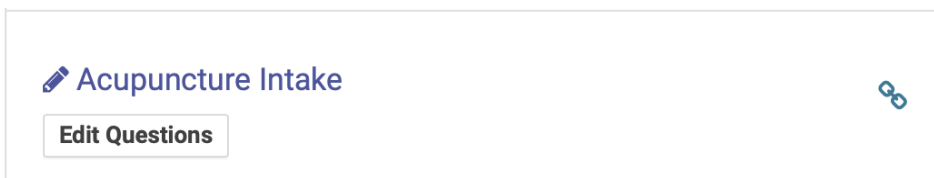


Editing Your Intake Questionnaires

Once you've created your intake questionnaire(s), you can add, edit and delete groups and individual questions for each questionnaire from the [Intake Settings](#) page.

Adding Individual Questions and Groups

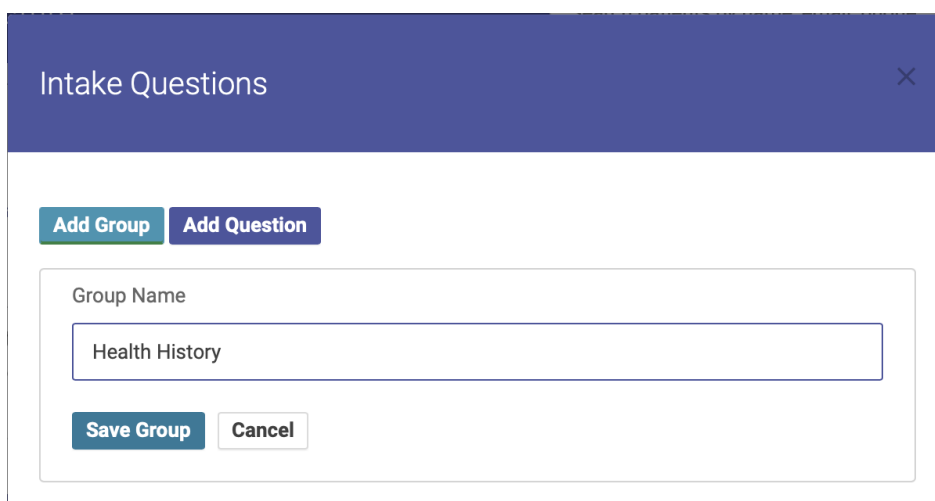
To add and edit Questions and Groups for a questionnaire, click the Edit Questions button:

A screenshot of a user interface for editing a questionnaire. It features a header 'Acupuncture Intake' with a pencil icon on the left and a link icon on the right. Below the header is a button labeled 'Edit Questions'.

You can then use the Add Group and Add Question buttons to add question groups and individual question. You must add at least one group, and each question must be assigned to a group.

