

Illicit Drug Usage Questioner

Objective.

The main aim is to study the reasons for the increase in drug usage among the young generation of people, the factors affecting them in all aspects and to identify the strategies to reduce drugs addiction.

Target population and Survey.

The focus is to analyse the illicit drug usage in the young generations of people, yet the survey will be carried out on people of all age groups. And samples will be considered accordingly on the scale of the survey to be conducted.

Pilot Survey.

The pilot survey will be conducted on a small group of random people in a class. This shall be done in two different places and the opinions and the reply of the survey conducted will be considered to further develop the questioner.

Sampling method.

For this survey to be analysed stratified Sampling is being used where different strata will be considered to analyse on different subject of interest

For example, the survey can be divided into male and female or different age groups may be considered as a strata's etc. .

References.

The questioner was prepared on a deep research from the following links.

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17. <https://www.projectknow.com/7-essential-questions-to-ask-when-talking-to-a-teen-about-drugs/>
18. <https://www.healthdirect.gov.au/how-to-help-someone-with-a-drug-problem>
19. <https://www.therecoveryvillage.com/teen-addiction/drug/how-teens-get-drugs/#gref>

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Appendix

“What do know about Drug?”

What do know about Drug?

What is the “ What do know about Drug” Survey?

- This is a survey conducted with the aim of collecting information on the Illicit Drugs Consumed in Australia.
- This Survey is conducted by a student of RMIT to analyse the illicit drug usage in Australia.

How confidential is the information I give you?

- All answers you provide will be treated confidentially.

How will my answers be used?

- Your answers will be used to research and help in understanding what people think about drugs
- The answers you give will not be released to anyone (including the police).

Do I have to participate in the survey?

- Participation in this survey is entirely voluntary.
- If there are any questions you do not want to answer for any reason, please leave that question blank.
- It is important that you complete this questionnaire by yourself and be as honest and accurate as possible.

How is the information processed?

- Your answers will be grouped with the answers of other people before the researchers get to see them.
- Researchers will use all these answers to show things like ‘most young people do not use drugs’ or ‘three quarters of men use drugs’, etc.

Thank you for participating in the survey, please consider all the questions in the survey.

The questions are not intended to ill-treat or discriminate in any form.

All the information collected is confidential.

Please answer the following questions as accurate and appropriate.

Survey no: _____

Section A

First Name: _____ Middle Name: _____ Last name: _____

Address: _____

State: _____ City: _____ Zip: _____

Telephone: mobile: (____) _____ home: (____) _____ work: (____) _____

Email: _____ Date of Birth: dd : mm : yyyy

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Current age: (i.e. the age you turned at your last birthday)

☐ 0 – 12 ☐ 13 – 21 ☐ 22 – 40 ☐ 41 – 60 ☐ 61 – 80 ☐ 80 and above

Are you: ☐ Single ☐ Married ☐ Divorced ☐ Separated.

What is the highest degree or level of school you are/have completed?

☐ Less than high school ☐ High School ☐ Bachelor's Degree
☐ Master's Degree ☐ Doctorate

What is your current employment status?

☐ Full time (40 or more hours per week)
☐ Part time (up to 39 hours per week)
☐ Unemployed and currently looking for work
☐ Student
☐ Retired
☐ Homemaker
☐ Self-employed

☐ Unable to work

What is your household Income ?

- ☐ Less than \$20,000
- ☐ \$20,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ Over \$100,000

Section B

When people talk about drugs, which is the first drug you think of (please select top three)

- ☐ Tobacco products (cigarettes)
- ☐ Alcoholic beverages (beer, wine, spirits, etc.)
- ☐ Cannabis (marijuana, pot, grass, hash, etc.)
- ☐ Cocaine (coke, crack, etc.)
- ☐ Amphetamine type stimulants (speed, meth, ecstasy, ice etc.)
- ☐ Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- ☐ Sedatives /Sleeping Pills (Valium, Temazepam, Stilnox etc.)
- ☐ Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)
- ☐ Opioids (heroin, morphine, codeine, etc.)
- ☐ Other – specify: _____

Have you used any of the drugs? Or anyone takes drugs in your circle of friends or family
If,

- ☐ **Yes** (go to section C) ☐ **No** (go to section D) ☐ **Maybe** (go to section E)

Section C

If you have used drugs before you are answering the following questions.

Please consider all the questions.

All the information collected is confidential.

Please answer the following questions as accurate and appropriate.

