

Advanced Rendering Questionnaire Demonstration

1 Demographics

Please complete the questionnaire

Today's Date

First Name

Middle Name

Last Name*

Birth Date (MM/DD/YYYY)*

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

0 100

4 Sample answer options with valueset-labels

Enter timing of harm assessment:

- A. Within 24 hours
 B. After 24 hours but before 3 days
 C. Three days or later
 D. Unknown

5 Choice Column Example with Codes

Select Platelet:

CODE	DESCRIPTION
LA11165-0	Platelet anisocytosis
LA11166-8	Platelet satellitism
LA11167-6	Platelet large fragments
LA11167-6	Platelet large fragments
LA11168-4	Platelet clump
LA11169-2	Platelets.agranular
LA11170-0	Platelets.giant
LA11172-8	Platelets.small
LA11172-6	Platelets.large

6 Choice Column Example with References

All the practitioners below can speak the patient's language. Choose all preferred practioners:

LAST NAME	FIRST NAME	GENDER
Adjuster	Awali	Male
Moseley	Henry	Male
Upton	Isaac	Male
Williams	Amy	Female
Winters	Bill	Male