

This questionnaire is evaluated automatically. Please use a pen to fill in your answers as follows:

- ☐ Multiple-choice (select all applicable options)  
☐ Single-choice (select only one option)



Selected  
 Selected



Undo select  
 Undo select

## 1 First Section

1.1 Title of Question

Lower Bound ☐ ☐ ☒ ☐ ☐ Upper Bound

1.2 Question or Title of Question

	Yes	No
Question Part 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Question Part 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Question Part 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Question Part 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>

