Deep Learning-based VR Sickness Assessment

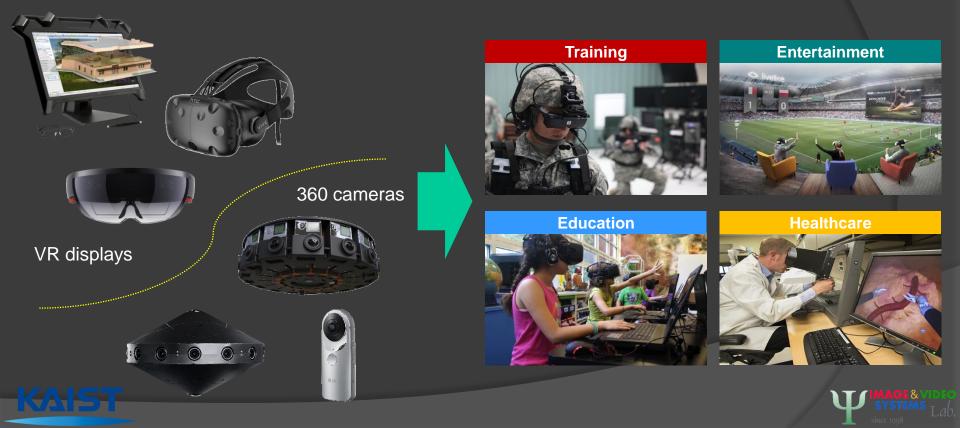
IEEE SA WG3079 Meeting : HMD based 3D Content Motion Sickness Reducing Technology

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Virtual Reality (VR)



Immersive 360-degree VR Content

VR Sickness (~Cybersickness)









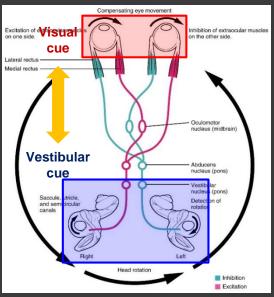
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Main Factors of VR Sickness

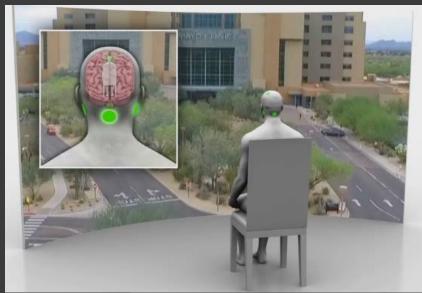
• Visual-Vestibular Conflict

Mismatches between simulation motion of VR content and viewer's motion



Visual-vestibular interaction^[1]

[1] http://oerpub.github.io/epubjs-demo-book/content/m46557.xhtml [2] Mayo Clinic Research



Visual-vestibular conflict in VR experience^[2]



VR Sickness Assessment (VRSA)