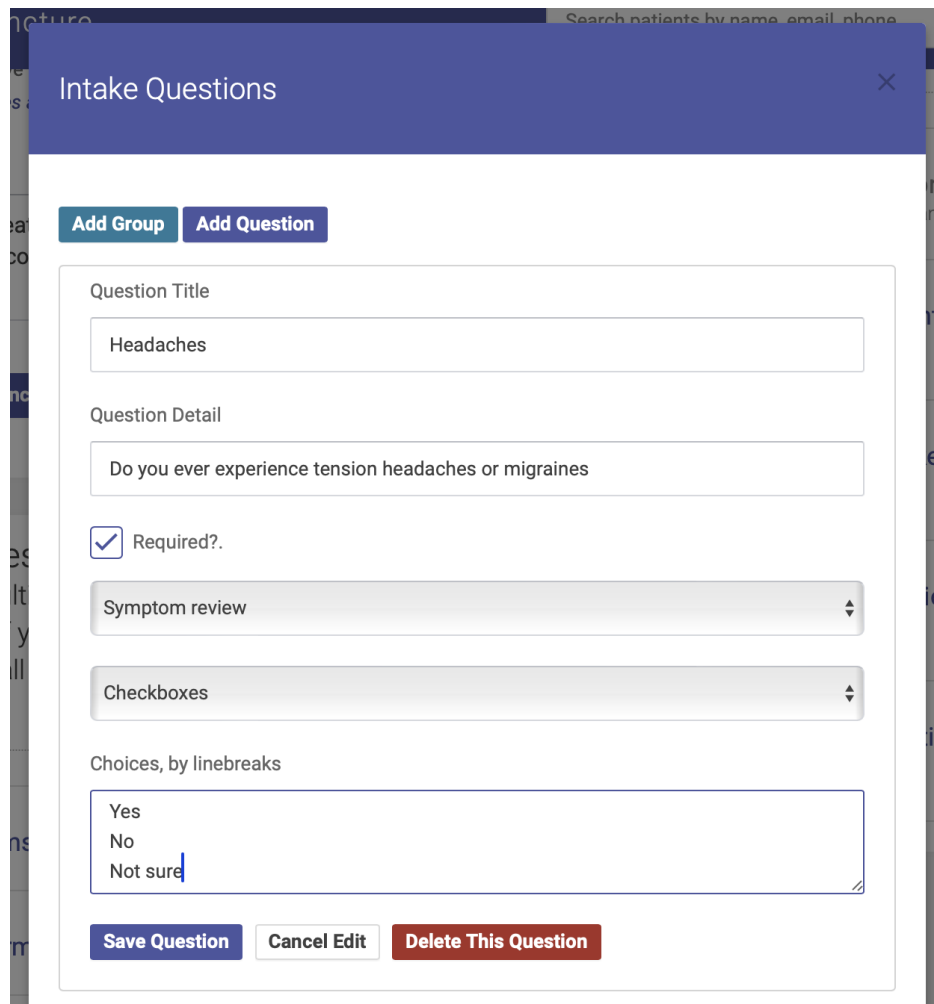
Question Groups

You must have at least one question group on your questionnaire. To add a group, click the Add Group button and a popup modal will appear. Enter your Group name and click Save Group. Your group is now saved.

A screenshot of a modal window titled 'Intake Questions' with a close button (X) in the top right corner. Inside the modal, there are two buttons: 'Add Group' (highlighted in green) and 'Add Question'. Below these buttons is a form for creating a new group. The form has a label 'Group Name' and a text input field containing 'Health History'. At the bottom of the form are two buttons: 'Save Group' and 'Cancel'.

Add a Question

To add an individual question, click Add Question and a popup modal will appear. Enter your question title and detail, choose your answer field type, assign your question to a group, and check the “Required?” box to make this a question that requires an answer. Click Save Question to save your question.



The screenshot shows a modal window titled "Intake Questions" with a close button (X) in the top right corner. Below the title bar, there are two buttons: "Add Group" and "Add Question". The main form area contains the following fields and controls:

- Question Title:** A text input field containing the word "Headaches".
- Question Detail:** A text input field containing the sentence "Do you ever experience tension headaches or migraines".
- Required?:** A checkbox that is checked, followed by the text "Required?".
- Field Type:** A dropdown menu currently showing "Symptom review".
- Answer Type:** A dropdown menu currently showing "Checkboxes".
- Choices, by linebreaks:** A text area containing the text "Yes", "No", and "Not sure" on separate lines.
- Buttons:** At the bottom of the form are three buttons: "Save Question" (blue), "Cancel Edit" (white), and "Delete This Question" (red).

Editing and reordering questions and groups

To edit a question or group, click on the pencil icon next to the question or group name. Be sure to click Save Question or Save Group when finished.

To reorder your questions or groups, use the arrows on the right hand side of your question and group list.

Intake Questions

Add Group

Add Question

Health History

Edit Group

Family

Have any of your family had cupping?

Symptom review

Musculoskeletal symptoms

Have you had any musculoskeletal issues in the last year?

Symptoms

Have you had any of these symptoms in the last year?

Cancel

Revision #3

Created Wed, Aug 12, 2020 7:45 PM by [Alexa Hulsey](#)

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