

Health and facilities used survey tool

Please complete the survey below.

Thank you!

Basic Details

Email Address	<input type="text"/>
Today's Date	<input type="text"/>
First Name	<input type="text"/>
Last_Name	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender

Use of Facilities

Type of devices you own	<input type="checkbox"/> Desktop computer <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone
Do you have social networking accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify,Social Networking Accounts	<input type="checkbox"/> Whatsapp <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Other,Please specify
Other,Please specify	<input type="text"/>
How much time on average do you spend on the internet per day?	<input type="checkbox"/> >30minutes <input type="checkbox"/> 1-2hours <input type="checkbox"/> 2-3 hours <input type="checkbox"/> < 3hours

Health details

Have you ever got checked your blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever told that your blood presurre is elevated then the normal range?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what advice did your doctor provide you?	<input type="text"/>