Deriving Effective Human Activity Recognition Systems Through Objective Task Complexity Assessment



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• Application driven - clinical assessment

• Stakeholders - clinicians; health practitioners

- HAR solutions detect relevant disease states; pilot studies
- Resources data collection, annotations, ML and HCI researchers



https://theconversation.com/parkinsons-four-unusual-signs-you-ma y-be-at-risk-112035

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HAR DEPLOYMENT SCENARIOS



- (1) Scenario 1: Expected HAR performance
 - can be achieved but is unclear what resources are required



(2) Scenario 2: Even with unlimited resources the expected HAR performance can never be achieved

Possible outcome scenarios for practitioner-based HAR deployments

OBJECTIVE TASK COMPLEXITY ASSESSMENT

Inform Practitioners:

- Assess challenges associated with a task
- Provide performance estimates *before* solving the task

Systematic Approach:

- Complexity of a task
- Provide guidelines for HAR systems

TASK COMPLEXITY BASED CHARACTERIZATION OF HAR TASK



TASK COMPLEXITY BASED CATEGORIZATION OF HAR TASKS



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TASK COMPLEXITY BASED DEPLOYMENT FOR NOVEL TASK



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Task	Baseline Configuration	Optimized Configuration	F1-score	
Phone-S3 Mini	1-sec sliding window; 50% overlap; raw data; linear classifier (SVM)	2-sec sliding window; 50% overlap; ECDF features; non-linear -classifier (RF).	34.8 → 88.7	14 tasks
SimADL-waist	1-sec sliding window; 50% overlap; raw data; linear classifier (SVM)	5-sec sliding window; 3- sec overlap; DCT as features; instance-based (KNN) classifier.	17.7 → 20.5	6 tasks
Daphnet	1-sec sliding window; 50% overlap; raw data; linear classifier (SVM)	no dataset to derive SOA techniques from; will require technical expertise if performance obtained using baseline is sub-par.	54.1 → N/A	3 tasks







Characterize a task using complexity measures



Characterize a task using complexity measures

Categorize tasks using similarity mapping



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Guidelines for novel task