

# CoughLoc: Location-Aware Indoor Acoustic Sensing for Non-Intrusive Cough Detection

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# Motivation

- Cough is common and associated with multiple diseases<sup>[1]</sup>
- Subjective monitoring of cough count is inaccurate<sup>[1, 2]</sup>
  - Loosely related to real cough counts
  - Affected by mood and expectations
  - Hard to report nocturnal coughs
- Continuous objective cough monitoring is necessary<sup>[1, 2]</sup>

# Related Work: Cough Assessment and Monitoring



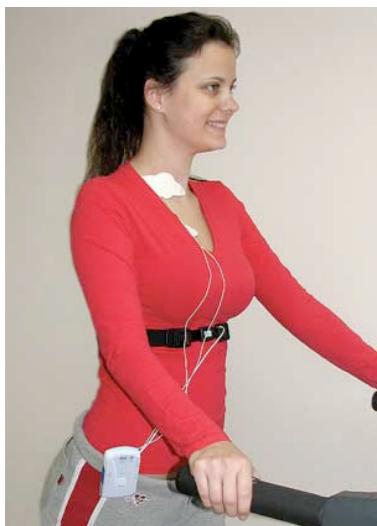
## Cough score questionnaire<sup>[1]</sup>

Low cost, but inaccurate, obtrusive, not continuous



## Manual cough counting<sup>[2]</sup>

Accurate, but expensive, obtrusive, not support mobility



## Ambulatory cough monitors<sup>[3]</sup>

Accurate, but expensive and obtrusive, partial support of mobility

[1] K.F.Chung, "The clinical and pathophysiological challenge of cough," *Cough: Causes, Mechanisms and Therapy*, 2003.

[2] Smith J. , Cough: assessment and equipment. *The Buyers Guide to Respiratory Care Products*, 2008.

[3] S. Matos et al., An automated system for 24-h monitoring of cough frequency: the leicester cough monitor. *IEEE Transactions on BioEngineering*, 2007.

# Related Work: Cough Assessment and Monitoring

## State-of-the-art Ambulatory Cough Monitors

### Ideas:

- 1) Microphones attached near chest
- 2) Wearable audio recorders
- 3) Machine learning-based cough detection

### Performance:

- 1) ~90% accuracy under quiet backgrounds
- 2) No results reported under noisy backgrounds

### Downside:

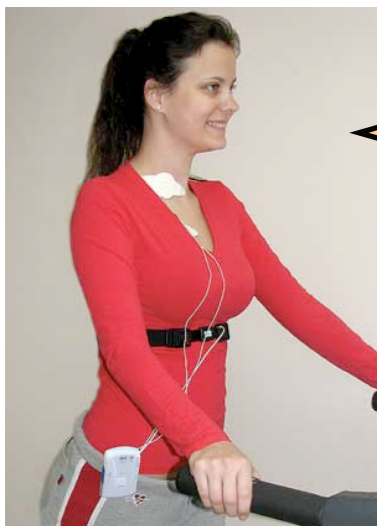
Intrusive when patients move due to on-body sensors

“The ideal cough monitoring system should be small, inexpensive and unobtrusive for the subject”<sup>[2]</sup>

[1] K.F.Chung, “The clinical and pathophysiological challenge of cough,” *Cough: Causes, Mechanisms and Therapy*, 2003.

[2] Smith J. , Cough: assessment and equipment. *The Buyers Guide to Respiratory Care Products*, 2008.

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# Research Problem

How to continuously detect coughs while achieving two goals?

- Unobtrusiveness to patients & support patient mobility
- High cough detection accuracy ( $> 90\%$ ) under various background noises



# CoughLoc: Non-intrusive Acoustic Sensing



COUGH



# Outline

Motivation

CoughLoc System & Challenges

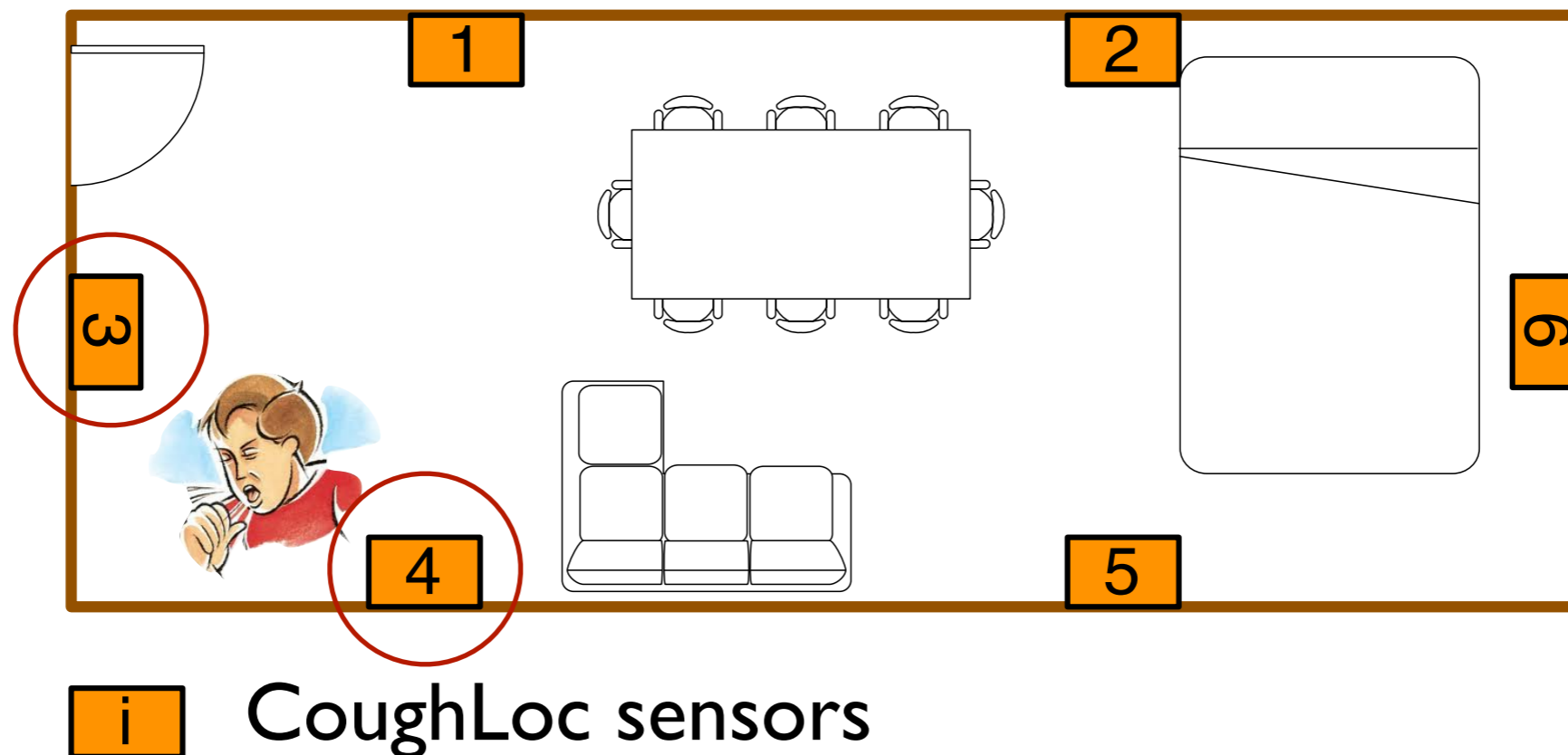
Approach

Results

Summary

# Challenges

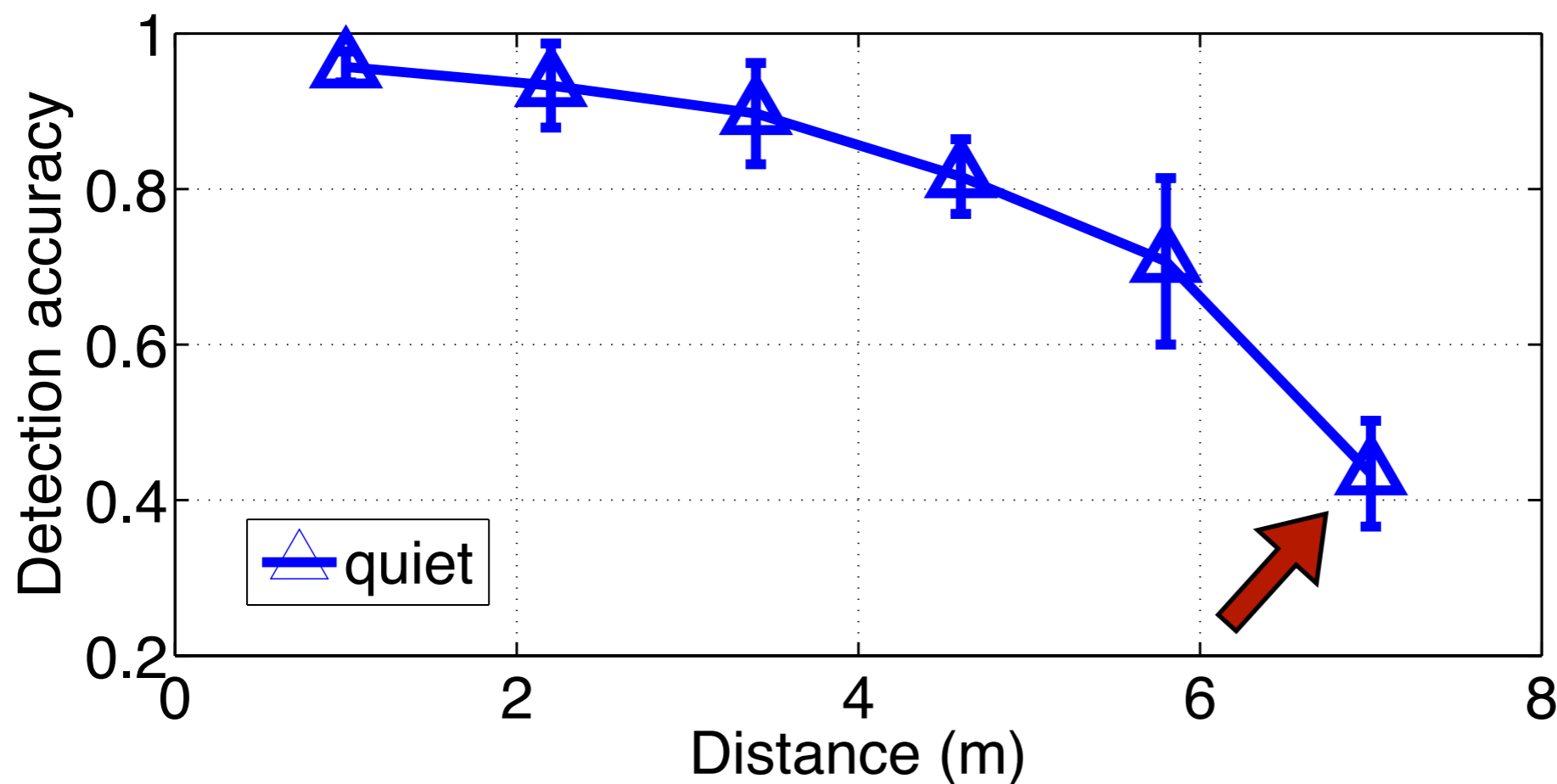
- Low sensing performance due to patient mobility
  - Cough SNR  $< 10\text{dB}$  (1m), compared to 55dB using a headset
  - Computing SNR directly is not easy - what is the signal?