Objective assessment

Subjective assessment



Objective VRSA: Physiological Measurements



Physiological measurements







Objective VRSA: Physiological Measurements



Physiological measurements









Objective VRSA: Physiological Measurements



Physiological measurements











Subjective VRSA: Subjective Questionnaires



Physiological measurements



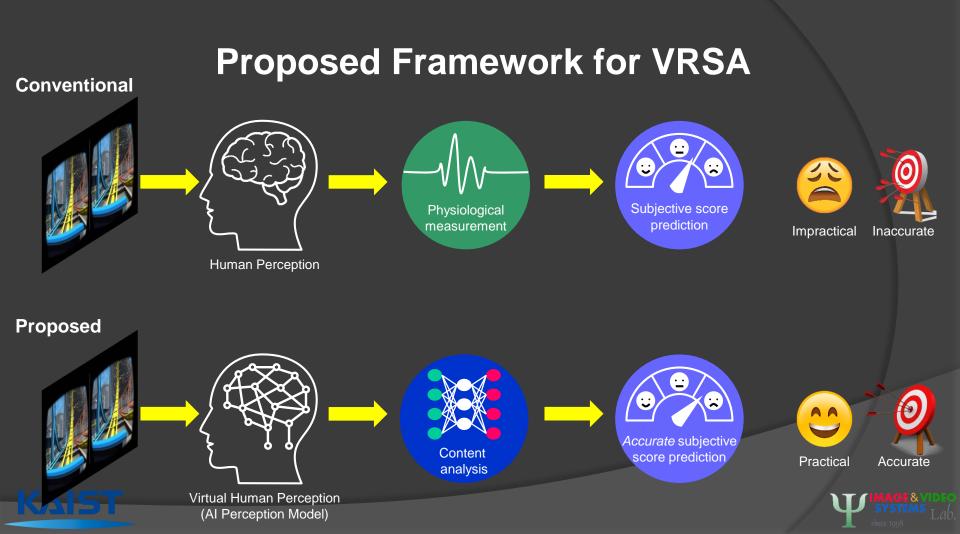




Subjective questionnaires







Challenges

• Lack of labeled datasets

- It is difficult to collect a large-scale of fully labeled datasets
 - VR content and the corresponding subjective scores



A large number of target images

Regression

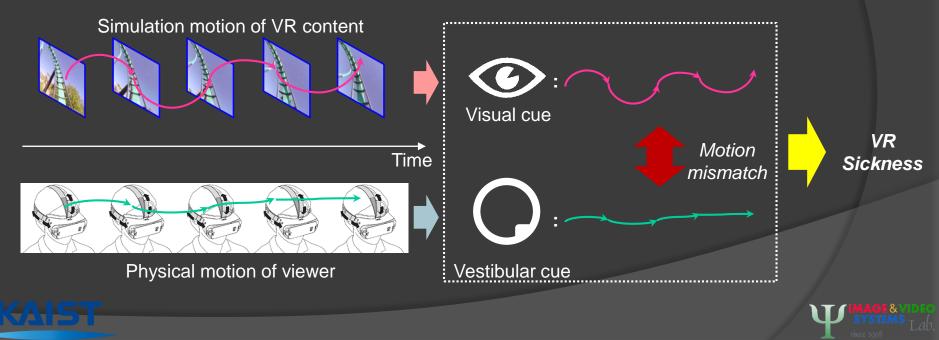
Corresponding subjective score



Proposed Method (1/5)

• Visual-vestibular conflict

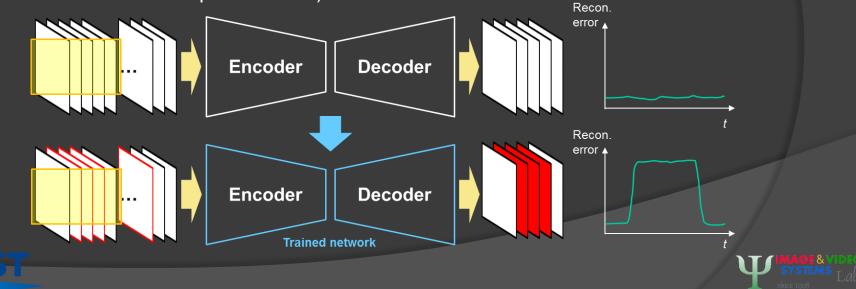
Caused by exceptional motion of VR content



Proposed Method (2/5)

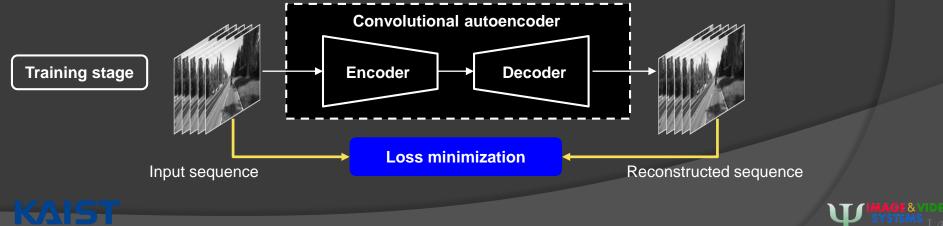
• Main Idea of Our Research

- Deep learning based generative model
- Non-excessive VR sickness feature representation (instead of excessive VR sickness feature representation)



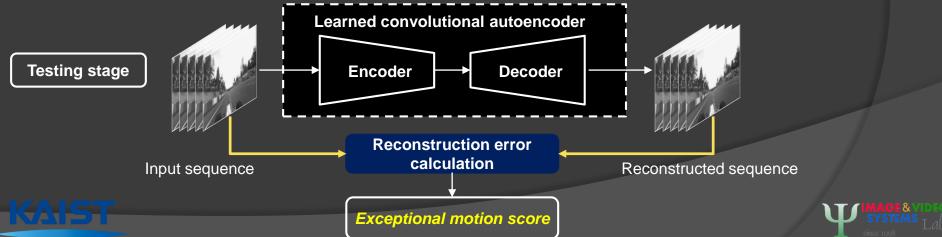
Proposed Method (3/5)

- Overall Procedure of the Proposed VRSA Framework
 - In training, the convolutional autoencoder is trained to reconstruct original VR video sequences with non-exceptional motion such as slow and moderate motion velocity.
 - In testing, by measuring the reconstruction error of the motion information in VR video content, the exceptional motion of VR video content can be detected and measured.