What drugs have you/ family and friends. ☐ previously used ☐ currently using

- ☐ Tobacco products (cigarettes)
- ☐ Alcoholic beverages (beer, wine, spirits, etc.)
- ☐ Cannabis (marijuana, pot, grass, hash, etc.)
- ☐ Cocaine (coke, crack, etc.)
- ☐ Amphetamine type stimulants (speed, meth, ecstasy, ice etc.)
- ☐ Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- ☐ Sedatives /Sleeping Pills (Valium, Temazepam, Stilnox etc.)
- ☐ Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)
- ☐ Opioids (heroin, morphine, codeine, etc.)
- ☐ Other – specify: _____

How old were you the first time you/ family and friends used drugs?

- | | | | |
|----------------------------------|---------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> 0 – 12 | <input type="checkbox"/> 13 – 21 | <input type="checkbox"/> 22 – 40 | <input type="checkbox"/> 41 – 60 |
| <input type="checkbox"/> 61 – 80 | <input type="checkbox"/> 80 and above | <input type="checkbox"/> Refuse | <input type="checkbox"/> Don't Know |

How did you first know/ come in contact of drugs

- | | |
|---|--|
| <input type="checkbox"/> Friend or acquaintance | <input type="checkbox"/> Brother or sister |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse or partner |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Stole it |
| <input type="checkbox"/> Purchased it myself from shop/tobacco retailer | <input type="checkbox"/> Can't recall |
| <input type="checkbox"/> it was offered | <input type="checkbox"/> Other(Please write in): _____ |

Where was the place you/ family and friends used the drug?

- ☐ in school ☐ public place ☐ at home ☐ Clubs
☐ Don't Know ☐ Refuse ☐ others(Please write in): _____

How often do you/ family and friends consume drugs?

- | | | | | |
|---------|--------------------------------------|--------------------------------|--------------------------------|---|
| Daily | <input type="checkbox"/> less than 1 | <input type="checkbox"/> 2 - 5 | <input type="checkbox"/> 6 -10 | <input type="checkbox"/> more than 10 times |
| Weakly | <input type="checkbox"/> less than 1 | <input type="checkbox"/> 2 - 5 | <input type="checkbox"/> 6 -10 | <input type="checkbox"/> more than 10 times |
| Monthly | <input type="checkbox"/> less than 1 | <input type="checkbox"/> 2 - 5 | <input type="checkbox"/> 6 -10 | <input type="checkbox"/> more than 10 times |
| Yearly | <input type="checkbox"/> less than 1 | <input type="checkbox"/> 2 - 5 | <input type="checkbox"/> 6 -10 | <input type="checkbox"/> more than 10 times |

Why did you/ family and friends intend to use the drug?**In your opinion:****I agree with this****I don't agree with this**

- | | | |
|--------------------------------|--------------------------|--------------------------|
| • Out of curiosity | <input type="checkbox"/> | <input type="checkbox"/> |
| • Experiment | <input type="checkbox"/> | <input type="checkbox"/> |
| • Out of boredom | <input type="checkbox"/> | <input type="checkbox"/> |
| • Having fun | <input type="checkbox"/> | <input type="checkbox"/> |
| • To celebrate | <input type="checkbox"/> | <input type="checkbox"/> |
| • Being social | <input type="checkbox"/> | <input type="checkbox"/> |
| • To increase Confidence | <input type="checkbox"/> | <input type="checkbox"/> |
| • due to Stress | <input type="checkbox"/> | <input type="checkbox"/> |
| • to feel better | <input type="checkbox"/> | <input type="checkbox"/> |
| • Relieving emotional distress | <input type="checkbox"/> | <input type="checkbox"/> |
| • Self-medication | <input type="checkbox"/> | <input type="checkbox"/> |
| • Forced to take | <input type="checkbox"/> | <input type="checkbox"/> |

Has the consumption of the drug by you/ family and friends affected you, family and friends.

If yes,

How has it affected you and your family and friends

	You	Family and Friends
• Emotionally		
• Anger	<input type="checkbox"/>	<input type="checkbox"/>
• Fear	<input type="checkbox"/>	<input type="checkbox"/>
• Sadness	<input type="checkbox"/>	<input type="checkbox"/>
• Joy	<input type="checkbox"/>	<input type="checkbox"/>
• Disgust	<input type="checkbox"/>	<input type="checkbox"/>
• Surprise	<input type="checkbox"/>	<input type="checkbox"/>
• Trust	<input type="checkbox"/>	<input type="checkbox"/>
• Anticipation	<input type="checkbox"/>	<input type="checkbox"/>
• Financially		
• Income	<input type="checkbox"/>	<input type="checkbox"/>
• Expenses	<input type="checkbox"/>	<input type="checkbox"/>
• Mentally		
• Strong	<input type="checkbox"/>	<input type="checkbox"/>
• Unstable	<input type="checkbox"/>	<input type="checkbox"/>
• Weak	<input type="checkbox"/>	<input type="checkbox"/>
• Physically		
• Health	<input type="checkbox"/>	<input type="checkbox"/>
• Body index	<input type="checkbox"/>	<input type="checkbox"/>
• Strength	<input type="checkbox"/>	<input type="checkbox"/>
• Stability	<input type="checkbox"/>	<input type="checkbox"/>