# Challenges

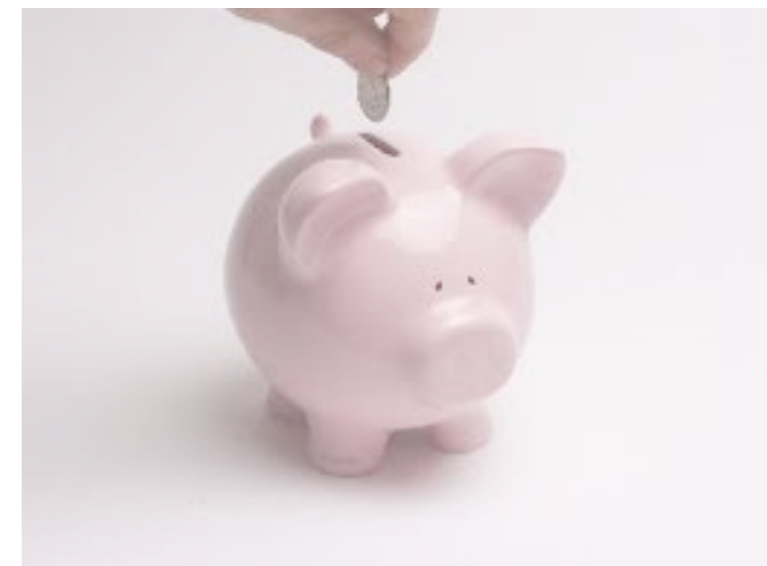
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Experiments show 60% performance decrease from 1m to 7m

# Challenges

- **Low sensing performance due to patient mobility**
  - Cough SNR  $< 10\text{dB}$  (1m), compared to 55dB using a headset
  - Computing SNR directly is not possible - what is the signal?
- **Low system cost**
  - Targeted per-node cost  $< \$50$
  - Compared to \$5000 commercial ambulatory cough monitors<sup>[1]</sup>
- **Low hardware resources**
  - Computation & Bandwidth



