

Advanced Rendering Questionnaire Demonstration

1 Demographics

Please complete the questionnaire

First Name

Middle Name

Last Name

Gender (a) Female Male Other Unknown

2 Medical History

Diabetes	Other Information
<input type="checkbox"/> Type 1	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Type 2	<input type="checkbox"/> Smoker

3 Slider demonstration

Adjust the slider

