

1 _____ (Favorite)

- | | |
|------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Eye-catching | <input type="checkbox"/> Relevant to me |
| <input type="checkbox"/> Well-organized | <input type="checkbox"/> Like pictures |
| <input type="checkbox"/> Attractive | <input type="checkbox"/> Like colors |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Like headline |
| <input type="checkbox"/> Would read this | <input type="checkbox"/> Uncomfortable (Please describe) |

2 _____

- | | |
|------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Eye-catching | <input type="checkbox"/> Relevant to me |
| <input type="checkbox"/> Well-organized | <input type="checkbox"/> Like pictures |
| <input type="checkbox"/> Attractive | <input type="checkbox"/> Like colors |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Like headline |
| <input type="checkbox"/> Would read this | <input type="checkbox"/> Uncomfortable (Please describe) |

3 _____ (Least favorite)

- | | |
|------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Eye-catching | <input type="checkbox"/> Relevant to me |
| <input type="checkbox"/> Well-organized | <input type="checkbox"/> Like pictures |
| <input type="checkbox"/> Attractive | <input type="checkbox"/> Like colors |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Like headline |
| <input type="checkbox"/> Would read this | <input type="checkbox"/> Uncomfortable (Please describe) |

Images

Comments

1 _____ (Favorite)

- | | |
|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Eye-catching | <input type="checkbox"/> Like picture |
| <input type="checkbox"/> Attractive | <input type="checkbox"/> Like the phrase |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Uncomfortable (Please describe) |
| <input type="checkbox"/> Relevant to me | |

2 _____

- | | |
|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Eye-catching | <input type="checkbox"/> Like picture |
| <input type="checkbox"/> Attractive | <input type="checkbox"/> Like the phrase |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Uncomfortable (Please describe) |
| <input type="checkbox"/> Relevant to me | |

3 _____

- | | |
|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Eye-catching | <input type="checkbox"/> Like picture |
| <input type="checkbox"/> Attractive | <input type="checkbox"/> Like the phrase |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Uncomfortable (Please describe) |
| <input type="checkbox"/> Relevant to me | |

4 _____ (Least Favorite)

- | | |
|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Eye-catching | <input type="checkbox"/> Like picture |
| <input type="checkbox"/> Attractive | <input type="checkbox"/> Like the phrase |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Uncomfortable (Please describe) |
| <input type="checkbox"/> Relevant to me | |