# Outline

Motivation

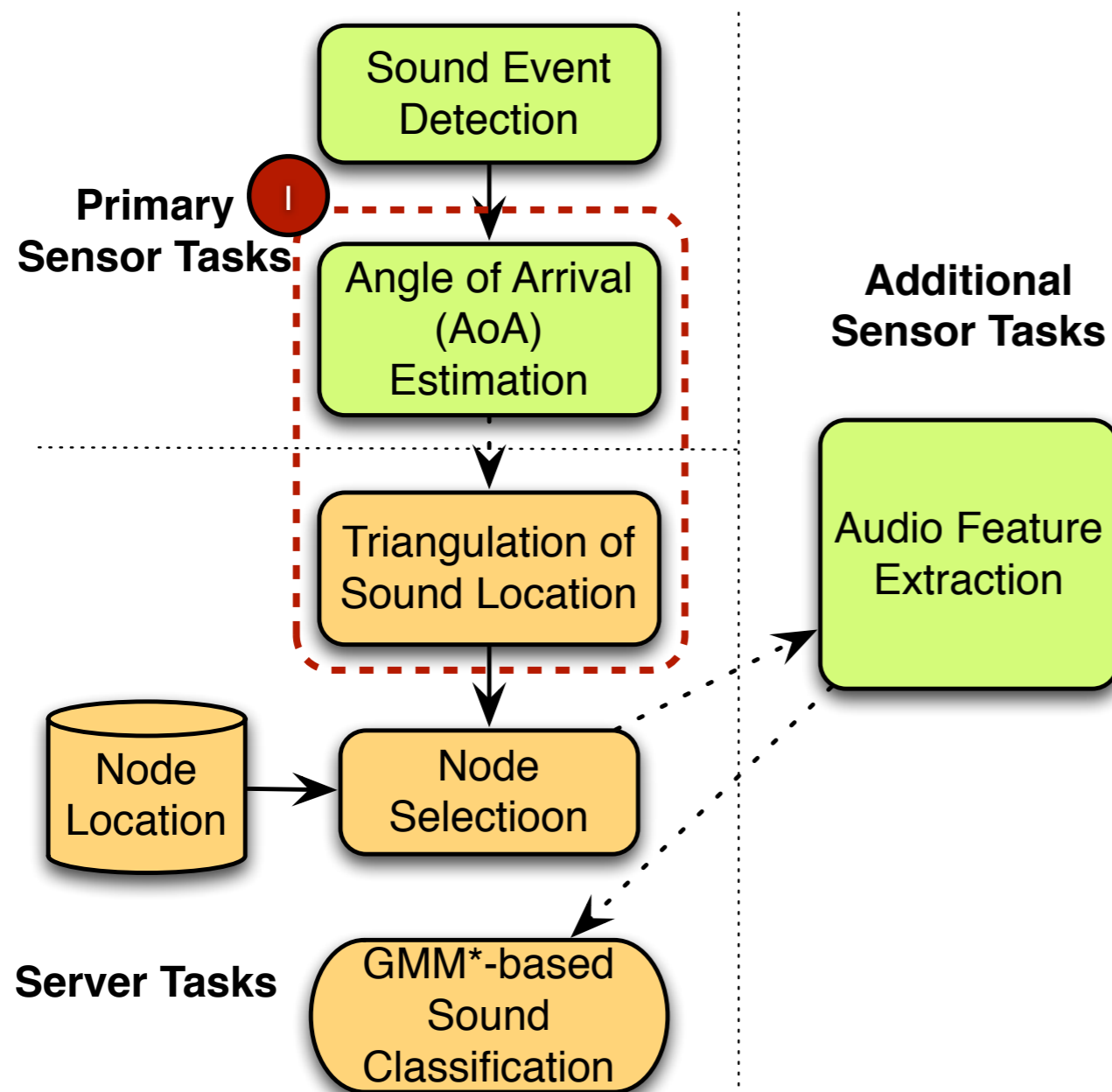
CoughLoc System & Challenges

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# System Overview



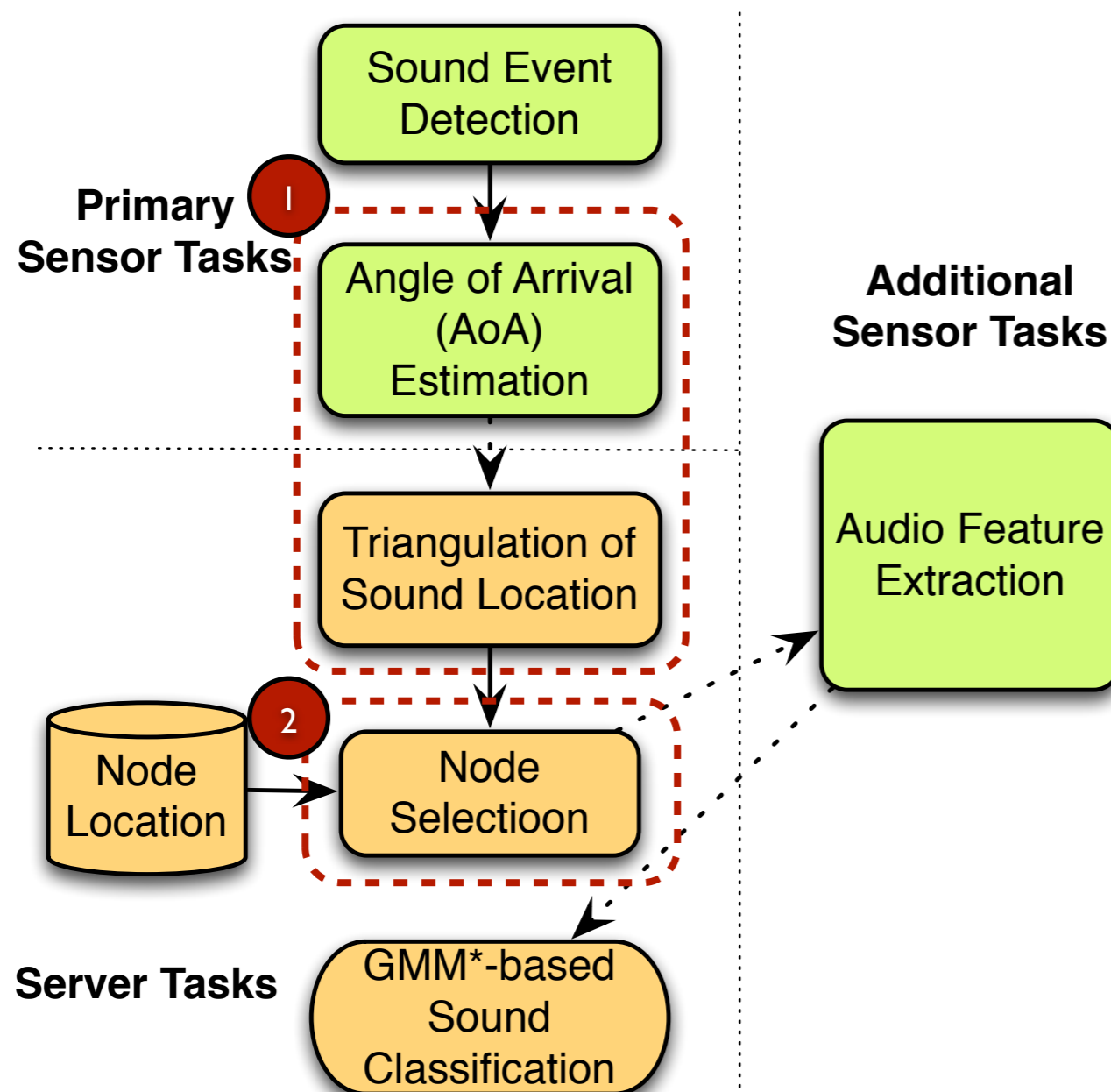
✓ Step 1: Sound source localization

✓ Step 2: Select nodes closest to the sound source

✓ Step 3: Compute audio features on selected nodes

✓ Step 4: Use the audio features to detect coughs on the server

# System Overview



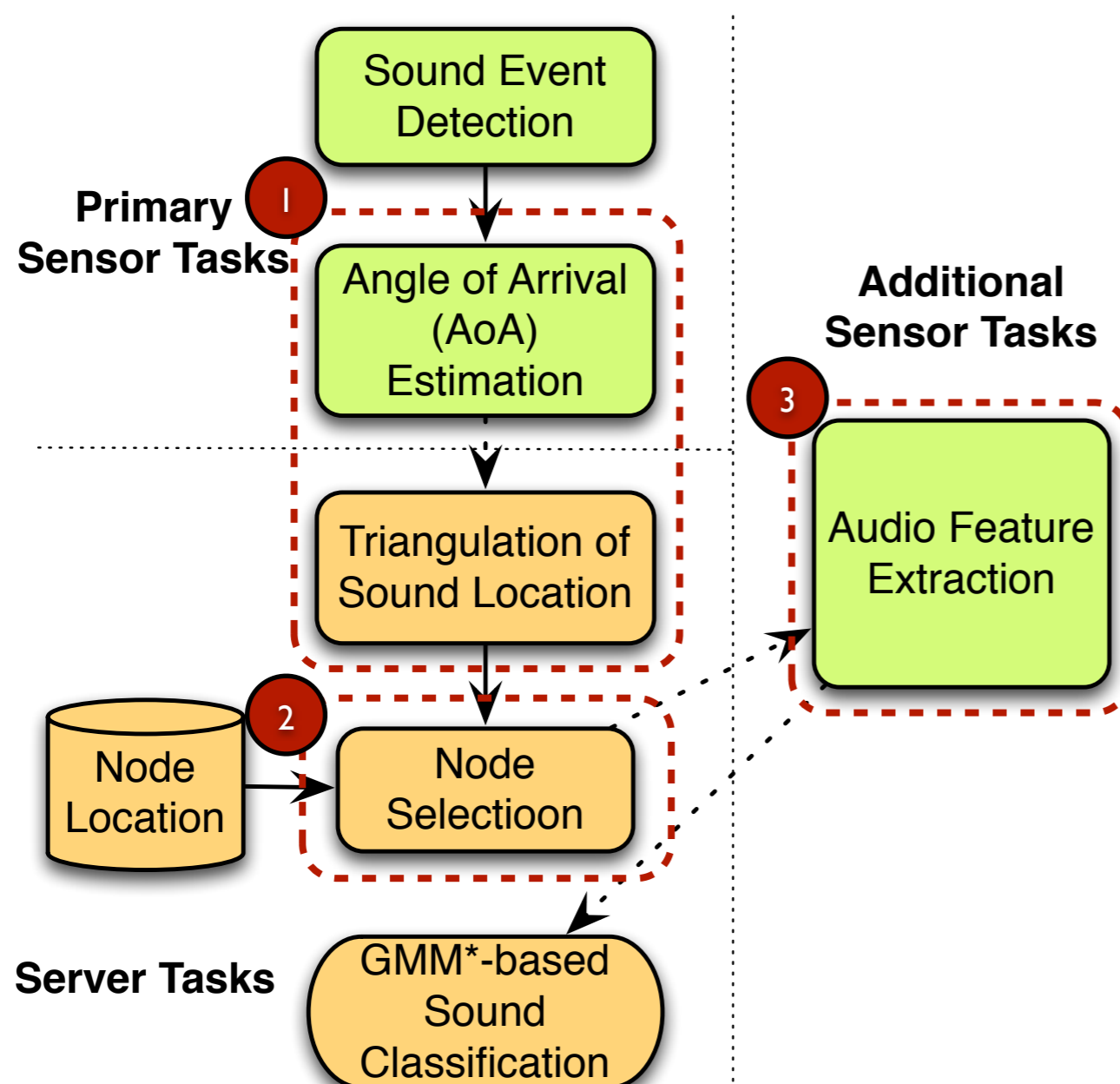
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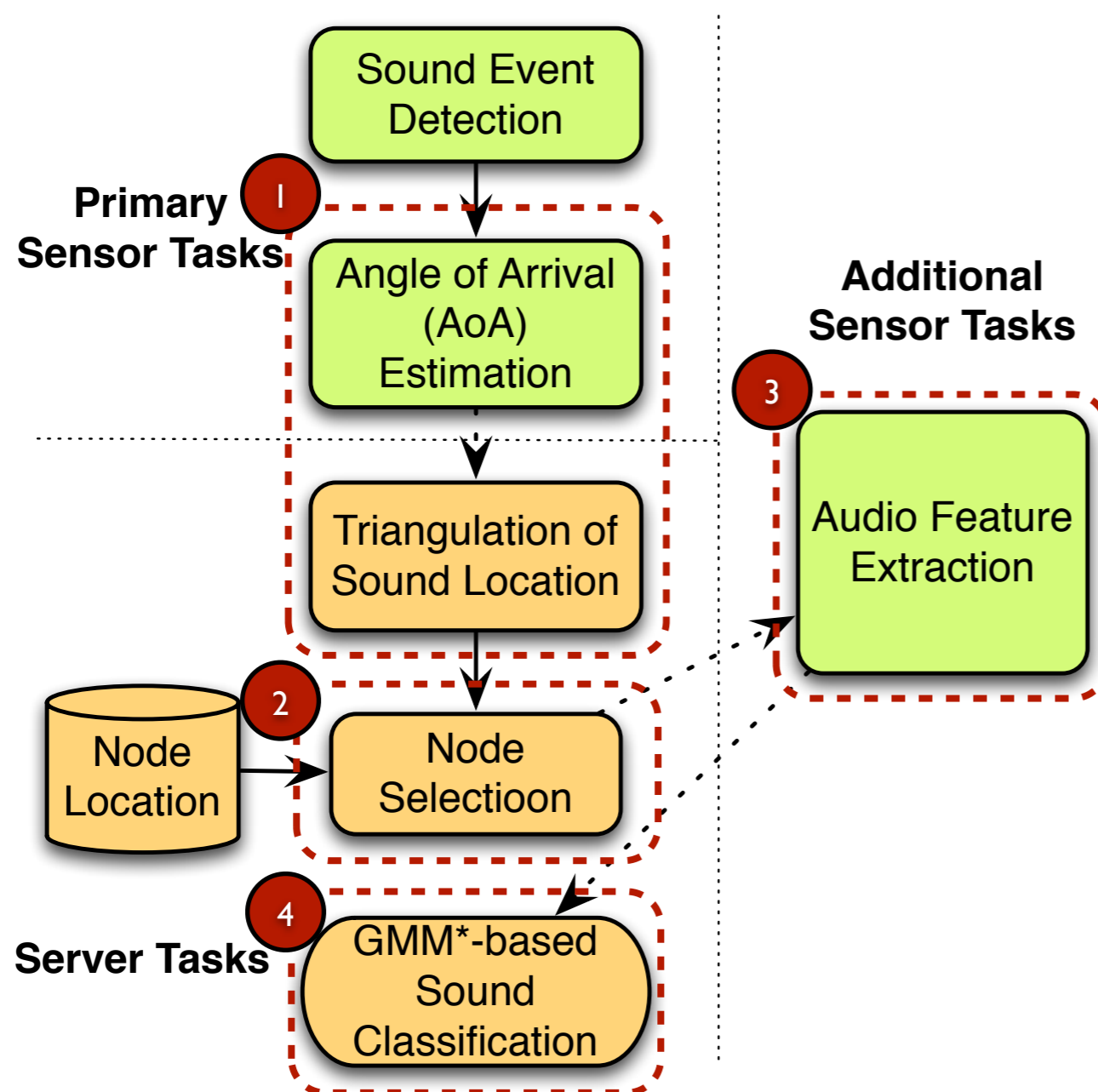
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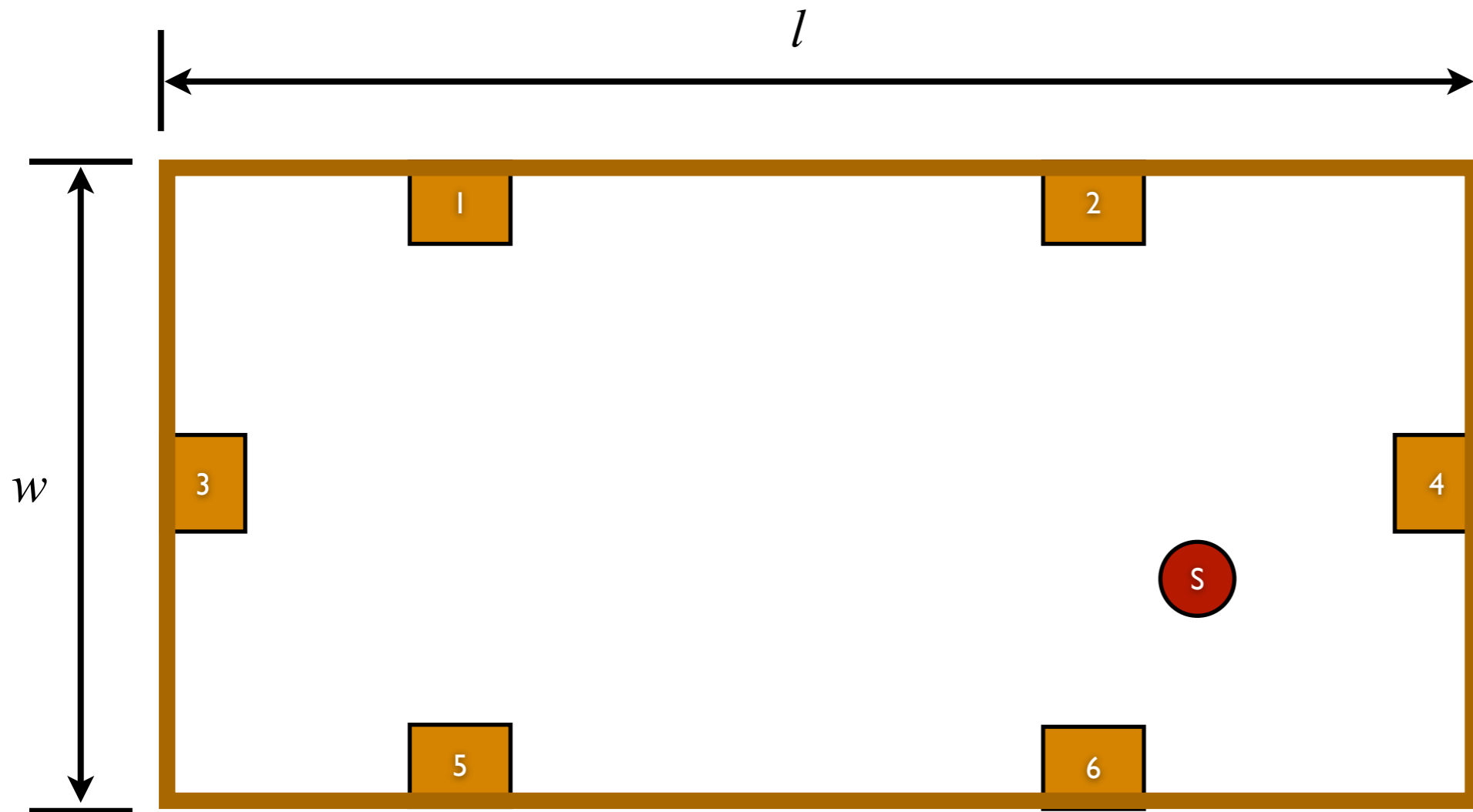
# Triangulation\*

Localization

Node Selection

Feature Extraction

Classification



Sound Source

CoughLoc Sensor Node



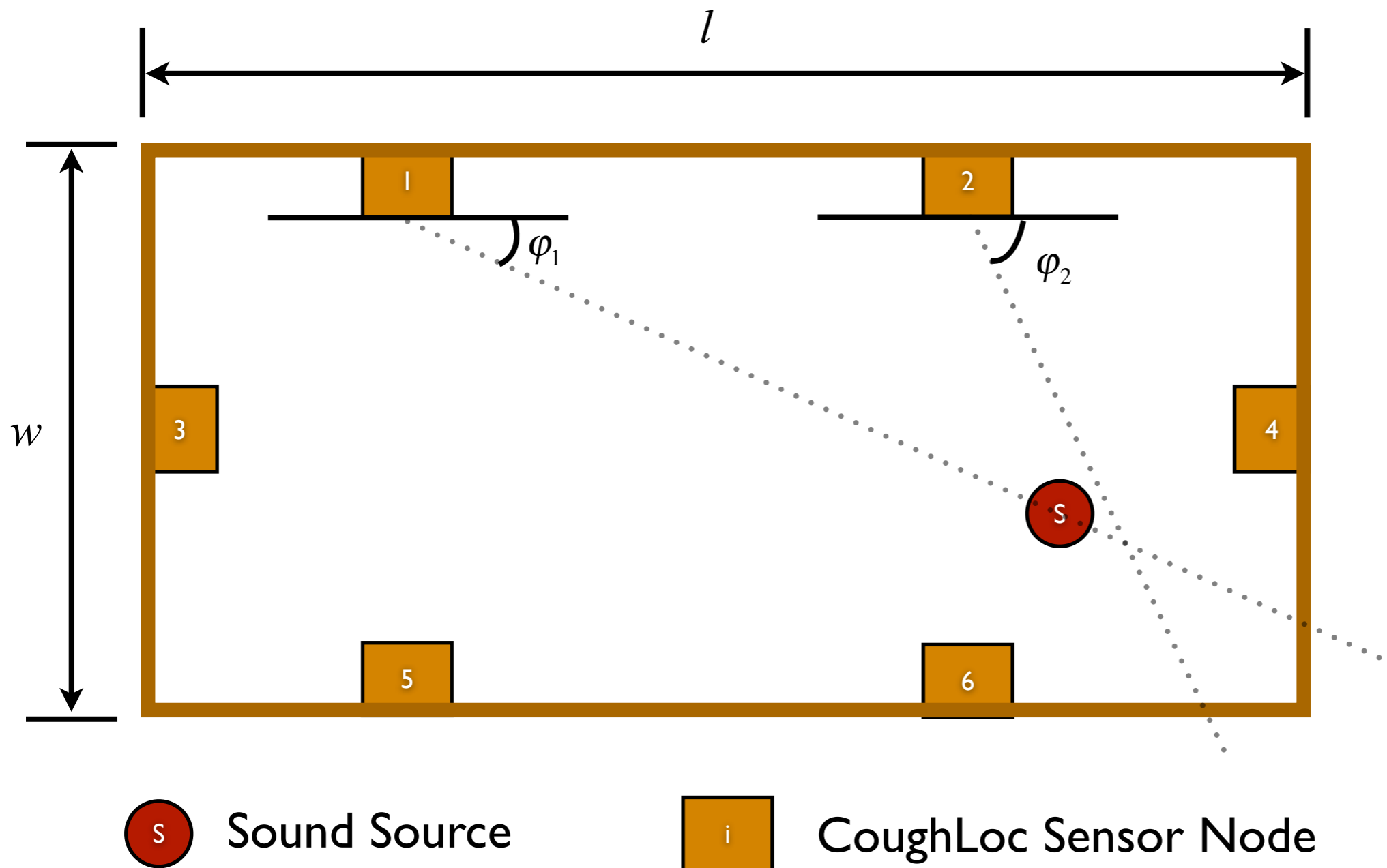
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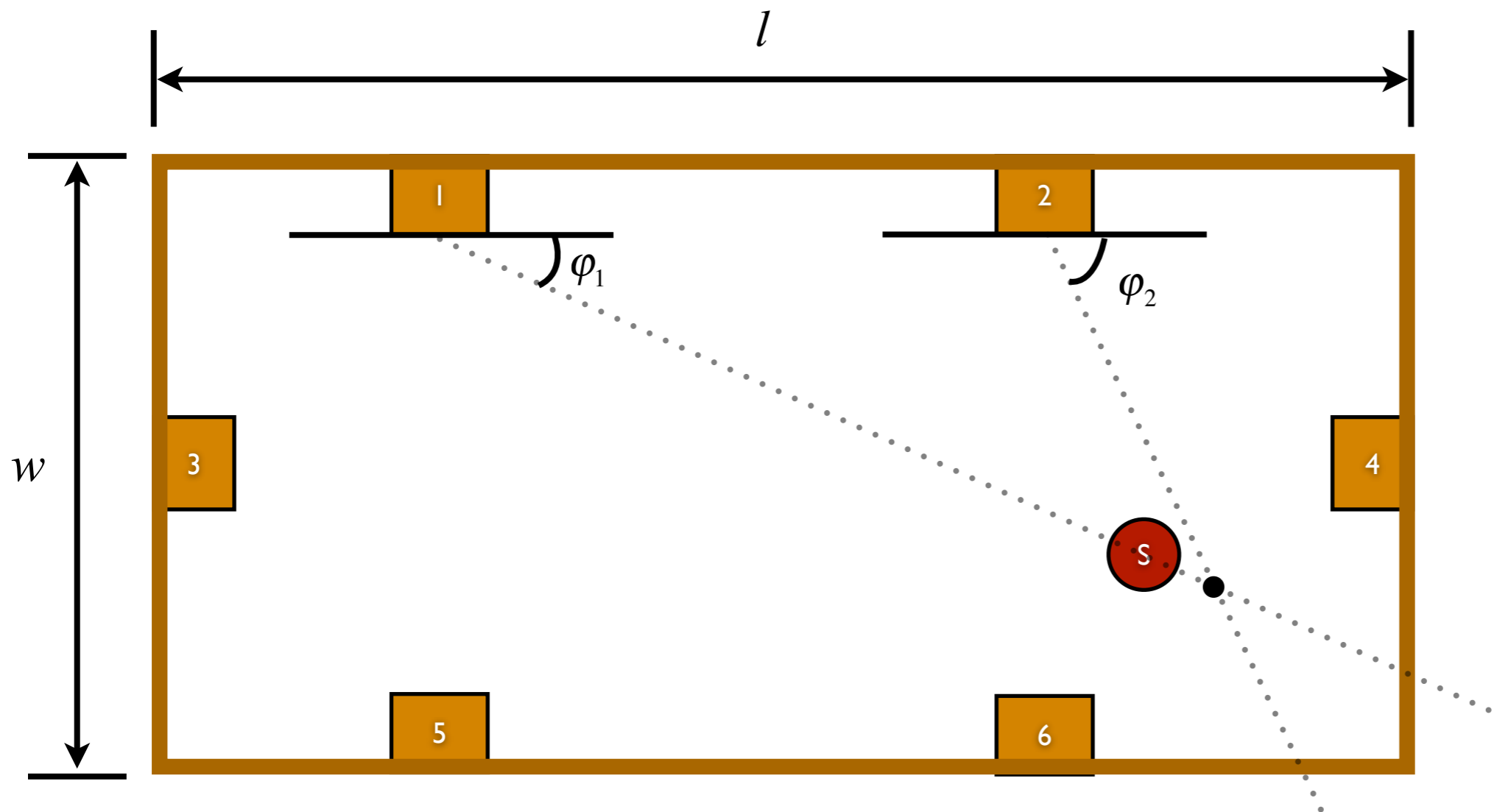
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Sound Source

