



C O M P U T E R F O R E N S I C S L A B

London digital forensics & e-discovery · Established 2007

iOS Health, Fitness and Motion Data

The Quiet Witness in a Pocket: Steps, Sleep and Movement, and the Care Their Reading Demands

An iPhone, and any paired Apple Watch, quietly records a great deal about its owner's body and movement: steps taken, distance walked, stairs climbed, heart rate, sleep, workouts, and low-level motion showing when the device was being carried, still, or in a moving vehicle. Held in the Health app and its database, this data is a quiet witness that can corroborate or contradict an account, showing whether a person was active or at rest, moving or stationary, at a given time. It is powerful precisely because people rarely think to alter it. But it demands unusual care. Health data is special-category personal data under the UK GDPR, so it must be handled with heightened protection and proportionality. It is indicative, not clinical, an estimate from sensors, not a medical measurement. And it must be attributed to a person, not merely a device, and read honestly. This guide sets out for UK lawyers what iOS health, fitness and motion data records, how it is recovered, how it is interpreted with proper caution, and the special data-protection duties it carries.

🕒 Estimated reading time: 24 min read

§ ABOUT THE AUTHOR

PREPARED BY COMPUTER FORENSICS LAB E-DISCOVERY TEAM

Computer Forensics Lab is a London-based digital forensics and electronic disclosure practice established in 2007. Health and motion data is a valuable but sensitive strand of its mobile work: recovering the Health database and paired-device records of activity, sleep and movement, interpreting them as indicative rather than clinical, attributing them to a person with care, and handling special-category data proportionately under the UK GDPR. The analysis corroborates or contradicts accounts of activity and location at honest confidence and is reported under CPR Part 35 and CrimPR Part 19.

ESTABLISHED 2007 · LONDON

ISO 17025-ALIGNED PROCEDURES

HEALTH, FITNESS & MOTION DATA

SPECIAL-CATEGORY DATA HANDLING

CPR PART 35 EXPERT REPORTS

FULL CHAIN-OF-CUSTODY DOCUMENTATION

§ CONTENTS

In this guide

- 01 Executive summary
- 02 The problem in plain English: a witness people forget to silence
- 03 What iOS health, fitness and motion data records
- 04 Where it lives and how it is recovered
- 05 Indicative not clinical: interpreting with care
- 06 Special-category data and attribution
- 07 Deployment: corroborating or contradicting an account
- 08 Source architecture: where else the evidence lives
- 09 Worked examples
- 10 Common mistakes and technical limitations
- 11 Questions to ask · Suggested wording
- 12 Checklist and red flags · When to involve a digital forensic expert
- 13 Frequently asked questions
- 14 Glossary · References · Disclaimer · How a specialist laboratory can assist

§ 0 1 · ORIENTATION

Executive summary

The headline point: an iPhone and paired Apple Watch quietly record steps, sleep, heart rate, workouts and low-level motion, a quiet witness that can corroborate or contradict an account of activity and movement, but health data is special-category, indicative not clinical, and must be attributed to a person and read with care.

What it records (§3): steps, distance, stairs, heart rate, sleep, workouts and motion states (still, walking, in a vehicle), timestamped over long periods. **Where it lives (§4):** in the Health app database on the phone, contributed to by the phone and paired Apple Watch and apps, and reachable in backups and iCloud. **Indicative not clinical (§5):** the data is an estimate from sensors, not a medical measurement, so it is read as an indication of activity or rest, not as precise fact. **Special-category and attribution (§6):** health data carries heightened UK GDPR protection and must be handled proportionately, and it is attributed to a person, not merely a device. **Deployment (§7):** corroborating or contradicting accounts of activity, movement, sleep or injury, at honest confidence.

- **A quiet witness:** steps, sleep, heart rate and motion, recorded because people rarely alter it.
- **Activity and movement:** whether a person was active or at rest, moving or still, at a time.
- **Indicative, not clinical:** a sensor estimate, read as an indication rather than precise fact.
- **Special-category data:** heightened UK GDPR protection and proportionality required.
- **Attribute to a person:** tie the data to who wore or carried the device, with care.