If No,

- | | |
|--|--|
| <input type="checkbox"/> Are you planning on giving up drugs? | <input type="checkbox"/> No, I have already given up |
| <input type="checkbox"/> Yes, within 30 days | <input type="checkbox"/> Yes, after 30 days, but within |
| <input type="checkbox"/> the next 3 months | <input type="checkbox"/> Yes, but not within the next 3 months |
| <input type="checkbox"/> No, I am not planning to give up (please answer the next two questions) | |

Why don't you intend to quit? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I enjoy drugs | <input type="checkbox"/> drugs relaxes me |
| <input type="checkbox"/> I am addicted to nicotine | <input type="checkbox"/> drugs is not as bad for my health as people say |
| <input type="checkbox"/> drugs helps me manage my weight | <input type="checkbox"/> I've tried to quit before but it hasn't worked |
| <input type="checkbox"/> Other (Please write in): _____ | |

What factors would motivate you to quit drugs? (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Advice from my doctor | <input type="checkbox"/> Family/partner/parents |
| <input type="checkbox"/> Affecting my fitness | <input type="checkbox"/> Ill health |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Children in the home |
| <input type="checkbox"/> Fear of legal consequences | <input type="checkbox"/> Religious/moral reasons |
| <input type="checkbox"/> Increase in cost | <input type="checkbox"/> More restrictions on where I cannot use drugs |
| <input type="checkbox"/> Fear of death | <input type="checkbox"/> Other (Please write in): _____ |

Section D

If you have not used drugs before you are answering the following questions.

Please consider all the questions.

All the information collected is confidential.

Please answer the following questions as accurate and appropriate.

Do you know any member in you close family or friends using drugs.

☐ previously ☐ currently ☐ Don't Know (go to Section E)

If using, what are the drugs used.

- ☐ Tobacco products (cigarettes)
- ☐ Alcoholic beverages (beer, wine, spirits, etc.)
- ☐ Cannabis (marijuana, pot, grass, hash, etc.)
- ☐ Cocaine (coke, crack, etc.)
- ☐ Amphetamine type stimulants (speed, meth, ecstasy, ice etc.)
- ☐ Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- ☐ Sedatives /Sleeping Pills (Valium, Temazepam, Stilnox etc.)
- ☐ Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)
- ☐ Opioids (heroin, morphine, codeine, etc.)
- ☐ Other – specify: _____

How old were they for the first time when they used drugs?

☐ 0 – 12 ☐ 13 – 21 ☐ 22 – 40 ☐ 41 – 60
☐ 61 – 80 ☐ 80 and above ☐ Refuse ☐ Don't Know

How did they first know/ come in contact of drugs

- | | |
|---|--|
| <input type="checkbox"/> Friend or acquaintance | <input type="checkbox"/> Brother or sister |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse or partner |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Stole it |
| <input type="checkbox"/> Purchased it myself from shop/tobacco retailer | <input type="checkbox"/> Can't recall |
| <input type="checkbox"/> it was offered | <input type="checkbox"/> Other(Please write in): _____ |

Where was the place they used the drug?

- ☐ in school ☐ public place ☐ at home ☐ Clubs
☐ Don't Know ☐ Refuse ☐ others(Please write in): _____

How often do they consume drugs?

- | | | | | |
|---------|--------------------------------------|--------------------------------|--------------------------------|---|
| Daily | <input type="checkbox"/> less than 1 | <input type="checkbox"/> 2 - 5 | <input type="checkbox"/> 6 -10 | <input type="checkbox"/> more than 10 times |
| Weakly | <input type="checkbox"/> less than 1 | <input type="checkbox"/> 2 - 5 | <input type="checkbox"/> 6 -10 | <input type="checkbox"/> more than 10 times |
| Monthly | <input type="checkbox"/> less than 1 | <input type="checkbox"/> 2 - 5 | <input type="checkbox"/> 6 -10 | <input type="checkbox"/> more than 10 times |
| Yearly | <input type="checkbox"/> less than 1 | <input type="checkbox"/> 2 - 5 | <input type="checkbox"/> 6 -10 | <input type="checkbox"/> more than 10 times |
- ☐ Don't know.