CoughLoc Sensor Node

• Candidate Estimates

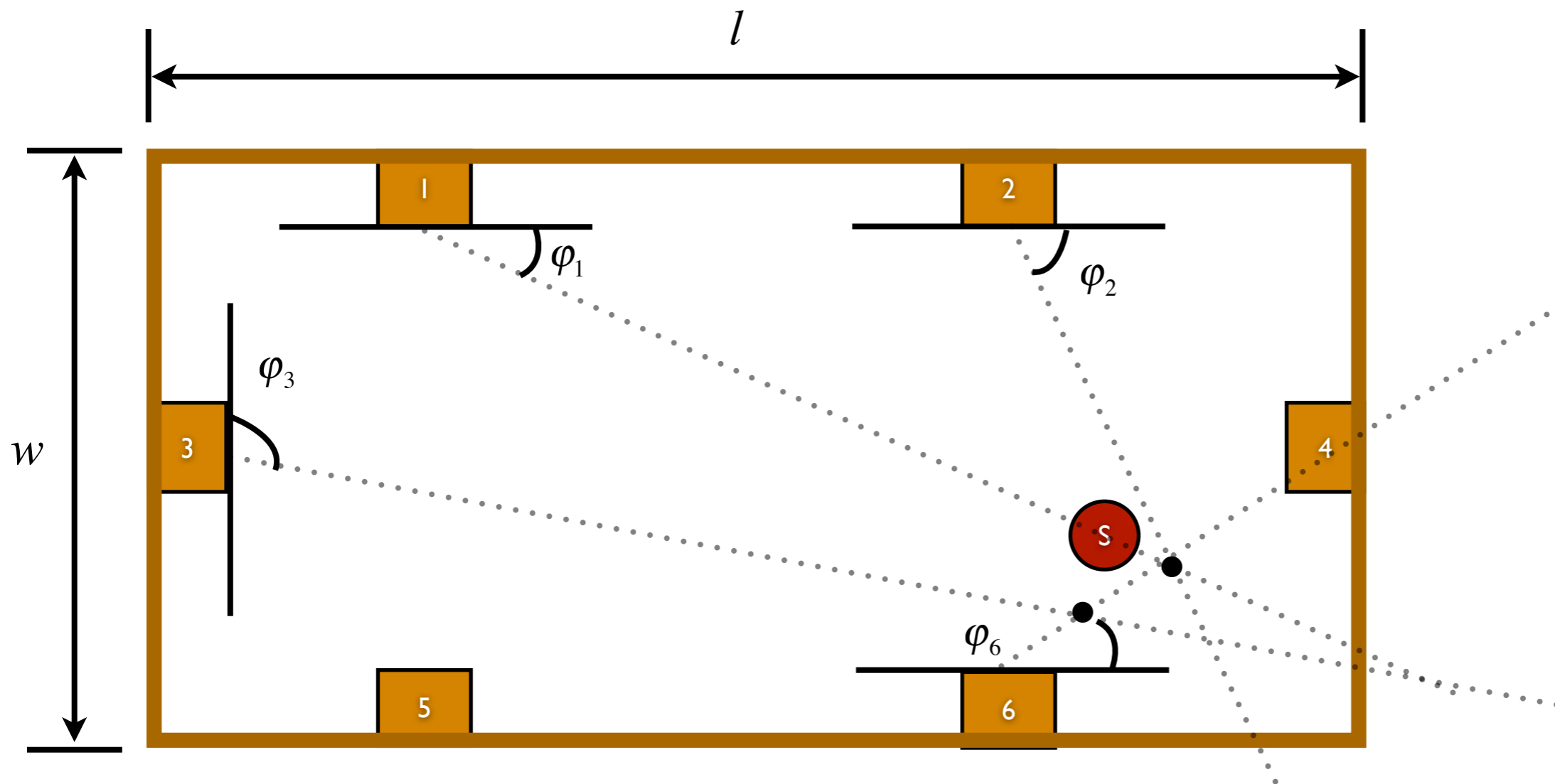
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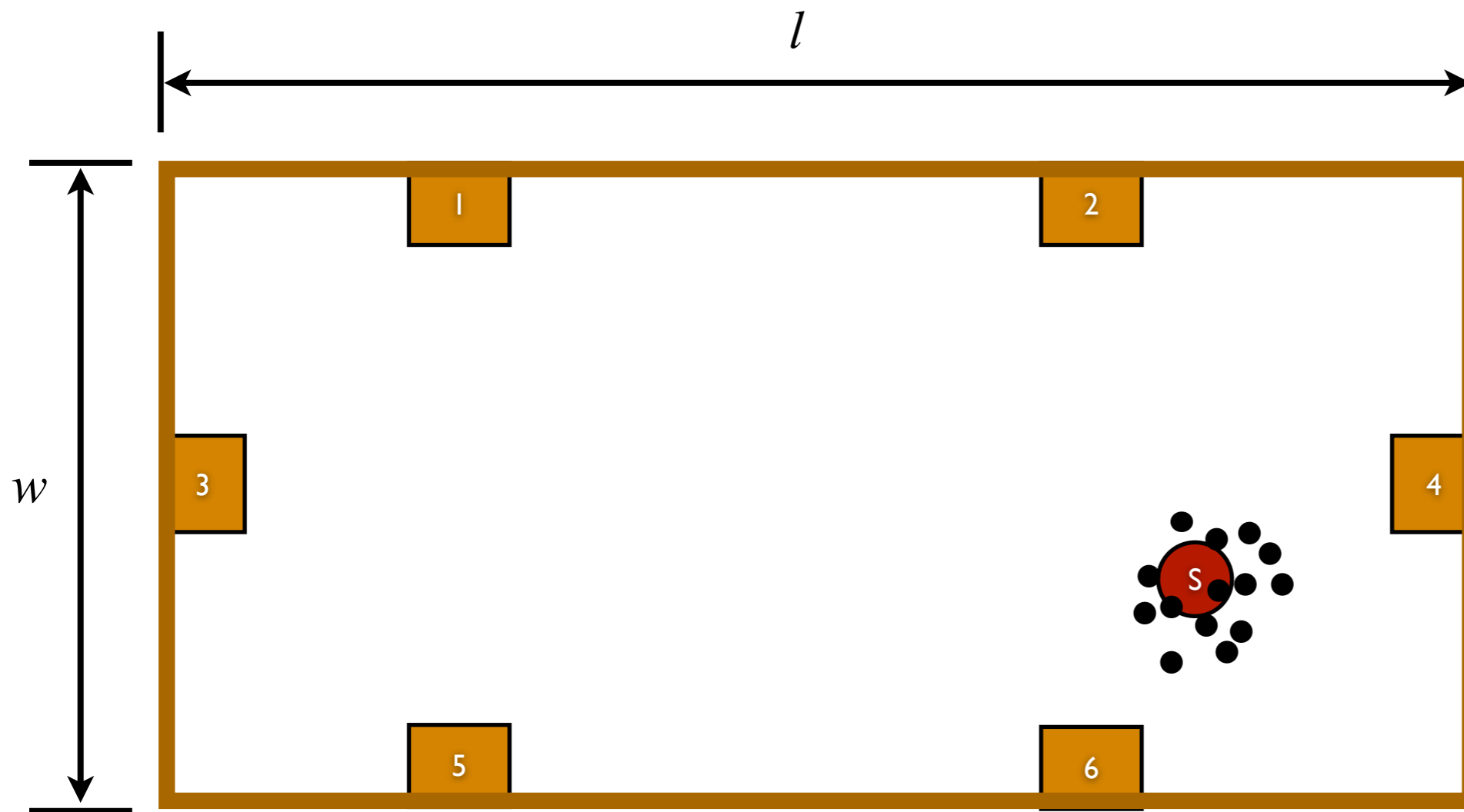
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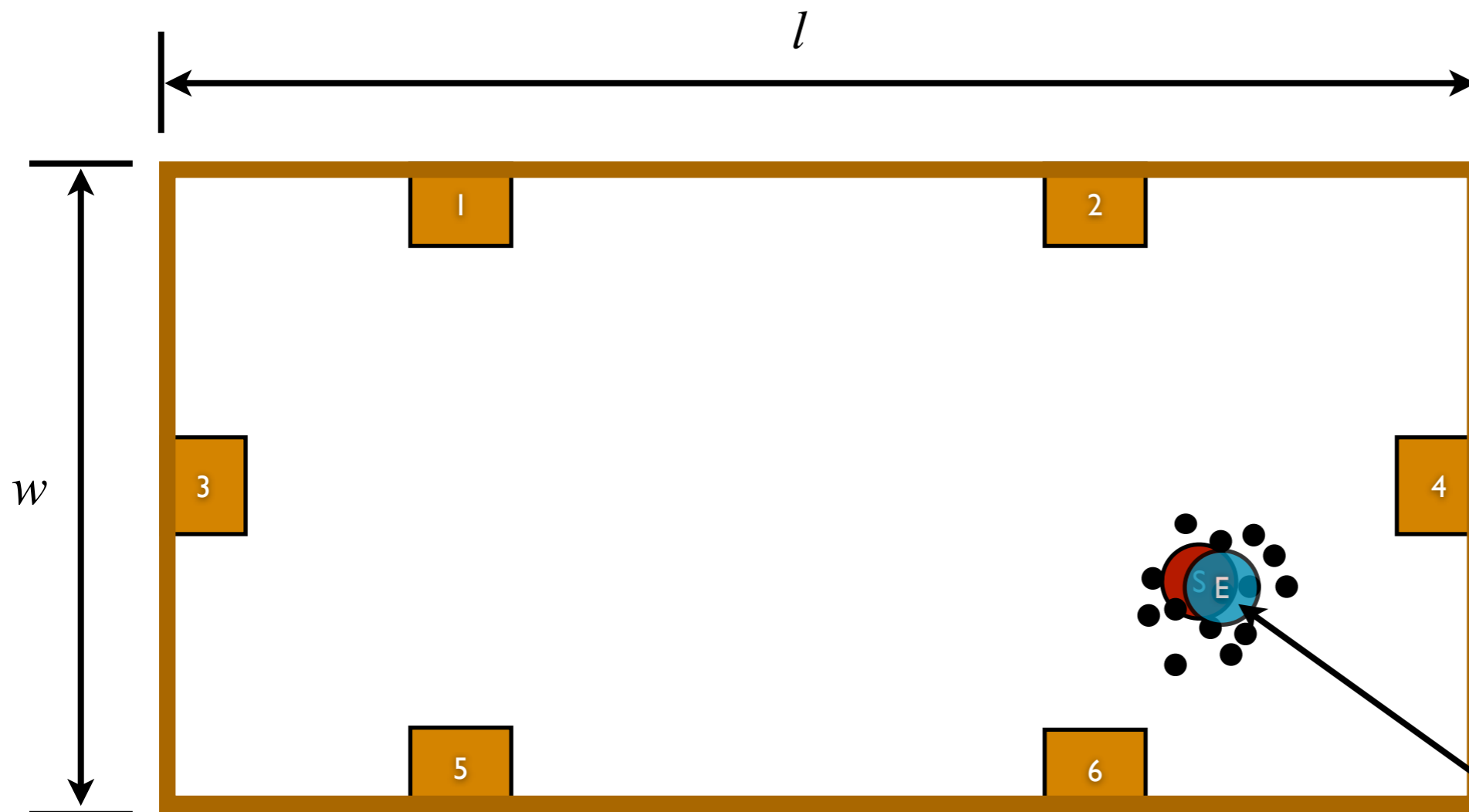
# Triangulation\*