A quiet witness: activity and movement, read with care

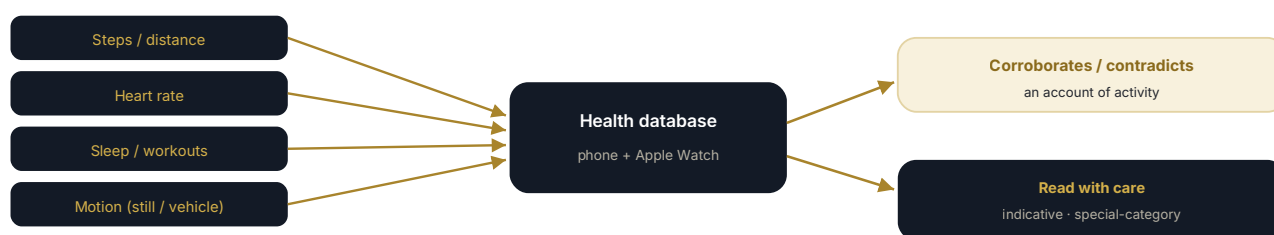


Figure 1 - health, fitness and motion data flow into the Health database from the phone and Apple Watch, and, read as indicative and special-category, corroborate or contradict an account of activity.

The problem in plain English: a witness people forget to silence

Most people know their phone tracks their steps, but few think of it as evidence, and almost no one thinks to tamper with it. That is exactly what makes it valuable. An iPhone, and a paired Apple Watch if there is one, continuously records a detailed picture of its owner's body and movement: how many steps they took and when, how far they walked, how many flights of stairs they climbed, their heart rate, their sleep, their workouts, and, at a lower level, their motion, whether the device was being carried, held still, or was in a moving vehicle. All of this is timestamped and kept over long periods in the Health app and its database. It is a quiet, continuous witness to what a person was physically doing, hour by hour.

For the lawyer, this can be quietly decisive. It can show whether someone was active or at rest at a particular time, whether they were moving or stationary, whether they were asleep, whether their claimed level of activity, or incapacity, fits the record. It can corroborate an account, or contradict it. And because people rarely think to alter it, it often carries a candour that more obvious evidence lacks. But this power comes with three duties of care that must never be neglected. Health data is special-category personal data under the UK GDPR, the most sensitive kind, so it attracts heightened protection and must be handled with real proportionality and minimisation, not gathered wholesale. It is indicative, not clinical: these are estimates produced by consumer sensors, not medical-grade measurements, so they show an indication of activity or rest, not a precise fact, and must be read as such. And it records what a device did, so it must be attributed to a person, the one who wore or carried it, with proper care, and read honestly. Handled with these disciplines, health and motion data is a powerful and unusually honest witness; handled carelessly, it is both unreliable and a data-protection risk. This guide sets out what it records, how it is recovered, how it is interpreted with caution, and the special duties it carries.

§ 0 3 · WHAT IT RECORDS

What iOS health, fitness and motion data records

- **Activity metrics:** steps, distance, flights of stairs and active energy, timestamped through the day, so a person's physical activity, and its absence, can be traced over time (guide 96): the activity record.
- **Heart rate and vitals:** heart rate and, on capable devices, other vitals recorded, which can indicate exertion, rest or distress at a time, read as an indication, not a diagnosis (§5): the physiological signal.
- **Sleep and workouts:** sleep periods and logged workouts, showing when a person was asleep or exercising, and for how long, relevant to accounts of rest and activity (§7): the rest-and-exercise record.
- **Motion and context:** low-level motion data indicating whether the device was still, being carried, walking, running or in a vehicle, a valuable cross-check on movement (guide 124): the movement state.
- **Sources and timing:** each data point recording its source (the phone, the Apple Watch, an app) and its time, so its origin and reliability can be assessed and it can be placed on a timeline (§4): the provenance of each reading.



Figure 2 - the health and motion record: activity, vitals, sleep, workouts and motion state, each tagged with its source and time.

