only focus on the person wearing the microphone, the score increases by more than 10%. In the figure 9, we present an example of manual speech detection to highlight the difficulties that are inherent to the corpus. The signal is very noisy, even in areas of non-speech (which are supposed to be silent segments!). In this example, our system has detected no speech during these few seconds.

Performances of the person detector and labeling are very low compared to the results which can be obtained on classical TV programs (where this tool detects persons with recall and precision rates both of about 97%). In the case of those excerpts, the tool does not produce any false positive, but the recall rate is about 5%. Surprisingly, the best results were obtained on the noisiest excerpt (the one corresponding to the outside shot). The lighting conditions for the “inside excerpt” are actually too low for the face detector.

Further works will have to overcome the observed limitations of these tools. For the soundtrack segmentation and classification tool, we have to solve different problems: reducing the noisiness of audio environment and detecting activity areas.

For the first one, indeed, noise is highly variable: it can correspond to wireless transmission interruptions, but also to strong variations of the environment that influence audio recordings. Noise is not constant but depends on the person activity and the place in which it is located. This step is a necessary pre-processing for audio detection.

For the second one, it could be interesting to identify recurring speakers (such as family members), specific locations (kitchen) or specific items (phone, TV). It will be necessary to increase our “audio classes” (speech and music) with other key sounds (phone ringing, kitchen tools, speakers, etc.) and to detect the sound environment.

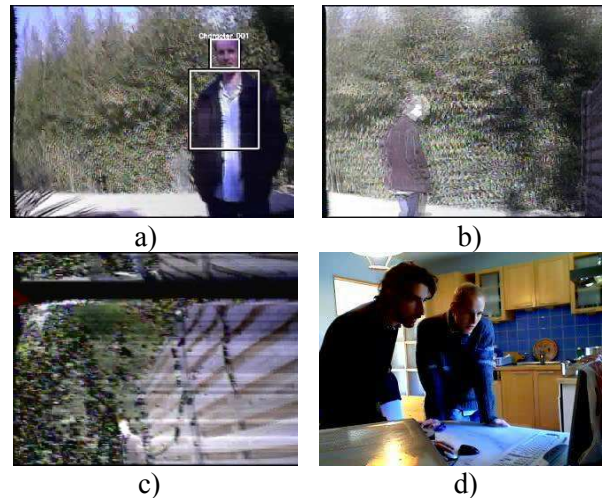


Fig. 10. a) example of a person detected in the “outdoor” excerpt; b) and c) examples of noisy frames surrounding this detection; d) persons not detected in the “inside” excerpt.

For the visual detection and identification of person, the first idea to be explored will be the usage of new priors. The first one will be to consider that the number of persons which may appear is strongly limited. As far as this system is supposed to be used only at home or in the close proximity of the patient’s house, only the family members and a few friends are expected to appear on the recordings. Furthermore, on the same recording, we can assume that a same person is wearing the same clothes. These priors can be used to improve both the detection and the identification process because they allow to maximize the number of classes. So, clothes descriptors associated to reliable detections of faces could then be used to directly detect the clothes themselves. In this case, face detection will not necessary be a trigger for this tool and people could then be detected even if they not fully appear on the screen. This may solve the framing problem which has been identified in these preliminary works. The “outside excerpt” shows that the persons can be seen generally during very short segments

before the camera moves to another point of view. So, the second point will be to modify the prior about the minimal duration of a face appearance on the screen used to confirm the person detection.

4. FIRST RESULTS AND PERSPECTIVES

This project of wearable video monitoring is the first application of video indexing methods to the study of the dementia disease, through the observation of patient during their usual activities. This is why the closest collaboration between the information technology team and medical research team was a must.



Figure 11. Key-frames of a daily activity

Due to the specification of the content of interest and the specific ergonomics for aged patients, the experimental acquisition set-up has been designed and the first corpus registered. It currently contains 7 hours 29 minutes video from a wearable camera. These records were taken with a healthy, elderly person, whose actions were not restricted in any way during the recordings. She was doing her everyday routine in the house and in the garden. Examples of key-frames of her daily activity are shown in fig. 11.

Some 2.5 hours of video have been captured from a static camera that was placed in a strategic point (kitchen) in the house. In the future we intend to use the static camera along with the wearable camera in full time.

In order to get the continuous feed-back from the dementia specialists, a video browsing interface has been developed allowing for navigation with respect to the time-line and to the activities (see Fig 12). In the future it will serve as a front-end for the automatic analyses tools we proposed and reported in Section 3 and further methods.

5. CONCLUSION

In this paper we proposed a general framework for the application of a wearable camera to the study of the dementia disease. We have shown the importance of an automatic analysis of audiovisual data acquired in this context, in order to facilitate their study by medical specialists.

We have shown a design for the acquisition system that takes into account the constraints mostly due to the participation of elderly patients. It allowed us to record a first video corpus. Due to the fact that the camera is worn, the produced audiovisual data is rather challenging compared to data that could be met in other multimedia indexing applications. We have addressed the first straightforward indexing tasks. More fine analysis tools, allowing for a long-term behavior modeling will be developed in the future of this work. The most robust algorithms will also be included into the indexing interface prototype in order to improve them in relation with the dementia specialists needs.

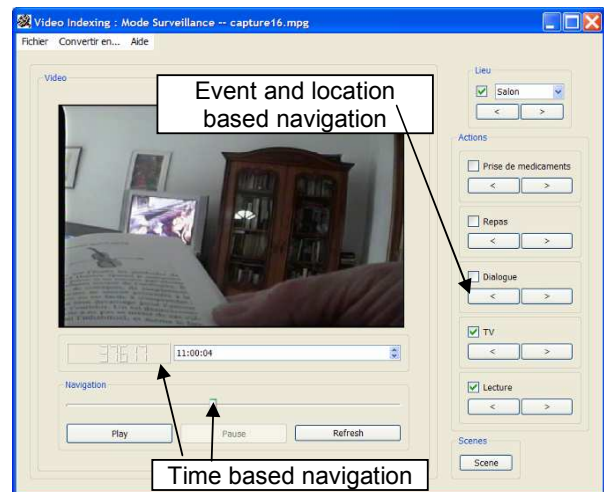


Fig. 12. Screenshot of the video indexing and navigation interface.

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