Localization

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Sound Source

Candidate Estimates

CoughLoc Sensor Node

Final Estimate

Consider skewness of  
error distribution  
Take median of candidates

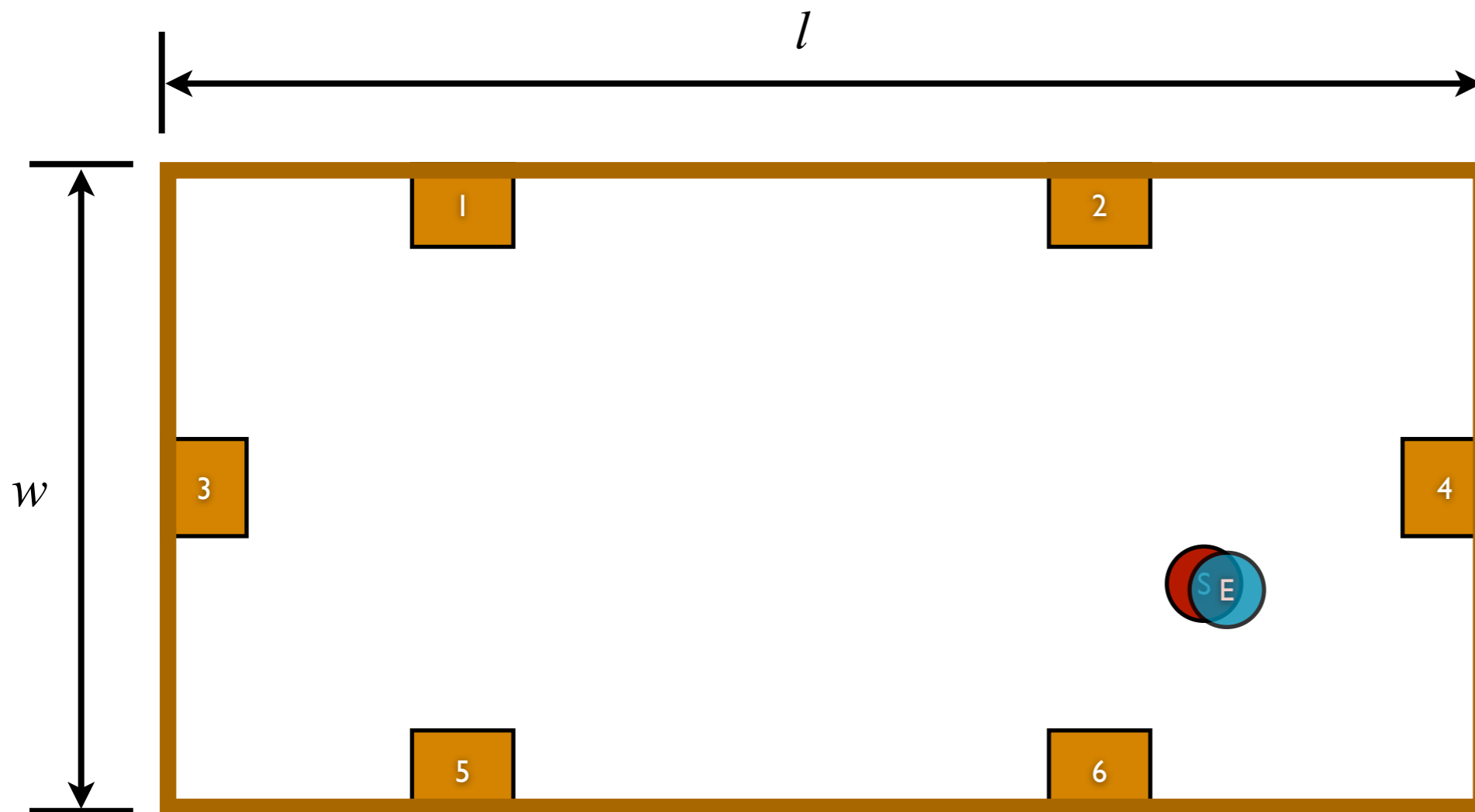
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Sound Source



CoughLoc Sensor Node



Estimated Location

Node selection range - Accuracy vs. #node selected

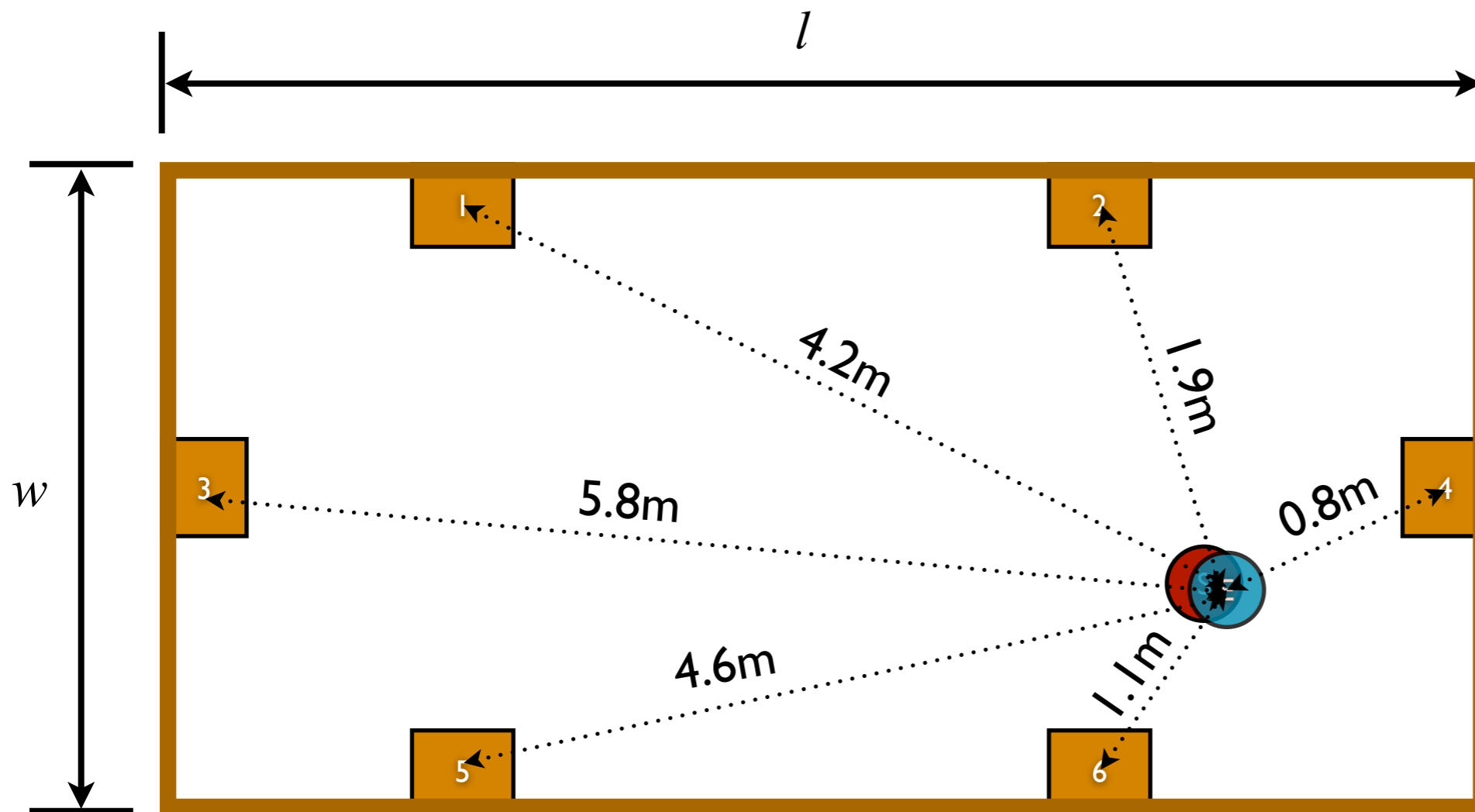
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Sound Source