Where it lives and how it is recovered

- **The Health database:** the data held in the Health app's database on the phone, aggregating contributions from the phone, the paired Apple Watch and health-enabled apps, so the central record sits in one place (§3): the Health store.
- **The paired Apple Watch:** a paired Watch a major source of activity, heart-rate and motion data, so its contribution is significant and, where available, the Watch itself is a source (guide 123's wearables theme): the wrist sensor.
- **Depth and the database:** the full Health database often reached only by a fuller extraction (guide 146), so the deeper method is used where the detailed record matters: the depth-dependent data.
- **Backups and iCloud:** health data present in encrypted backups (which include it) and in iCloud where synced (guide 147), so it can be reached from the estate when the device is difficult: the estate copies.
- **Recovered soundly and proportionately:** the data recovered from the acquired, decrypted device (guides 145, 133) with integrity preserved (guides 2, 3), and, given its sensitivity, collected proportionately and minimised (§6, guide 20): the sound, proportionate recovery.

Indicative not clinical: interpreting with care

- **Estimates, not measurements:** the data produced by consumer sensors and algorithms, so it is an estimate of activity, heart rate or sleep, not a medical-grade measurement, and is read as indicative (guide 123): the honest characterisation.
- **Indication of activity or rest:** the value lying in showing whether a person was broadly active or at rest, moving or still, rather than in precise figures, so conclusions are framed accordingly (§7): the right level of claim.
- **Gaps and reliability:** data absent when the device was not worn or carried, and varying in reliability by source and context, so gaps are not read as inactivity and reliability is assessed (guide 100): the gaps understood.
- **Corroborate with other sources:** health and motion data corroborated with location, app and system data (guides 124, 134), so a finding rests on convergence rather than a single metric (guide 130): the corroborated reading.
- **State confidence and limits:** what the data indicates, and its limits as a consumer estimate, expressed at honest confidence, avoiding both dismissal and overstatement (guide 100): the calibrated conclusion.

Special-category data and attribution

- **Special-category under the UK GDPR:** health data being special-category personal data attracting heightened protection, so its processing needs a proper lawful basis and condition and heightened care (guide 20): the elevated protection.
- **Proportionality and minimisation:** the collection scoped tightly to what the matter requires and minimised, since gathering a person's full health record wholesale is rarely proportionate (guide 20): the disciplined scope.
- **Attribution to a person:** the data recording what a device did, so it is attributed to the person who wore or carried it, with corroboration, since a device may be used or worn by another (guide 105): the who-was-wearing-it question.
- **Confidentiality and sensitivity:** the material handled with particular confidentiality given its intimacy, and disclosed and presented no more widely than necessary (guide 20): the sensitive handling.
- **Lawful, careful use:** the data used only where relevant and proportionate, and its sensitivity respected throughout, so its evidential value does not come at the cost of the duties it carries (guide 100): the lawful, careful deployment.

Deployment: corroborating or contradicting an account

- **Testing a claimed activity:** the record tested against an account of activity or incapacity, a claimed injury against steps and workouts, so a false or exaggerated account is examined (guide 98): the account checked.
- **Placing movement:** motion states corroborating whether a person was still, walking or in a vehicle at a time, cross-checking location and travel (guide 124): the movement corroborated.
- **Sleep and presence:** sleep periods indicating when a person was likely asleep, relevant to accounts of where they were and what they were doing (§3): the rest evidenced.
- **Corroborating a timeline:** the activity and motion data placed on a timeline with location, communication and system data, so it supports the wider account of the person's day (guides 96, 130): the day corroborated.
- **Honest, proportionate presentation:** the findings framed as indicative, corroborated, attributed with care, and handled as special-category data, and presented at honest confidence under CPR Part 35 or CrimPR Part 19 (guides 100, 20): the health evidence deployed defensibly.

