

Survey

Please complete the survey below.

Thank you!

Section 1 (This is a section header with descriptive text. It only provides informational text and is used to divide the survey into sections for organization. If the survey is set to be displayed as "one section per page", then these section headers will begin each new page of the survey.)

- 1) You may create MULTIPLE CHOICE questions and set the answer choices for them. You can have as many answer choices as you need. This multiple choice question is rendered as RADIO buttons.
- ☒ Choice One
☐ Choice Two
☐ Choice Three
☐ Etc.
- 2) This type of multiple choice question, known as CHECKBOXES, allows for more than one answer choice to be selected, whereas radio buttons and drop-downs only allow for one choice.
- ☐ Choice One
☒ Choice Two
☒ Choice Three
☐ Select as many as you like
- 3) You can create YES-NO questions.
- ☐ Yes
☒ No
- This question has vertical alignment of choices on the right.
- 4) And you can also create TRUE-FALSE questions.
- ☒ True ☐ False
- This question has horizontal alignment.

Below is a matrix of checkbox fields. A matrix can also be displayed as radio button fields.

	Monday	Tuesday	Wednesday	Thursday	Friday
5) Gym (Weight Training)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Eat Out (Dinner/Lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Drink (Alcoholic Beverages)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 9) How cool are you on a scale of 1 to 5?

☐ Not cool ☐ Somewhat not cool ☐ Somewhat cool ☐ Partially cool ☒ Cool

Upload File Test

Please complete the survey below.

Thank you!

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- 10) Upload scanned patient document of RPPS survey here.