

Typography

In the section below, you will be able to see the variety typography options available to choose from. Heading colours may be changed to suit your branding style.

Heading Style 1

Heading Style 1 with underline

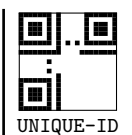
Centered Heading Style 1

Heading Style 2

Heading Style 2 with underline

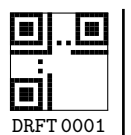
Heading Style 3

Heading Style 3 with underline

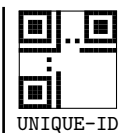


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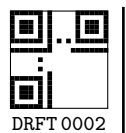


PREVIEW



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Text formatting

This is a bolded text

This text is in Italics

Text with an underline

~~Strike through the text~~

Lists

- List item 1
- List item 2
- List item 3

Numeric Lists

1. List item 1
2. List item 2
3. List item 3

This is my text and rest of it is filled with dots
We can do this too

You may insert example checkmarks and shaded boxes to instruct respondents how to fill the survey.

To Respond or or shade the box like or .

We have two modes: 1. check or fill the box to respond, 2. check to respond, fill to correct the answer.

Question Types

Multiple choice question

(Please cross all that apply)

Option 1

Option 2

Option 3

Option 4

Single choice question

(Please cross one)

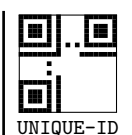
Option 1

Option 2

Option 3

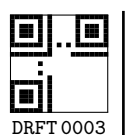
Option 4

Multiple choice question (grid)



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Please cross all that apply

	Option 1	Option 2	Option 3	Option 4
Question 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Single choice question (grid)

Please cross one in each line

	Option 1	Option 2	Option 3	Option 4
Question 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Range question

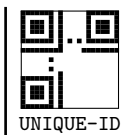
Left label

Number

Text

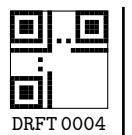
Long text

Inline text Inline text Inline text



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My question 1

My question 2

Each option in a new line

(Please cross one)

- Option 1
- Option 2
- Option 3
- Option 4
- Option 5
- Option 6
- Option 7
- Option 8
- Option 9
- Option 10

Dates

Date Format 1

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>D</i>	<i>D</i>		<i>M</i>	<i>M</i>		<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

Date Format 2

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
<i>D</i>	<i>D</i>		<i>M</i>	<i>M</i>

Date Format 3

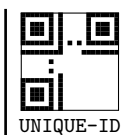
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>		<i>D</i>	<i>D</i>		<i>M</i>	<i>M</i>

Date Format 4

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
<i>M</i>	<i>M</i>		<i>D</i>	<i>D</i>

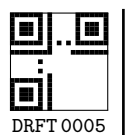
Date Format 5

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>M</i>	<i>M</i>		<i>D</i>	<i>D</i>		<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>



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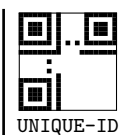
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