§ 0 8 · THE WIDER MAP

Source architecture: where else the evidence lives

Per this series' source-architecture discipline: health and motion data exists across the Apple estate and is corroborated with the phone's other movement sources, which both strengthens it and keeps a single indicative metric from carrying too much weight. The phone holds the Health database and its motion data. But the paired Apple Watch (guide 123) is a major source of activity, heart-rate and motion data; iCloud and encrypted backups (guide 147) hold synced and backed-up health data; the paired Mac and iPad hold some synced health data; and, crucially, the phone's other sources, location, app and system data (guides 124, 134), corroborate what the health and motion record indicates about movement and activity. The discipline is to treat health data as one indicative source among several, corroborating its picture of activity and movement with location and system evidence, and to reach it, proportionately, from whichever estate source holds it. When the phone's health data is incomplete, the Watch, a backup or iCloud may hold more; when a motion state suggests a vehicle, the location data confirms the journey; and the health record is read alongside, not instead of, the phone's other evidence of what the person was doing.

EVIDENCE	PHONE HEALTH DB	PAIRED APPLE WATCH	ICLOUD / ENCRYPTED BACKUP	PAIRED MAC / IPAD	LOCATION DATA	SYSTEM / APP DATA
Steps / activity	Y	Y: major source	Y: if synced/ backed up	Some synced	Corroborates movement	Usage context
Heart rate / vitals	Y	Y: primary	Y	Some	n/a	n/a
Sleep / workouts	Y	Y	Y	Some	n/a	Device-use context
Motion state	Y: motion data	Y	Some	n/a	Y: corroborates (guide 124)	Activity artefacts
Attribution	Device-level	Wrist-worn (stronger)	Account-level	n/a	Movement pattern	Usage pattern (guide 105)

Fallback strategy in one line: read health data as one indicative source, corroborated with the Watch, location and system data; reach it proportionately from the estate, and never let a single metric carry a conclusion alone.

Worked examples

EXAMPLE 1 · THE STEP COUNT THAT ANSWERED THE INJURY CLAIM

A claimant asserted an injury that severely limited their activity. Their own phone's §3 health data, handled as §6 special-category material and collected proportionately, told a different story: the step, distance and workout record showed sustained activity during the period of claimed incapacity. The §5 discipline governed, the data was presented as indicative, an indication of activity, not a clinical measurement, and corroborated with §8 location and motion data so it rested on convergence (guide 124). The §6 attribution tied the device to the claimant with care. Read honestly and proportionately, the record did not fit the account. The lesson is §7's: health and fitness data can test a claimed level of activity or incapacity, but it must be presented as indicative and corroborated, and handled as special-category data, so that it contradicts an exaggerated account through properly interpreted, converging evidence rather than an overstated raw figure.

EXAMPLE 2 · THE MOTION STATE THAT PLACED THE JOURNEY

A dispute turned on whether a person had travelled by car at a particular time. The §3 motion data helped answer it: the low-level motion record indicated a period consistent with being in a moving vehicle, and, per §5, this was corroborated with the phone's §8 location data showing the journey (guide 124), so the conclusion rested on convergence rather than the motion state alone. The §5 indicative nature was stated, and the §6 attribution handled with care. The quiet motion record, cross-checked, supported the account of the journey. The lesson is §3's: iOS records low-level motion indicating whether the device was still, walking or in a vehicle, which can corroborate movement and travel, but as an indicative signal it is read alongside location and other sources, so a motion state confirms a journey through convergence, not on its own.

EXAMPLE 3 · THE SENSITIVE DATA HANDLED PROPORTIONATELY

A party sought the entirety of the other side's Health data, hoping something useful would emerge. The §6 special-category discipline shaped a proper approach: health data is the most sensitive category under the UK GDPR, so wholesale collection of a person's full health record was neither proportionate nor lawful (guide 20). Instead the collection was scoped tightly to the specific metrics and period the matter required, minimised, and the material handled with heightened confidentiality and disclosed no more widely than necessary. The relevant evidence was obtained without an intrusive over-collection. The lesson is §6's: health data attracts heightened protection as special-category personal data, so it is collected and used proportionately and minimised, scoped to what the matter genuinely requires, and its intimacy respected, rather than gathered wholesale in the hope that something turns up.