CoughLoc Sensor Node



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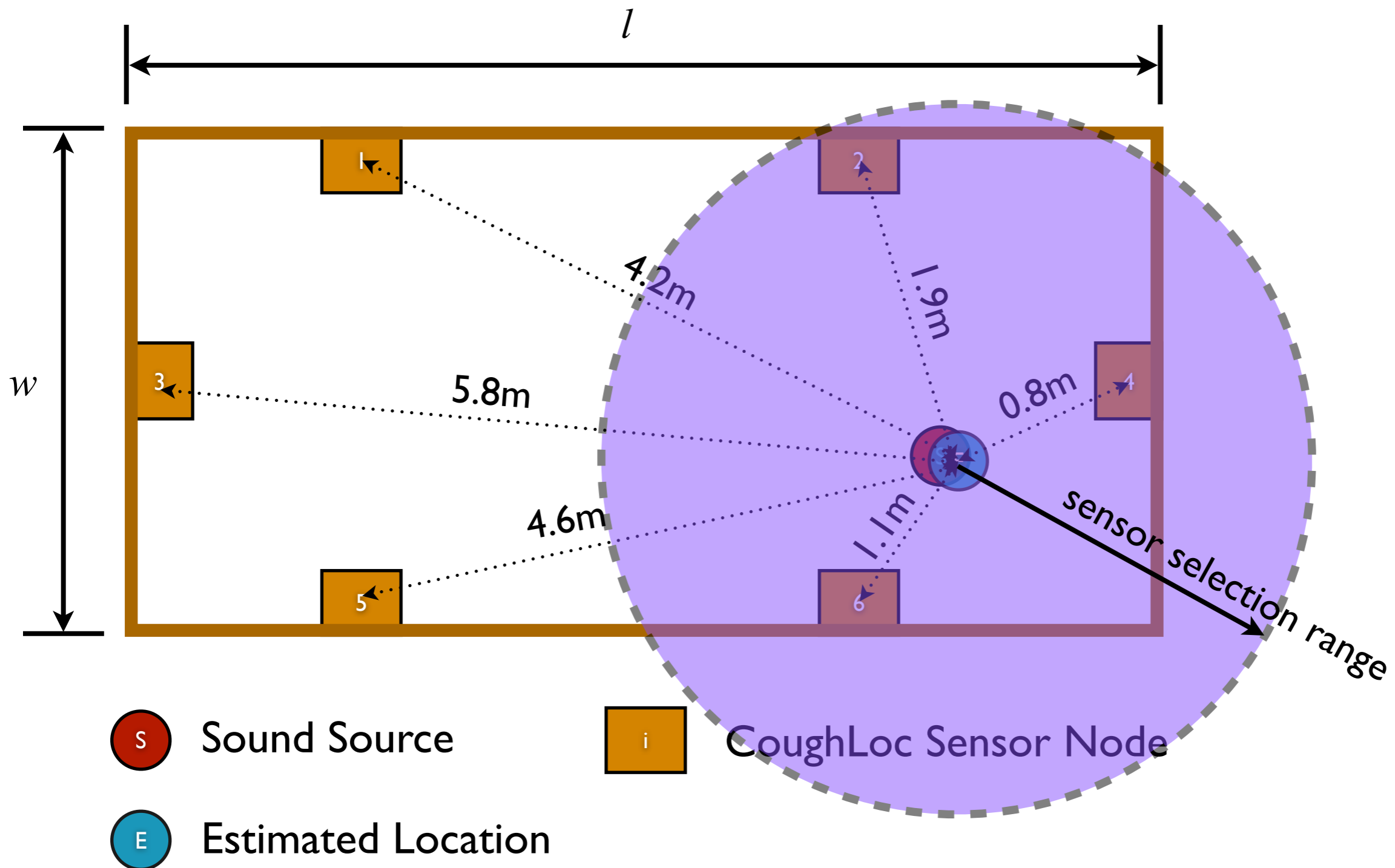
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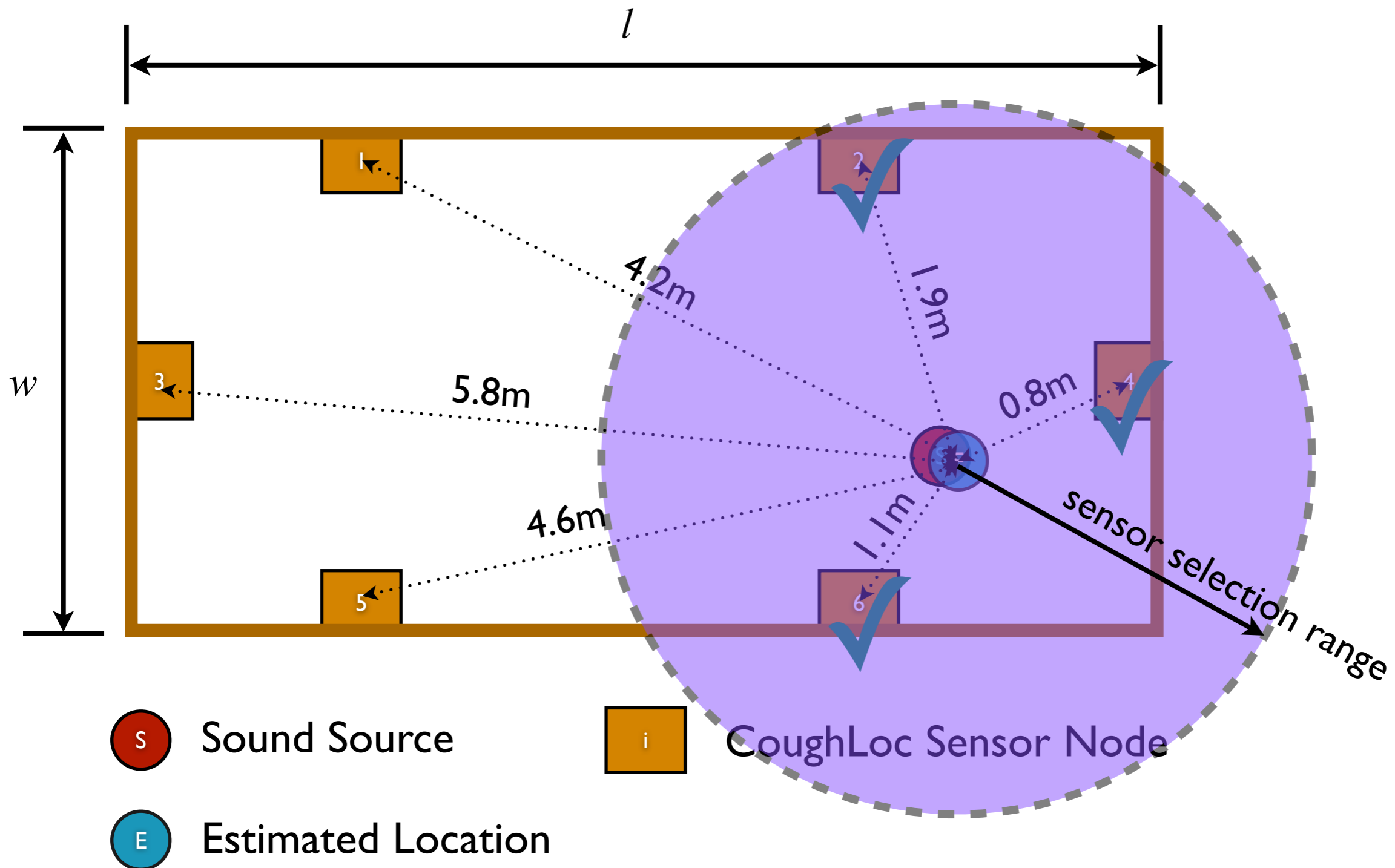
# Node Selection

Localization

Node Selection

Feature Extraction

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# Audio Feature Extraction

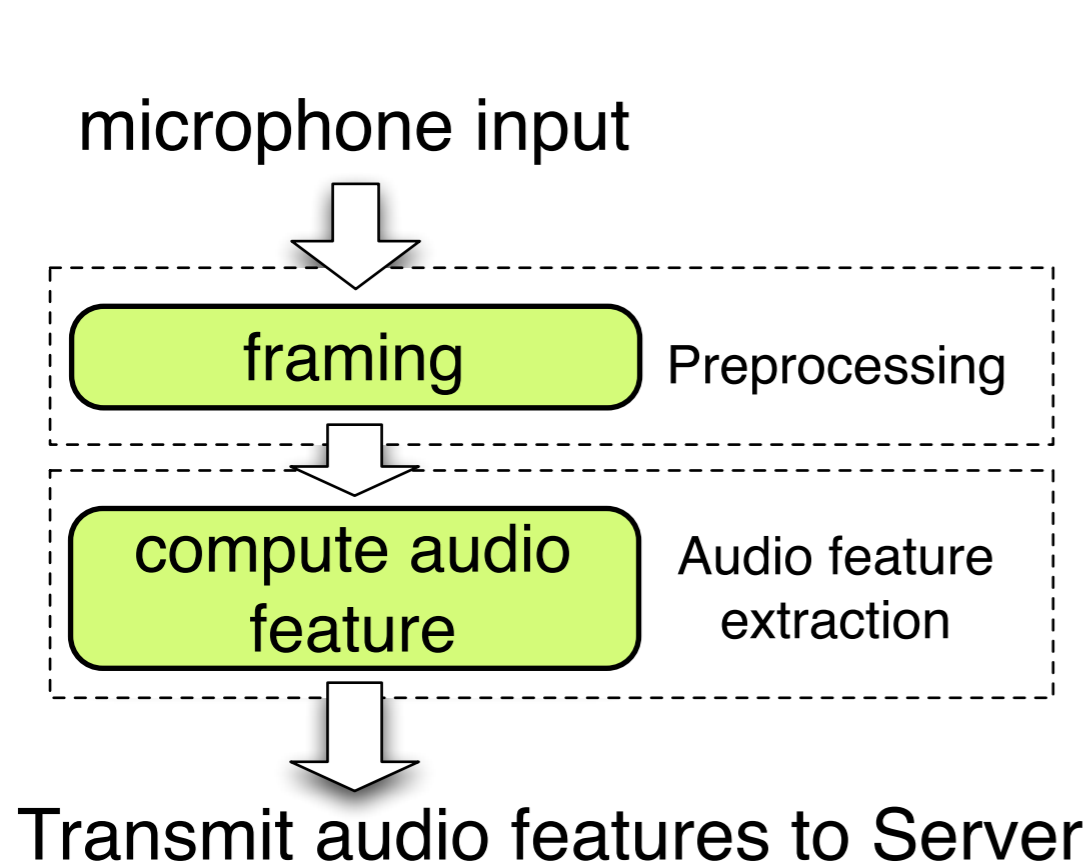
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Node Selection

Feature Extraction

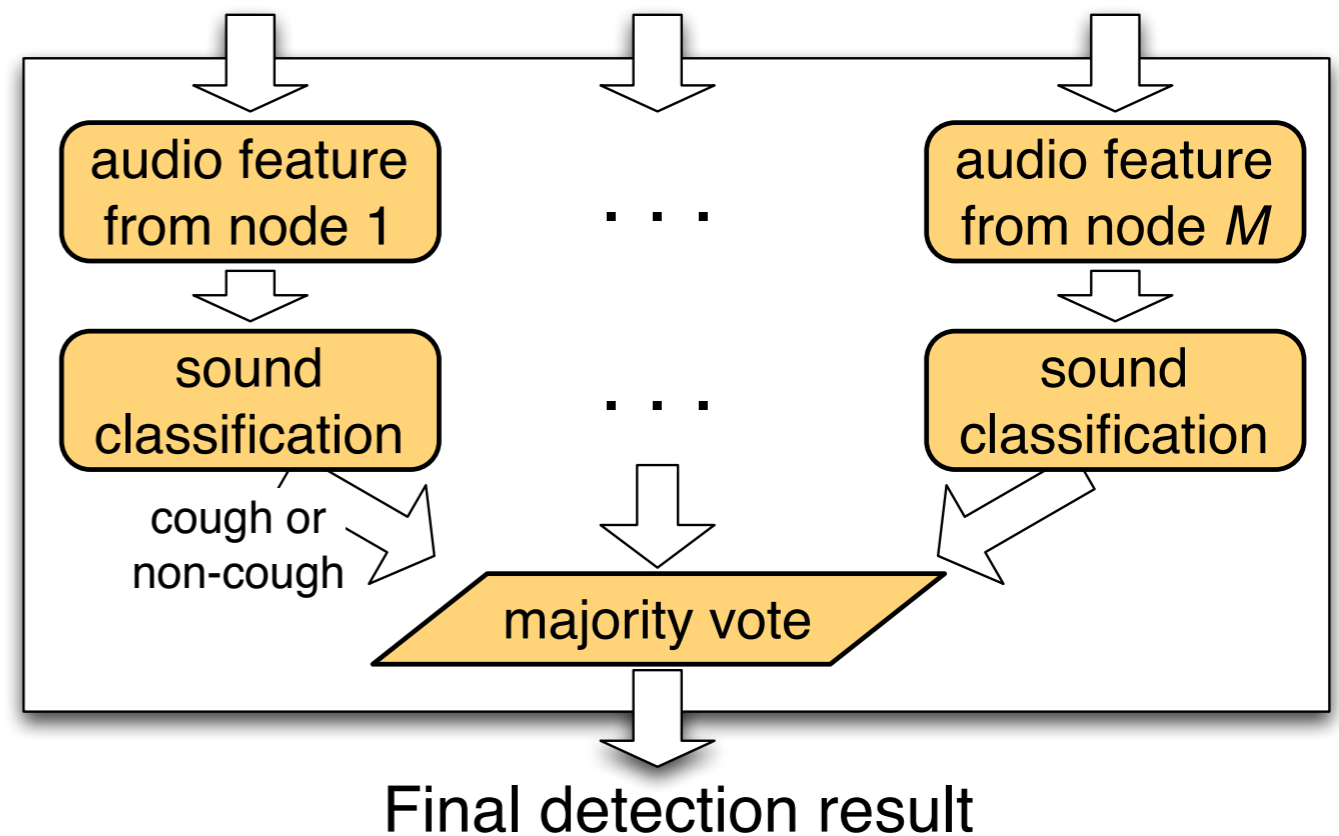
Classification

- Formulate the cough detection problem as a binary sound (i.e. cough or non-cough) classification problem



