

First name (text):

This is the description of the question first name

Last name (text):

This is the description of the question Last name

Enter your telephone number (numeric)?

This is the description of the Enter your telephone number (numeric)?

Enter your date of birth (datetime)?

This is the description of the Enter your date of birth (datetime)?

Do you need this (checkbox) ?

Enter your date of birth (datetime)? Do you need this (checkbox) ?

Do you need this (checkbox2) ?