Common mistakes and technical limitations

Common mistakes

- **Treating it as clinical:** the cardinal error, presenting consumer sensor estimates as precise medical fact (Example 1, §5).
- **Over-collecting sensitive data:** gathering a person's full health record wholesale rather than proportionately (Example 3, §6).
- **Ignoring special-category duties:** handling health data without the heightened UK GDPR protection it requires (§6, guide 20).
- **Reading gaps as inactivity:** treating absent data as proof of rest, when the device may simply not have been worn (§5).
- **Attributing to a device, not a person:** assuming the device's owner generated the data without corroboration (§6, guide 105).
- **Resting on a single metric:** a conclusion built on one figure without corroboration (Example 2, §5).
- **Overstating precision:** drawing fine conclusions from data that is only broadly indicative (§5).
- **Missing the Apple Watch:** overlooking the paired Watch, a major source of the data (§4).

Technical limitations

- **Indicative, not clinical:** the data is a sensor estimate, not a medical measurement: the core limit (§5).
- **Gaps when not worn:** data is absent when the device was not carried or worn, so gaps are not inactivity (§5).
- **Attribution needs care:** the data shows a device's activity; tying it to a person requires corroboration (§6).
- **Sensitivity constrains use:** special-category status limits how the data may be collected and used (§6).
- **iOS and devices evolve:** health metrics and their reliability change across devices and versions (§3).

§ 11 · INTERROGATORIES & DRAFTING AIDS

Questions to ask · Suggested wording

Ask your client

- Does the matter turn on a person's activity, movement, sleep or claimed incapacity at a time, so health and motion data is relevant?
- Is there a paired Apple Watch, a major source, and are the specific metrics and period we need identified so collection is proportionate?
- Are you conscious this is special-category data requiring heightened protection?

Ask your opponent

- Please preserve and disclose, proportionately and scoped to the relevant metrics and period, the health, fitness and motion data on the device at Schedule 1 and any paired Apple Watch, and any backups or iCloud data holding it.
- Please confirm the sources contributing the data and the period covered.
- Please confirm who wore or carried the device during the relevant period.

Ask your eDiscovery / forensic provider

- What do the health and motion data indicate about activity, movement or sleep at the relevant time?
- How is it interpreted as indicative, corroborated, and attributed to a person?
- How is the special-category data scoped, minimised and handled proportionately?

SUGGESTED WORDING · INSTRUCTION FOR A HEALTH AND MOTION ANALYSIS

"We instruct you to examine the health, fitness and motion data on the device at Schedule 1 (and any paired Apple Watch), scoped to the metrics and period at Schedule 2, relevant to Schedule 3. Please, on the acquired, decrypted device and preserving integrity, and treating this as special-category personal data: (1) recover, proportionately and minimised to what the matter requires, the relevant Health database records (activity, heart rate, sleep, workouts and motion states) with their sources and timing, from the phone, paired Watch and, where needed, backups and iCloud; (2) interpret the data as indicative rather than clinical, framing conclusions as indications of activity, rest or movement, not precise measurements, and not reading gaps as inactivity; (3) corroborate the picture with the phone's location, app and system data so findings rest on convergence; (4) attribute the data to the person who wore or carried the device, with corroboration, and handle the material with heightened confidentiality; and (5) state what the data indicates, and its limits as a consumer estimate, at honest confidence, disclosing and presenting it no more widely than necessary."

Checklist and red flags · When to involve a digital forensic expert

The health and motion checklist

- ☐ Relevance to activity, movement, sleep or incapacity established
- ☐ Collection scoped to relevant metrics and period; minimised
- ☐ Handled as special-category data with heightened protection
- ☐ Health database and paired Watch data recovered proportionately
- ☐ Data interpreted as indicative, not clinical
- ☐ Gaps not read as inactivity; reliability assessed
- ☐ Findings corroborated with location, app and system data
- ☐ Attributed to the person who wore or carried the device
- ☐ Confidentiality respected; disclosed no wider than necessary
- ☐ Confidence and limits stated honestly

Red flags

- Consumer sensor data presented as clinical fact: Example 1.
- Wholesale collection of a full health record: Example 3.
- Special-category duties ignored.
- Gaps read as proof of inactivity.
- Data attributed to a person without corroboration.
- A conclusion resting on a single metric: Example 2.
- The paired Apple Watch overlooked.