**Selected Nodes**

Receive audio features from selected nodes



**CoughLoc Server**

# Audio Feature Extraction

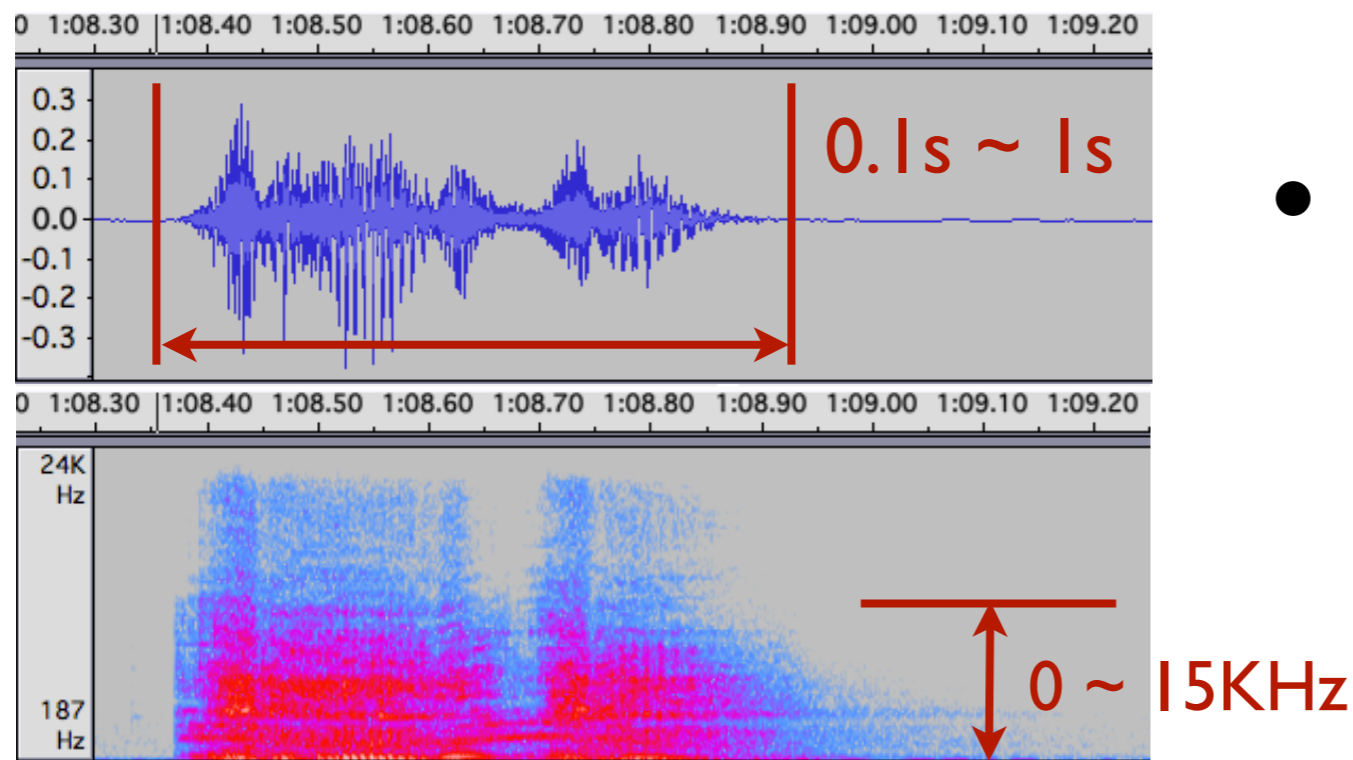
Localization

Node Selection

Feature Extraction

Classification

- Mel Frequency Cepstral Coefficients (MFCC)
  - Discriminative to represent cough characteristics
  - Short-time power spectrum, ranging 0 ~ 20KHz
  - Widely used in cough detection researches



(real cough audio collected in my experiments)

- Cough Characteristics
  - Main energy
  - Duration
  - Loudness varies

# Sound Classification

Localization

Node Selection

Feature Extraction

Classification

## On the server

- Gaussian mixture models (GMM)-based classifier
  - 2 GMMs to represent “cough” and “non-cough”, respectively
  - Empirically, each GMM contains 4 Gaussian distributions
- Final Classification based on weighted majority vote

$K$  : number of selected sensors

$a_i$  : per-node GMM classification result

$$S = K \cdot \sum_{i=1}^K w_i \frac{a_i}{\sum_{i=1}^K w_i},$$

$w_i$  : corresponding likelihood of the  $i$ th node

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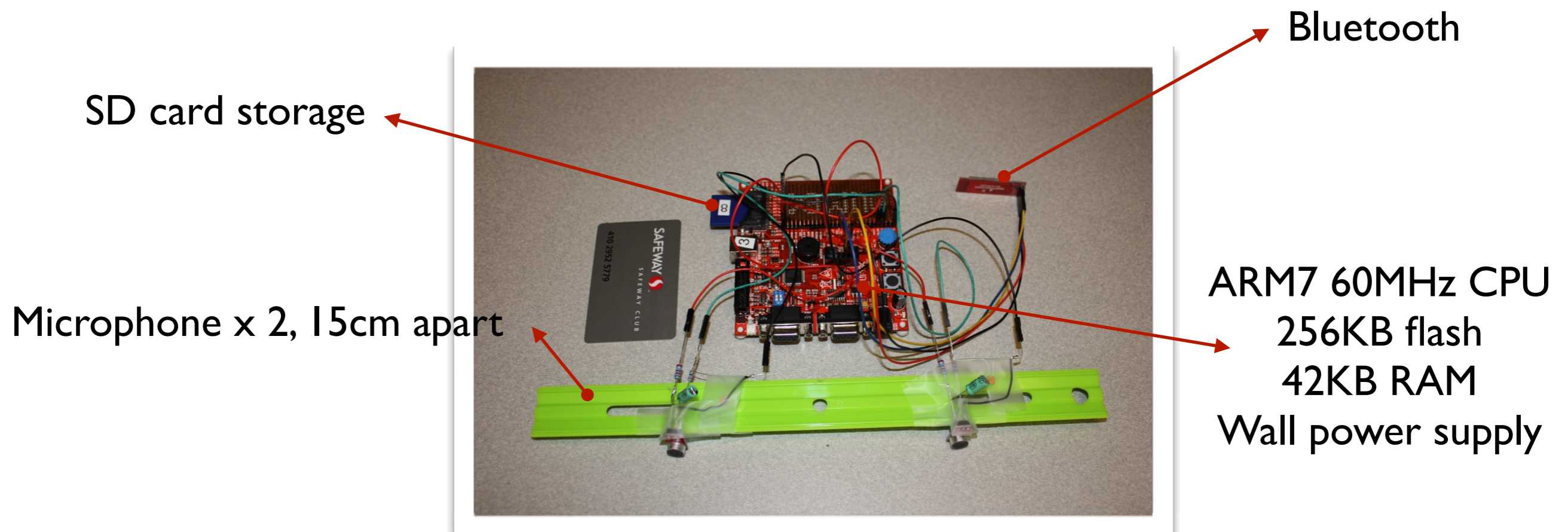
Approach

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Summary

# Implementation

- Hardware



# Experiment Process

- **Before**
  - Record clear human coughs (12min, 179 individual coughs)
- **During**
  - Replay back under quiet and noisy backgrounds, changing loudspeaker locations
  - Collect audio using acoustic sensor nodes
- **After**
  - Save audio in database; analyze audio offline using the proposed approach

# Dataset

- 8 x 6m<sup>2</sup> classroom; 8 acoustic sensor nodes; midnight
- Four representative noise types



Human voice-like sound  
(ABC World News program)



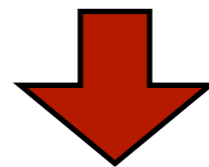
Continuous low-freq and steady hums  
(microwave oven)



Loud and high-freq sound  
(vacuum cleaner)



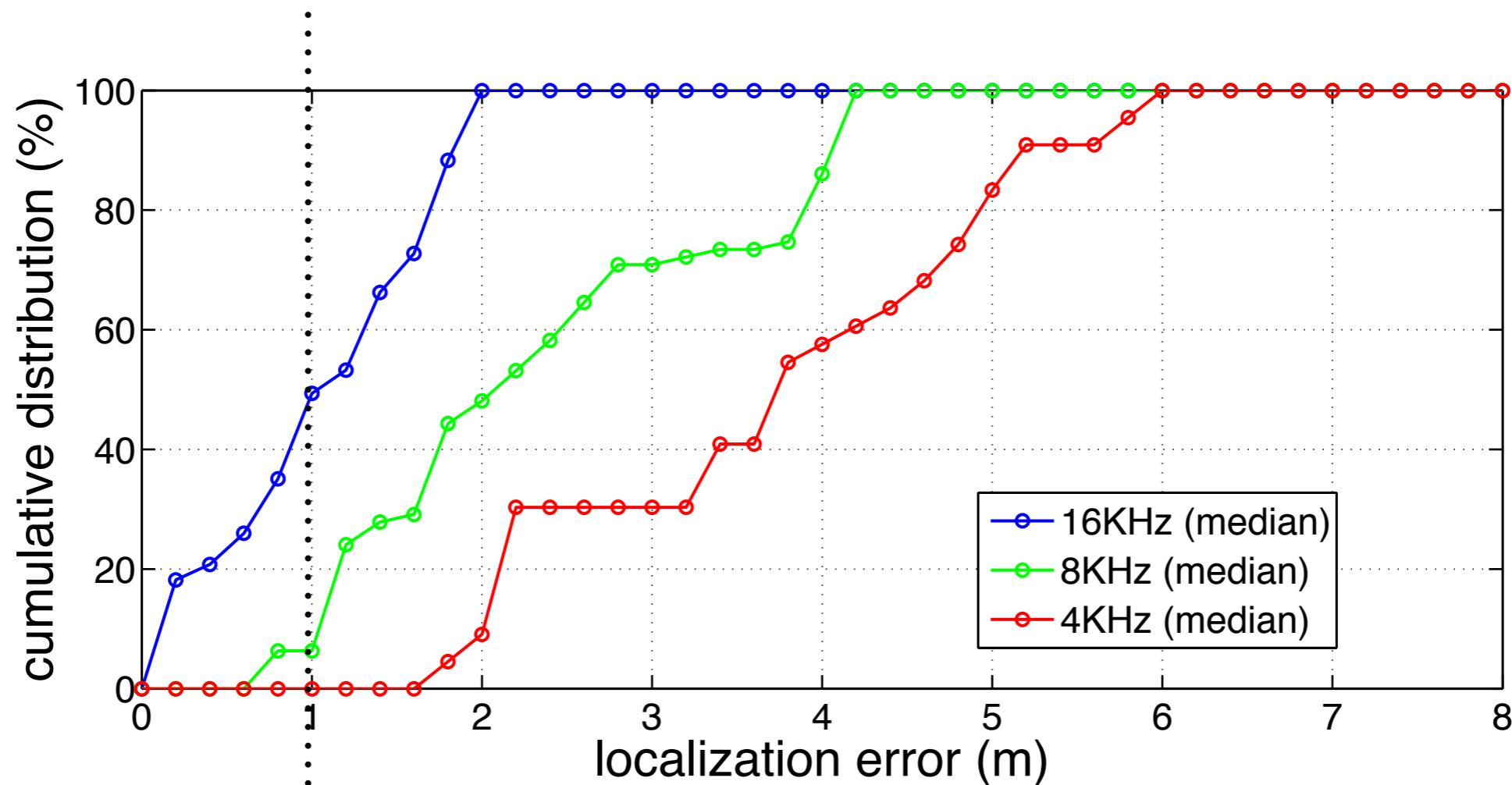
Quiet



- 40 hours training (~35,400 coughs) and 5 hours test data (~4,700 coughs)

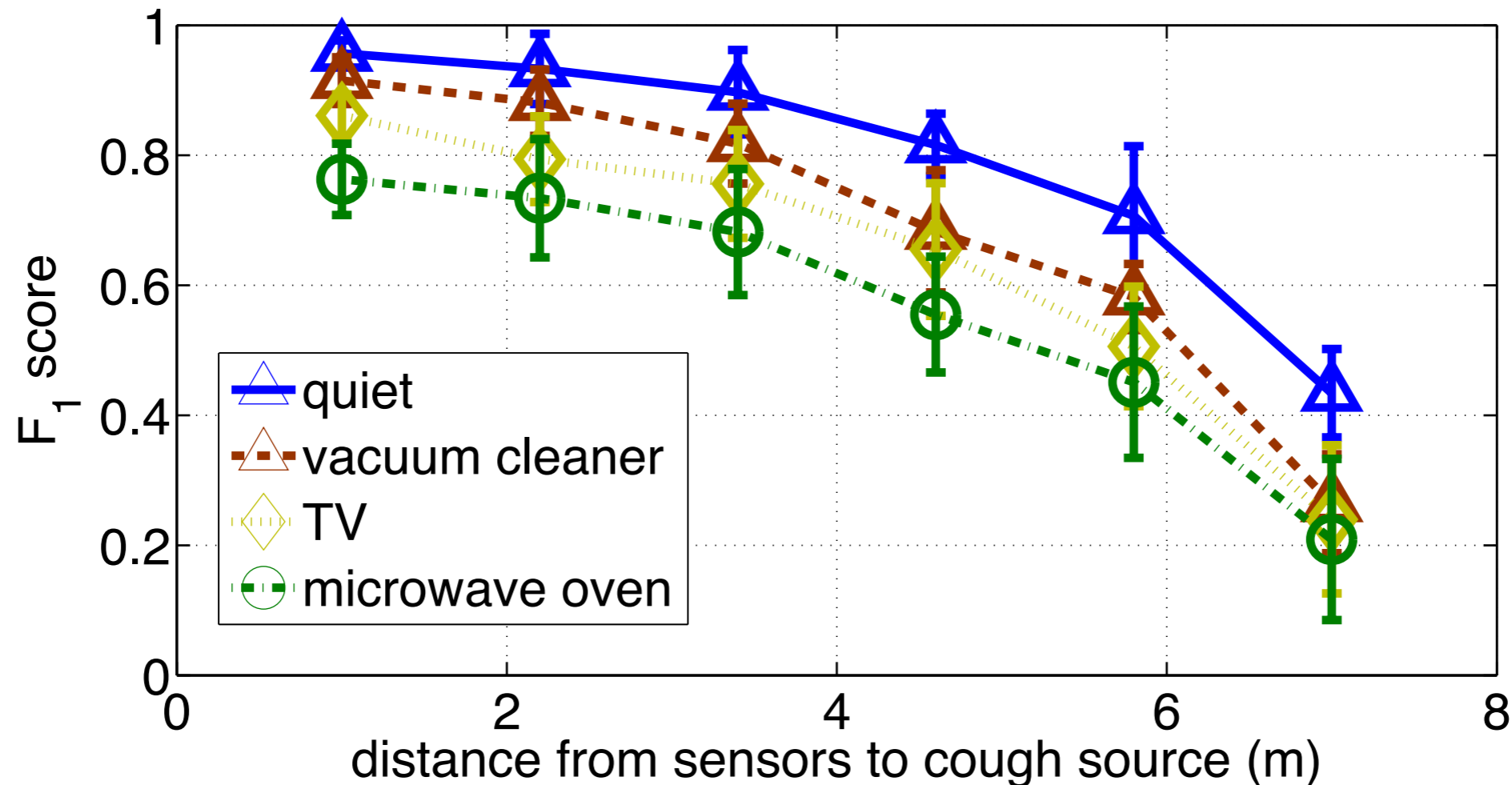


# How well can we localize a coughing sound source?



- Audio signals down-sampled from 16KHz to 8KHz, 4KHz
- The higher the sampling rate, the smaller the average errors
- **The system can localize within 1.0m**