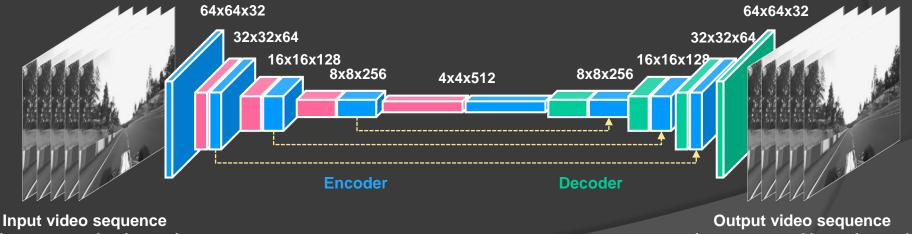
Proposed Method (3/5)

- Overall Procedure of the Proposed VRSA Framework
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Proposed Method (4/5)

- **Deep Convolutional Autoencoder for Normal Motion Patterns Learning**
 - Encoder for representing the latent spatio-temporal feature of input sequence
 - Decoder for reconstructing the original sequence from the encoded features ۲ 128x128x5



(five consecutive frames)

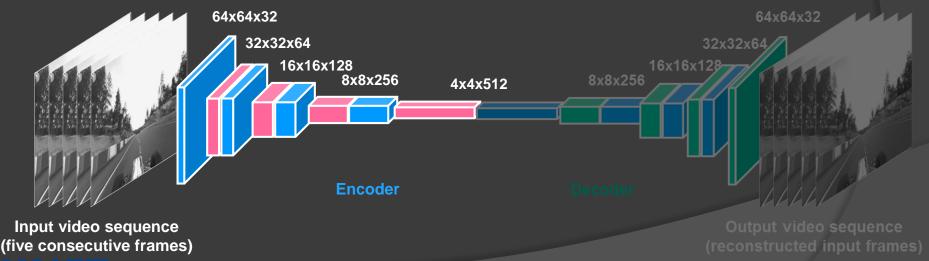
(reconstructed input frames)



128x128x5

Proposed Method (4/5)

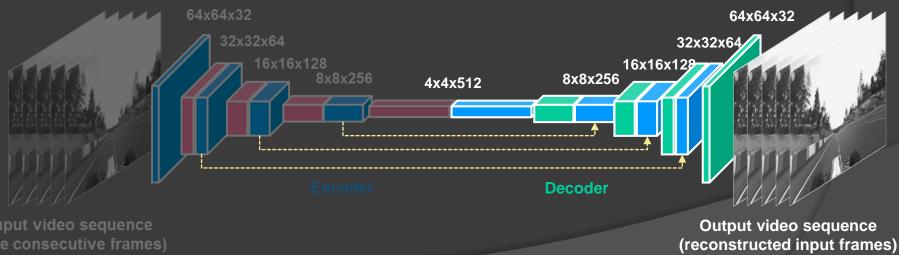
- Deep Convolutional Autoencoder for Normal Motion Patterns Learning
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128x128x5

Proposed Method (4/5)

- Deep Convolutional Autoencoder for Normal Motion Patterns Learning
 - Encoder for representing the latent spatio-temporal feature of input sequence
 - Decoder for reconstructing the original sequence from the encoded features





128x128x5

Proposed Method (5/5)

Exceptional Motion Pattern Score

• Reconstruction error at *t*-th frame of test dataset

$$e(t) = \sum_{i=1}^{W} \sum_{j=1}^{H} \|\mathbf{I}(i,j,t) - \hat{f}_{W}(\mathbf{I}(i,j,t))\|^{2}$$

I(i, j, t): Original *t*-th frame $\hat{f}_W(I(i, j, t))$: Reconstructed *t*-th frame *W* and *H*: width and height of the frame