When to involve a digital forensic expert

Whenever a matter turns on what a person was physically doing, active or at rest, moving or still, asleep or awake, at a time, because health and motion data is a uniquely candid witness that nonetheless demands careful, lawful handling: the expert recovers the relevant Health database and paired-Watch records proportionately, scoped and minimised as special-category data requires (§4, §6, guide 20), and interprets them as indicative rather than clinical, framing conclusions as indications of activity or rest and never reading a gap as inactivity (Example 1, §5). The picture is corroborated with the phone's location, app and system data so it rests on convergence (Example 2, §8), attributed to the person who wore or carried the device with care (§6), and the intimate material is handled with heightened confidentiality and disclosed no more widely than necessary (Example 3). Findings are reported at honest confidence under CPR Part 35 or CrimPR Part 19. This guide continues the iPhone and iPad block. Through **cflab.uk** and **e-discovery.uk**, health and motion work turns the quiet witness in a pocket into properly interpreted, proportionately handled evidence of activity and movement, powerful because it is candid, reliable because it is read with care.

§ 1 3 · COMMON QUESTIONS

Frequently asked questions

Can phone health data really be used as evidence?

Yes, and it can be quietly decisive (§2, §7). An iPhone and paired Apple Watch record steps, distance, heart rate, sleep, workouts and low-level motion, a continuous, timestamped picture of a person's activity and movement that people rarely think to alter. It can corroborate or contradict an account of activity, incapacity, travel or sleep. But it must be read as indicative rather than clinical, corroborated, attributed to a person, and handled as special-category data, so its value comes with real duties of care.

What does "indicative not clinical" mean?

That the data is a sensor estimate, not a medical measurement (§5). Consumer devices estimate steps, heart rate and sleep using sensors and algorithms, so the figures show an indication of whether a person was broadly active or at rest, moving or still, not a precise clinical fact. Conclusions are framed accordingly, as indications rather than exact measurements, and gaps (when the device was not worn) are not read as inactivity. This honest characterisation is essential; presenting the data as clinical fact overstates it.

Why is health data treated differently under data protection?

Because it is special-category personal data (§6, guide 20). Health data is among the most sensitive categories under the UK GDPR and attracts heightened protection, so its processing needs a proper lawful basis and condition, must be proportionate and minimised, and demands particular confidentiality. That means it is collected scoped tightly to the metrics and period the matter genuinely requires, not gathered wholesale, and disclosed and presented no more widely than necessary. Its evidential value never displaces these duties.

Can it show whether someone was really injured or inactive?

It can test such an account, read honestly (§7, Example 1). Step counts, workouts and activity data can indicate sustained activity during a period of claimed incapacity, or the reverse, so a claimed injury or level of activity can be examined against the record. But the data is indicative, so it is presented as an indication and corroborated with other sources, and attributed to the person with care. It contradicts or supports an account through properly interpreted, converging evidence, not through an overstated raw figure.

Does the data prove the phone's owner did the activity?

It shows a device's activity; attributing it to a person takes care (§6, guide 105). A phone or Watch may be carried or worn by someone other than its owner, so the data is attributed to the person who actually wore or carried the device, with corroboration from other evidence, rather than assumed to be the owner's. A wrist-worn Apple Watch gives somewhat stronger attribution than a pocketed phone, but attribution is always established, not presumed, and stated at honest confidence.

Should we just ask for all their health data?

No, that is neither proportionate nor lawful (§6, Example 3). Because health data is special-category, wholesale collection of a person's full health record in the hope something turns up is disproportionate. The proper approach scopes the collection tightly to the specific metrics and period the matter requires, minimises it, and handles it with heightened confidentiality. This obtains the relevant evidence without an intrusive over-collection, and keeps the exercise within the UK GDPR, which matters as much as the evidential value.

