<!DOCTYPE html>

<html lang="en">

<head>

<title>freeCodeCamp Survey Form</title>

<link rel="stylesheet" href='styles.css' type="text/css">

</head>

<body>

<h1 id="title">freeCodeCamp Survey Form</h1>

<p id="description">Thank you for taking the time to help us improve the platform</p>

<form id="survey-form">

<fieldset>

<label id="name-label">Name <input id="name" type="text" required placeholder="Enter your name"></label>

<label id="email-label">Email <input id="email" type="email" required placeholder="Enter your email"></label>

<label id="number-label">Age (optional) <input id="number" type="number" min="13" max="120" placeholder="Age"></label>

<label >Which option best describes your current role?

<select id="dropdown">

<option value="">Select current role</option>

<option value="1">Student</option>

<option value="2">Full Time Learner</option>

<option value="3">Full Time Job</option>

<option value="4">Prefer not to say</option>

<option value="5">Other</option>

</select>

</label>

</fieldset>

<fieldset>

<p>Would you recommend freeCodeCamp to a friend?</p>

<label><input type="radio" name="recommend-type" class="inline" value="1">Definitely</label>

<label><input type="radio" name="recommend-type" class="inline" value="2">Maybe</label>

<label><input type="radio" name="recommend-type" class="inline" value="3">Not sure</label>

</fieldset>

<fieldset>

<label>What is your favorite feature of freeCodeCamp?

<select id="dropdown">

<option value="">Select an option</option>

<option value="1">Challenges</option>

<option value="2">Projects</option>

<option value="3">Community</option>

<option value="4">Open Source</option></select></label>

</fieldset>

<fieldset>

<p>What would you like to see improved? (Check all that apply)</p>

<label>

<option><input type="checkbox" value="1">Front-end Projects</option>

<option><input type="checkbox" value="2">Back-end Projects</option>

<option><input type="checkbox" value="3">Data Visualization</option>

<option><input type="checkbox" value="4">Challenges</option>

<option><input type="checkbox" value="5">Open Source Community</option>

<option><input type="checkbox" value="6">Gitter help rooms</option>

<option><input type="checkbox" value="7">Videos</option>

<option><input type="checkbox" value="8">City Meetups</option>

<option><input type="checkbox" value="9">Wiki</option>

<option><input type="checkbox" value="10">Forum</option>

<option><input type="checkbox" value="11">Additional Courses</option>

</label>

</fieldset>

<fieldset>

<label>Any comments or suggestions?

<textarea placeholder="Enter your comment here..."></textarea>

</label>

</fieldset>

<input id="submit" type="submit" value="Submit">

</form>

</body>

</html>

\*\* end of undefined \*\*

\*\* start of undefined \*\*

h1 {

margin: 1em auto;

text-align: center;

}

.description {

text-align: center;

}

label {

display: block;

margin: 1rem 0;

}

input {

display: block;

margin: 0.5rem 0;

}

form {

width: 60vw;

max-width: 500px;

min-width: 300px;

margin: 0 auto;

}

input,

textarea,

select {

margin: 10px 0 0 0;

width: 100%;

}

\*\* end of undefined \*\*

END THIS PLEASE. HELP ME ACHIEVE SOMETHING IN LIFE. NO ONE NOT EVEN A SINGLE PERSON ASKED ME HOW I WAS TODAY. I CAME HOME AND THEY DIDN’T EVEN BOTHER TO LOOK AT ME.

I am tired. I ma tired I mstired I am tired I am tired of everything o want to do anything I am just echaustesd

I have so maunc like so much like sooo soo nuch ro do aaggg

Onwa dhaha ajn kanmdWhay does it lok dark down enhererw