Why did they intend to use the drug?**In your opinion:****I agree with this****I don't agree with this**

- | | | |
|--------------------------------|--------------------------|--------------------------|
| • Out of curiosity | <input type="checkbox"/> | <input type="checkbox"/> |
| • Experiment | <input type="checkbox"/> | <input type="checkbox"/> |
| • Out of boredom | <input type="checkbox"/> | <input type="checkbox"/> |
| • Having fun | <input type="checkbox"/> | <input type="checkbox"/> |
| • To celebrate | <input type="checkbox"/> | <input type="checkbox"/> |
| • Being social | <input type="checkbox"/> | <input type="checkbox"/> |
| • To increase Confidence | <input type="checkbox"/> | <input type="checkbox"/> |
| • due to Stress | <input type="checkbox"/> | <input type="checkbox"/> |
| • to feel better | <input type="checkbox"/> | <input type="checkbox"/> |
| • Relieving emotional distress | <input type="checkbox"/> | <input type="checkbox"/> |
| • Self-medication | <input type="checkbox"/> | <input type="checkbox"/> |
| • Forced to take | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Don't know.

Has the consumption of the drug by them affected you, family and friends.

If yes,

How has it affected you and your family and friends (please start numbering from one for the most affected)

	You	Family and Friends
• Emotionally		
• Anger	<input type="checkbox"/>	<input type="checkbox"/>
• Fear	<input type="checkbox"/>	<input type="checkbox"/>
• Sadness	<input type="checkbox"/>	<input type="checkbox"/>
• Joy	<input type="checkbox"/>	<input type="checkbox"/>
• Disgust	<input type="checkbox"/>	<input type="checkbox"/>
• Surprise	<input type="checkbox"/>	<input type="checkbox"/>
• Trust	<input type="checkbox"/>	<input type="checkbox"/>
• Anticipation	<input type="checkbox"/>	<input type="checkbox"/>
• Financially		
• Income	<input type="checkbox"/>	<input type="checkbox"/>
• Expenses	<input type="checkbox"/>	<input type="checkbox"/>
• Mentally		
• Strong	<input type="checkbox"/>	<input type="checkbox"/>
• Unstable	<input type="checkbox"/>	<input type="checkbox"/>
• Weak	<input type="checkbox"/>	<input type="checkbox"/>
• Physically		
• Health	<input type="checkbox"/>	<input type="checkbox"/>
• Body index	<input type="checkbox"/>	<input type="checkbox"/>
• Strength	<input type="checkbox"/>	<input type="checkbox"/>
• Stability	<input type="checkbox"/>	<input type="checkbox"/>

If no,

<input type="checkbox"/> Are they planning on giving up drugs?	<input type="checkbox"/> No, they have already given up
<input type="checkbox"/> Yes, within 30 days	<input type="checkbox"/> Yes, after 30 days, but within
<input type="checkbox"/> the next 3 months	<input type="checkbox"/> Yes, but not within the next 3 months
<input type="checkbox"/> Don't Know	

☐ No, they are not planning to give up (please answer the next two questions)

Why do you think they do not intend to quit? (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> They enjoy Drugs | <input type="checkbox"/> Drugs relaxes them |
| <input type="checkbox"/> They are addicted to drugs | <input type="checkbox"/> Drugs is not as bad for their health as people say |
| <input type="checkbox"/> Drugs helps them manage weight | <input type="checkbox"/> They have tried to quit before, but it hasn't worked |
| <input type="checkbox"/> Other (Please write in): _____ | |

What factors would motivate them to quit Drugs? (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Advice from my doctor | <input type="checkbox"/> Family/partner/parents |
| <input type="checkbox"/> Affecting my fitness | <input type="checkbox"/> Ill health |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Children in the home |
| <input type="checkbox"/> Increase in cost | <input type="checkbox"/> More restrictions on where I can smoke |
| <input type="checkbox"/> Other (Please write in): _____ | |

Would you consider the following?

To reduce the problems associated with excessive drugs use, to what extent would you support or oppose?

	Strongly support	Support	Neither	Oppose	Oppose Strongly	Don't know enough to say
Providing education on drugs in schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stricter enforcement of the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imprisonment for drug suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legalising the use of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing recreational activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing consultation and counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educating parents on talking to children about Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E

You are answering the following questions if you are not a user of any kind of drug or are not in contact with anyone using drugs.

All the information collected is confidential.

Please answer the following questions as accurate and appropriate.

To reduce the problems associated with excessive drugs use, to what extent would you support or oppose?

	Strongly support	Support	Neither	Oppose	Oppose Strongly	Don't know enough to say
Providing education on drugs in schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stricter enforcement of the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imprisonment for drug suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legalising the use of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing recreational activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing consultation and counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educating parents on talking to children about Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for Participating in the Survey.