

Breast Cancer

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1. Visit 1 – Demography

Number	Question	Answer
1	Text	<input type="text"/>
2	Time	<input type="text" value="--:--"/> (hh:mm)
3	Date & Time	<input type="text"/> (dd-mm-yyyy) <input type="text"/> (hh:mm)
4	Number	<input type="text"/>
5	Checkbox	<input type="checkbox"/> Male <input type="checkbox"/> Female
6	Dropdown	<input type="radio"/> Male <input type="radio"/> Female
7	Date	<input type="text" value="dd-mm-yyyy"/>
8	Year	<input type="text" value="▼"/> (yyyy)