

Digital health design checklist

10 checkpoints to run through while you design for health - not a compliance audit, not a substitute for your team's own review.

digitalhealthdesign.org/foundations/checklist

This is a design aid, not medical, legal or regulatory advice. It doesn't replace your team's clinical safety, legal or compliance review.



Accessibility

Accessibility & Regulation

Would this work for someone using a screen reader, a keyboard only, or with low vision?

- ☐ Colour is never the only way status is shown (WCAG 2.2 SC 1.4.1)
- ☐ Every tap target is at least 24×24px (SC 2.5.8)
- ☐ Keyboard focus is never hidden behind a sticky header (SC 2.4.11)
- ☐ A drag gesture has a tap alternative (SC 2.5.7)

HOW TO CHECK WebAIM Contrast Checker, WAVE, a keyboard-only pass.



Cognitive load & stress

UX Patterns for Health

Design for Vulnerable Users

Is there one clear next step, with no time pressure?

- ☐ Every screen has one clear purpose, not several competing ones
- ☐ Nothing depends on remembering something shown on an earlier screen
- ☐ A mistake is easy to spot and undo before it is submitted
- ☐ The same wording and layout describe the same action everywhere in the product

HOW TO CHECK W3C's cognitive accessibility (COGA) guidance, a walkthrough while distracted.



Plain language & health literacy

Health Literacy & Plain Language

Could someone stressed, unwell, or new to the topic read this in one pass?

- ☐ Sentences average about 20 words, one idea each
- ☐ The most important thing comes first, not last
- ☐ Medical jargon is explained the first time it appears
- ☐ Every number has its unit shown next to it

HOW TO CHECK CDC Clear Communication Index, read it aloud.



Medication & number display

Health Literacy & Plain Language

Trust, Ethics & Safety

Would a misread dose or number be easy to catch?

- ☐ A dose always carries a leading zero before a decimal (0.5 mg) and never a trailing one after it (5 mg, not 5.0 mg)
- ☐ The unit sits next to the number itself, not only in a column header
- ☐ Look-alike drug names are told apart by more than their first few letters (tall man lettering: hydrALAZINE / hydrOXYzine)
- ☐ Ambiguous abbreviations, like "U" for units or "QD" for once daily, are spelled out in full

HOW TO CHECK ISMP's dose-designation guidance, read the number back out loud.



Data & test-result display

Data Visualisation & Health Metrics

Health Literacy & Plain Language

Does the reading say what it means, not just show a number?

- ☐ A result is shown against its reference range, not as a bare number
- ☐ Where the system allows it, the range is personalised to the patient, not a generic bracket
- ☐ A plain-language reading ("within the expected range") sits next to the value, not only the figure
- ☐ A result outside the range is visually distinct from one a patient can read at their own pace

HOW TO CHECK The PMC11347896 systematic review of lab-result displays, show it to someone without clinical training.



Errors & critical actions

UX Patterns for Health

Accessibility & Regulation

If someone gets this wrong, can they undo it?

- ☐ Every validation error is listed in one place, not only shown beside its field
- ☐ A failed submission moves keyboard focus to that list, not back to a blank form
- ☐ A critical action (delete, send, submit an order) has a confirmation step, an undo window, or both, not silence and no way back
- ☐ The same wording describes the same error everywhere it appears

HOW TO CHECK NHS design system's error summary pattern, a keyboard-only submit test.



Alerts & notifications

UX Patterns for Health

If this alert fires 50 times a day, does it still get acted on?

- ☐ Every alert names the action to take, not just the problem
- ☐ Severity is shown by more than colour (shape, word, position)
- ☐ The alert appears at the moment of the decision, not before or after
- ☐ Low-value alerts are grouped, not sent one by one

HOW TO CHECK Count real alert volume for a week before adding a new one.



Consent & privacy in the interface

Trust, Ethics & Safety

Is consent written in plain words, not implied?

- ☐ Saying yes and saying no are equally easy to find and the same size
- ☐ Nothing is pre-ticked on the person's behalf
- ☐ Each purpose is asked for separately, not bundled into one toggle
- ☐ Withdrawing consent later takes the same number of steps as giving it

HOW TO CHECK ICO's guidance on valid consent, try withdrawing consent yourself before shipping.



Diverse & vulnerable users

Design for Vulnerable Users

Was this checked with older or less digitally confident users too?

- ☐ The design was tried by someone outside the project who does not already know how it works
- ☐ At least one test participant has low digital confidence or is unfamiliar with the topic
- ☐ The flow still works without a stable address, a printer, or a second device
- ☐ A human alternative (phone, in person) exists for someone who cannot finish the task online

HOW TO CHECK GOV.UK's guidance on designing an inclusive service, recruit one participant outside your usual panel.



Testing with real people

Process & Research

Has anyone who isn't on the project tried this?

- ☐ Tested with people who match the real users, not colleagues
- ☐ Tested in a realistic setting: interrupted, low light, small screen
- ☐ The highest-risk tasks were tested specifically
- ☐ Findings changed something before ship, not just got logged

HOW TO CHECK A short task-based session with 3-5 representative people.

NOT COVERED HERE

Raise with your wider team: is this a regulated medical device where it will be used, clinical risk sign-off, technical security, data interoperability, what happens after launch. This checklist is about the design decisions, not the paperwork around them.