Proposed exceptional motion pattern score

$$s_m(t) = \frac{e(t)}{\sqrt{W \times H}}$$

e(t): Reconstruction error at *t*-th frame *W* and *H*: width and height of the frame





Experiments and Results (1/7)

Datasets for Training

- UCSD Ped 1 and Ped 2
 - Ped 1: 34 training video clips (200 frames)
 - Ped 2: 16 training video clips (120~180 frames)
- Avenue
 - 16 training video clips (180~360 frames)
- KITTI benchmark
 - 61 video clips



UCSD Ped1



UCSD Ped12







Experiments and Results (2/7)

Obtasets for Test

- Three 360-degree VR video contents, collected from Youtube^{[3],[4],[5]}
 - Video 1: Slow velocity
 - Video 2: Moderate velocity
 - Video 3: Fast velocity







Video 2







[3] https://www.youtube.com/watch?v=JEr3-FzSgzk
[4] https://www.youtube.com/watch?v=wECZs7hewjY
[5] https://www.youtube.com/watch?v=wfNvZwN87Hg

Experiments and Results (3/7)

Subjective Assessment Experiment

- Equipment for displaying VR content
 - Oculus Rift CV1 HMD
 - 2160 x 1200 pixels @ 90 Hz
 - FoV: 110 degree
 - Intel Core i7-4770@3.4 GHz, 32GB RAM, and NVIDIA GTX 1080TI

- Subjects
 - 15 subjects, ranging between 20 to 30 years old
 - Normal or corrected-to-normal vision
 - Minimum stereopsis: 60 arcsec.



Experiments and Results (4/7)

• Subjective Assessment Experiment

• 16-item SSQ^[6]

		SIMULATOR SICKNESS QUESTIONNAIRE Kennedy, Lane, Berbaum, & Lilienthal (1993)***							
Inst	Instructions : Circle how much each symptom below is affecting you right now.								
1.	General discomfort	None	Slight	Moderate	Severe				
2.	Fatigue	None	Slight	Moderate	Severe				
3.	Headache	None	Slight	Moderate	Severe				
4.	Eye strain	None	Slight	Moderate	Severe				
5.	Difficulty focusing	None	Slight	Moderate	Severe				
6.	Salivation increasing	None	Slight	Moderate	Severe				
7.	Sweating	None	Slight	Moderate	Severe				
8.	Nausea	None	Slight	Moderate	Severe				
9.	Difficulty concentrating	None	Slight	Moderate	Severe				
10.	« Fullness of the Head »	None	Slight	Moderate	Severe				
11.	Blurred vision	None	Slight	Moderate	Severe				
12.	Dizziness with eyes open	None	Slight	Moderate	Severe				
13.	Dizziness with eyes closed	None	Slight	Moderate	Severe				
14.	*Vertigo	None	Slight	Moderate	Severe				
15.	**Stomach awareness	None	Slight	Moderate	Severe				
16.	Burping	None	Slight	Moderate	Severe				

* Vertigo is experienced as loss of orientation with respect to vertical upright.

** Stomach awareness is usually used to indicate a feeling of discomfort which is just short of nausea.

Last version : March 2013

• Procedure

- A week before the actual subjective assessment experiments, we had subjects experience a variety of VR contents with Oculus Rift in order to allow them familiarize with VR environment.
- Every VR video content was displayed for 2 minutes through Oculus Rift CV1.
- After watching the VR video contents, subjects rated their perception of the VR sickness for each symptom in SSQ sheet.

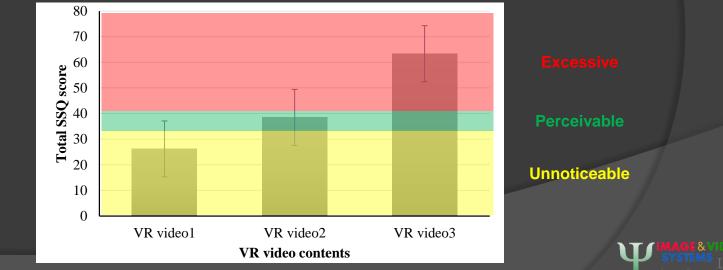


[6] Kennedy et al. Simulator sickness questionnaire: an enhanced method for quantifying simulator sickness. The International Journal of Aviation Psychology, 1993

Experiments and Results (5/7)