§ 1 4 · REFERENCE

Glossary

Health app

Apple's app aggregating health and fitness data.

Health database

The local store of health, fitness and motion data.

Activity metrics

Steps, distance, stairs and active energy.

Motion data

Low-level record of still, walking or in-vehicle states.

Apple Watch

A paired wearable, a major source of the data.

Indicative

An estimate, not a clinical measurement.

Special-category data

Sensitive data with heightened UK GDPR protection.

Minimisation

Collecting no more than the matter requires.

Attribution

Tying the data to the person who wore the device.

Convergence

Agreement across sources supporting a finding.

Sources and authoritative references

The health and motion disciplines in this guide draw on materials published by our laboratory and e-discovery practice, referenced here as sources:

- cflab.uk, digital forensics services (health, fitness and motion data, special-category handling, CPR Part 35 and CrimPR Part 19 reporting): cflab.uk/digital-forensics-services · guides library: cflab.uk/guides
- e-discovery.uk, EDRM Phase 04 · Collection and Phase 06 · Analysis (proportionate collection and analysis of sensitive data as practised): e-discovery.uk/edrm/collection · e-discovery.uk/edrm/analysis
- e-discovery.uk, practice method and Knowledge Centre: e-discovery.uk · e-discovery.uk/knowledge
- ICO, special-category data guidance under the UK GDPR (health data, lawful basis and conditions, proportionality): ico.org.uk, special-category data · Apple Platform Security guide (Health data protection): support.apple.com, Platform Security
- Forensic Science Regulator, Code of Practice v2 (interpretation and honest reporting) and ISO/IEC 27037: gov.uk, FSR Code · iso.org, 27037
- PD 57AD and CPR Part 31 · CPR Part 35: justice.gov.uk, PD 57AD · justice.gov.uk, Part 35

DISCLAIMER

This publication provides general information about iOS health, fitness and motion data as at August 2026. Health metrics, their sources and their reliability change across devices and iOS versions, and the data is indicative rather than clinical: it is an estimate from consumer sensors, gaps do not prove inactivity, and it must be attributed to a person with care. Health data is special-category personal data under the UK GDPR and must be collected and used proportionately, minimised and handled with heightened protection. The worked examples are fictional. This guide is not legal advice, does not create a professional relationship, and should not be relied upon in place of advice on the facts of a specific matter from a qualified lawyer or a suitably qualified forensic practitioner. Links were live at the date of publication.

§ HOW A SPECIALIST LABORATORY CAN ASSIST

Working with Computer Forensics Lab

Health and motion work at the laboratory turns the quiet witness in a pocket into properly interpreted, proportionately handled evidence. On the acquired, decrypted device and any paired Apple Watch (guides 145, 123, 133), the relevant Health database records, activity, heart rate, sleep, workouts and motion states, are recovered scoped and minimised to the metrics and period the matter requires, because this is special-category personal data attracting heightened protection under the UK GDPR (§6, guide 20). The data is interpreted as indicative rather than clinical, with conclusions framed as indications of activity, rest or movement rather than precise measurements, gaps not read as inactivity, and reliability assessed (§5). The picture is corroborated with the phone's location, app and system data so it rests on convergence rather than a single metric (Examples 1 and 2), attributed to the person who wore or carried the device with care, and the intimate material handled with heightened confidentiality and disclosed no more widely than necessary (Example 3). Findings, and their limits as consumer estimates, are stated at honest confidence and reported under CPR Part 35 or CrimPR Part 19. This guide continues the iPhone and iPad block. Conflicts checks, confidential scoping discussions and fixed-fee estimates are routine; and the guiding principle is that health data is powerful because it is candid and reliable because it is read with care, indicative, corroborated, attributed and handled with the protection its sensitivity demands.



I N S T R U C T T H E L A B

Speak to a forensic examiner, not a salesperson.

Describe your matter in confidence and an examiner will respond the same working day. Conflicts checks and scoping calls with US counsel are routine.

NEW ENQUIRIES

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