# Cough Detection vs. Distance to Loudspeaker (Single Node)



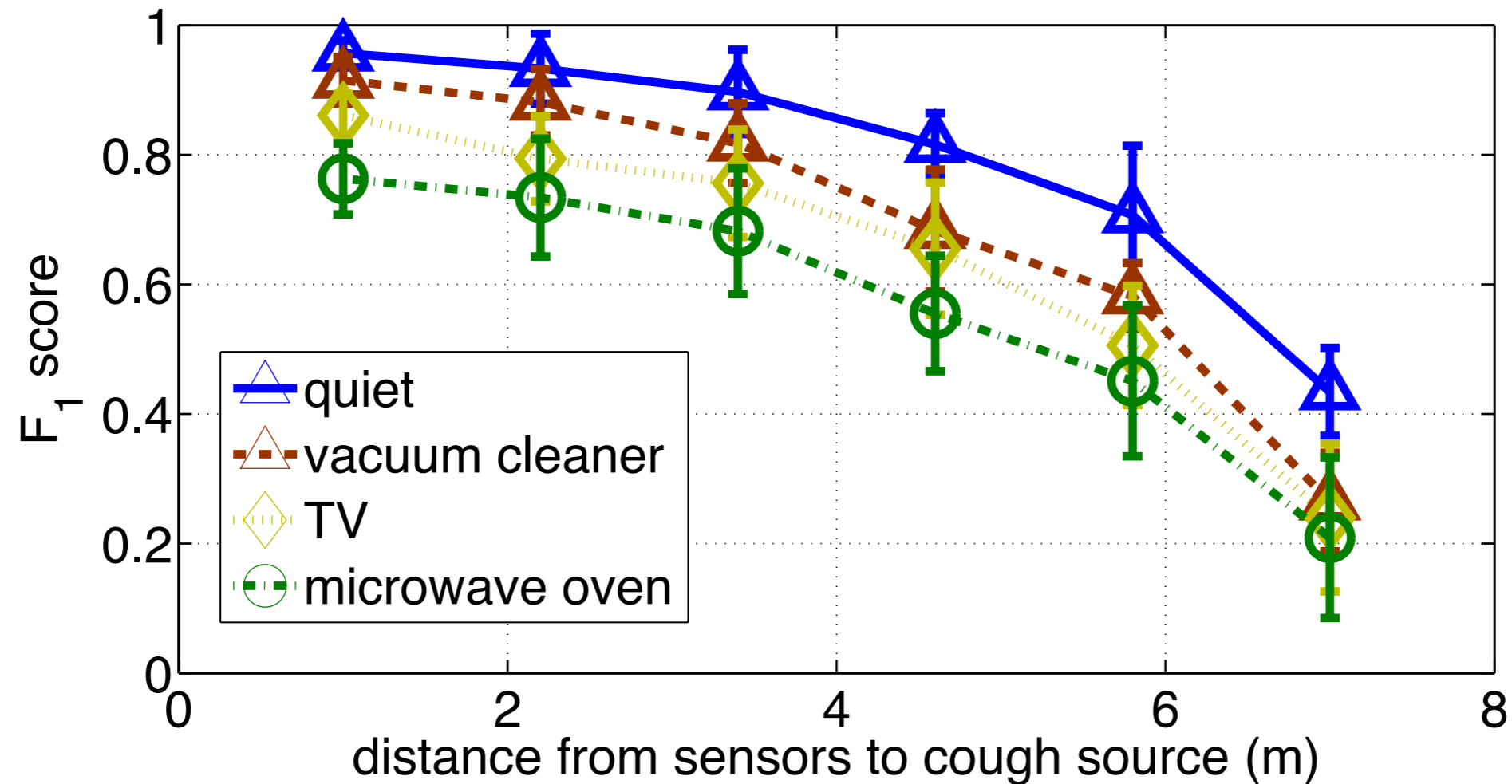
$$precision = \frac{\#true\ positives}{\#true\ positives + \#false\ positives}$$

$$recall = \frac{\#true\ positives}{\#true\ positives + \#false\ negatives}$$

$$F_1 = \frac{2 \cdot precision \cdot recall}{precision + recall}$$

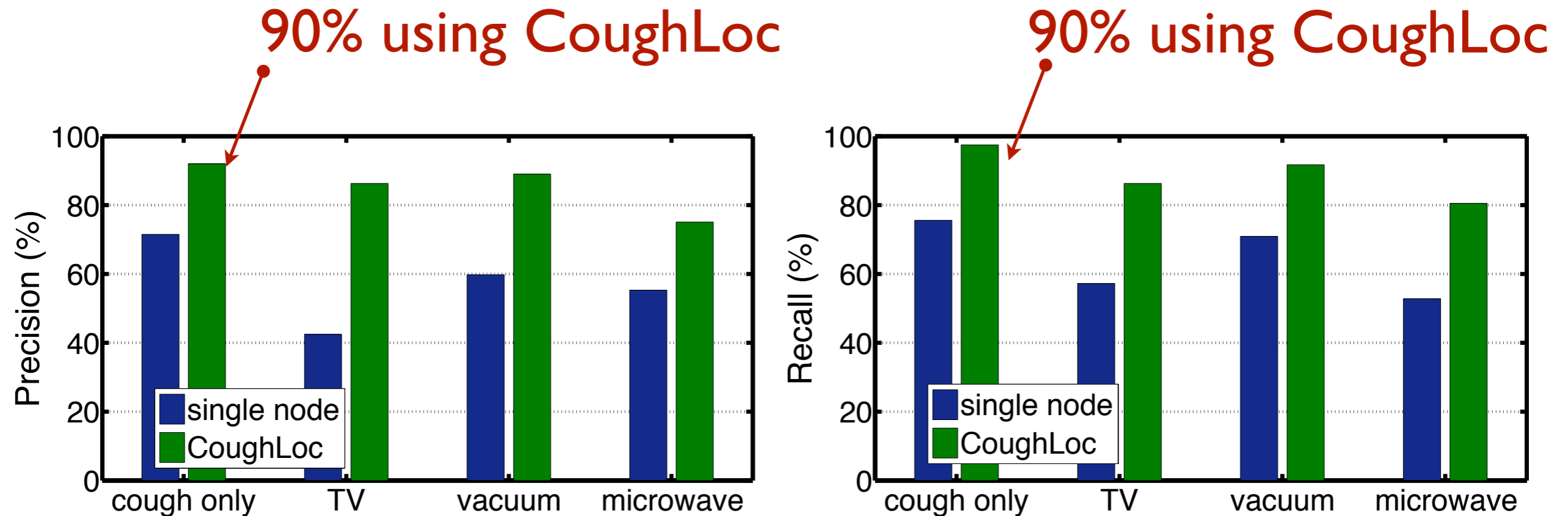
- The higher the F<sub>1</sub>, the better the performance

# Cough Detection vs. Distance to Loudspeaker (Single Node)



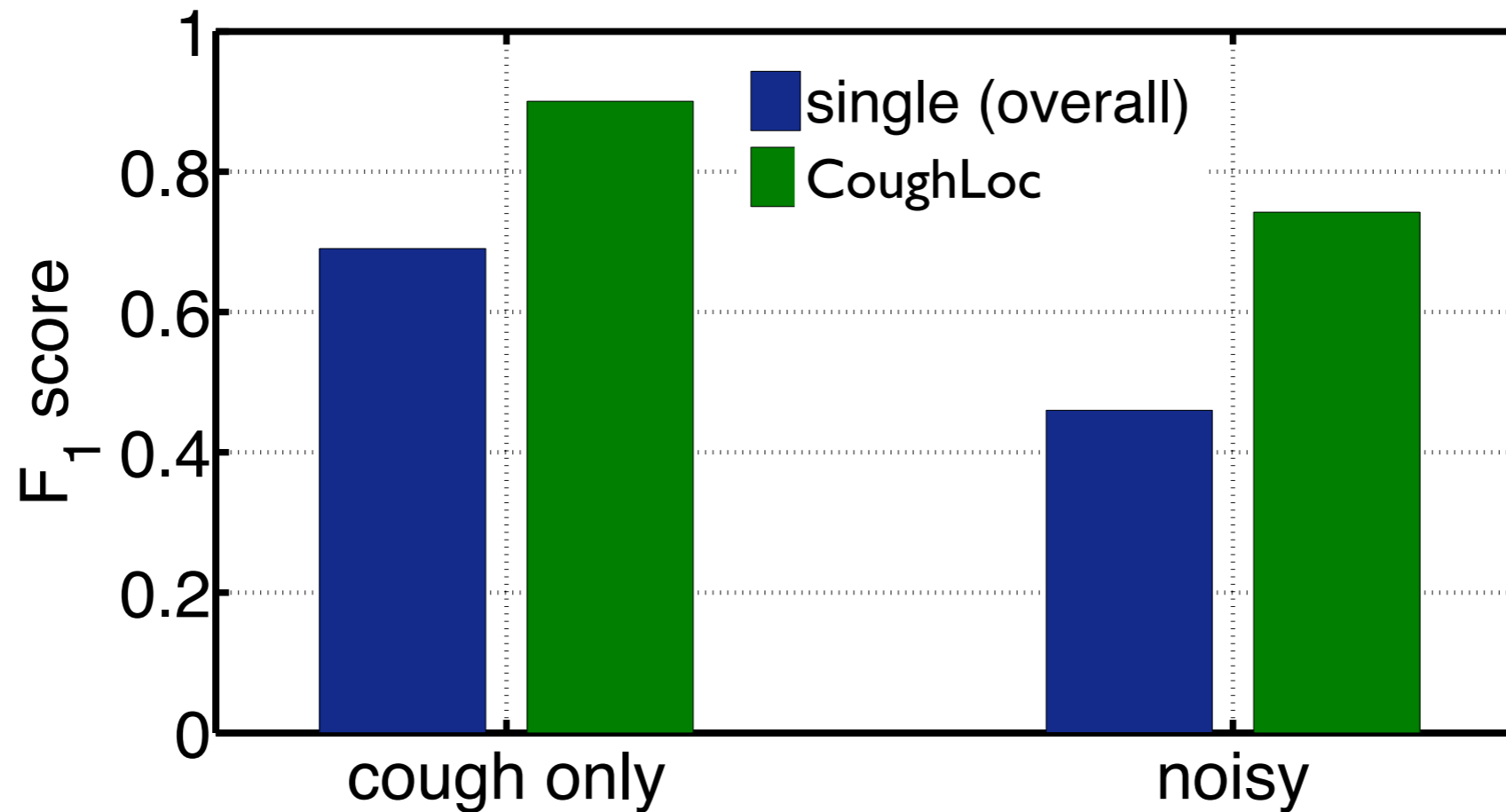
- Nodes with longer distance make worse detection
- **Single-node detection is greatly affected by distance**

# Cough Detection (Single Node vs. CoughLoc)



- 90% precision/recall under quiet condition
- Competitive with state-of-the-art with less intrusiveness<sup>[1]</sup>

# Cough Detection (Overall Performance)



30% and 60% higher  $F_1$  than baseline under quiet and noisy conditions

# Conclusions

- Location-aware acoustic sensing deals with patient mobility
  - Unobtrusiveness
  - 90% and 80% accuracy under quiet and noisy conditions; 60% higher accuracy than using the single-node baseline
- Low-end hardware keeps system cost low (<\$50)
- Task partitioning compensate for hardware limitations

# CoughLoc: Non-Intrusive Cough Monitoring



# Questions?