

		year	month	day
Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	Date of birth:	year	month	day
Address	Phone			
	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Nationality	Language			

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<div style="display: flex; justify-content: space-around; font-weight: bold;"> Since year month day </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>		
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> No <input type="checkbox"/> Yes [months] </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		