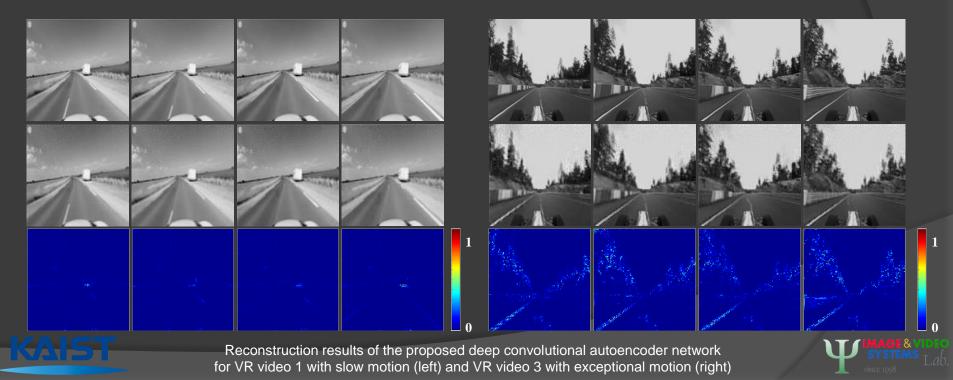
Subjective Assessment Results

- Degree of VR sickness subjects felt was proportional to the motion magnitude.
- The subjective results show that subjects felt some symptoms of VR sickness when watching VR video 2 and 3. In particular, VR video 3 could lead to excessive VR sickness



Experiments and Results (6/7)

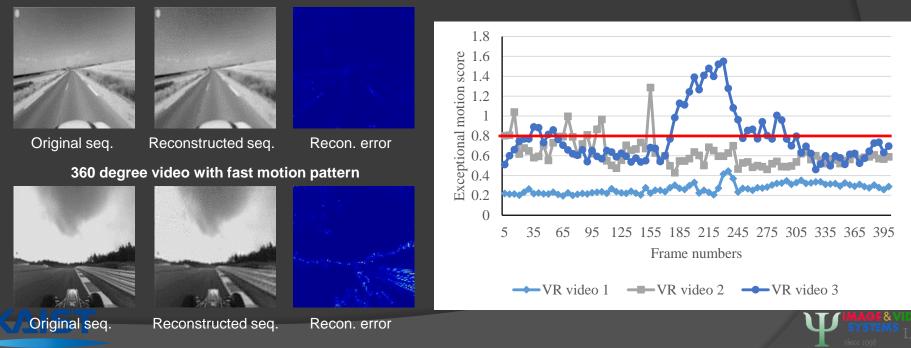
• Performance of the Proposed Network



Experiments and Results (7/7)

• Performance of the Proposed Network

360 degree video with slow motion pattern



Conclusions

- This paper presented a novel measurement of exceptional motion using deep convolutional autoencoder network for assessing the VR sickness of VR video content.
- The convolutional autoencoder learned by normal datasets with slow and moderate motion could reconstruct the non-exceptional motion patterns but it could not recover VR video content having exceptional motion.
- Based on the fact that exceptional motion led to high reconstruction errors in the deep autoencoder network, the level of VR sickness of the input VR video content due to exceptional motion could be predicted.
- The results of our subjective assessment experiments showed that the proposed objective measure strongly had a high correlation with human subjective quality scores, SSQ of our test datasets (PLCC was 0.92).



Thank you

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• Total SSQ score

- 1. Nausea score
- 2. Oculomotor score
- 3. Disorientation score
- Total SSQ = 3.74 x (1 + 2+ 3)

Appendix

Table 1: SSQ used in our subjective assessment.

SSQ-Symptoms.	Nausea	Oculomotor .	Dis orientation.	
General discomfort.	O.	O.	c.	
Fatigue	ą	O,o	÷.	
Headache	ą	O.	ę.	
Eye-strain.	φ	O.	ę.	
Difficulty focusing.	ę	O,o	ę .	
Increased salivation.	O.	ą	O,o	
Sweating	O.	ą	ę .	
Nausea	O.	ą	ę .	
Difficulty	O,	O.	O.	
concentrating	U.	O.		
Fullness of head	ą	ę	ج	
Blurred vision.	Ą	O.	O.	
Dizzy (Eyes open).	ą	ę	O,o	
Dizzy (Eye closed).	ą	ę	O.	
Vertigo.	ą	ę	O.	
Stomach awareness.	O.	ą	O.	
Burping	O.	ą	ę.	

