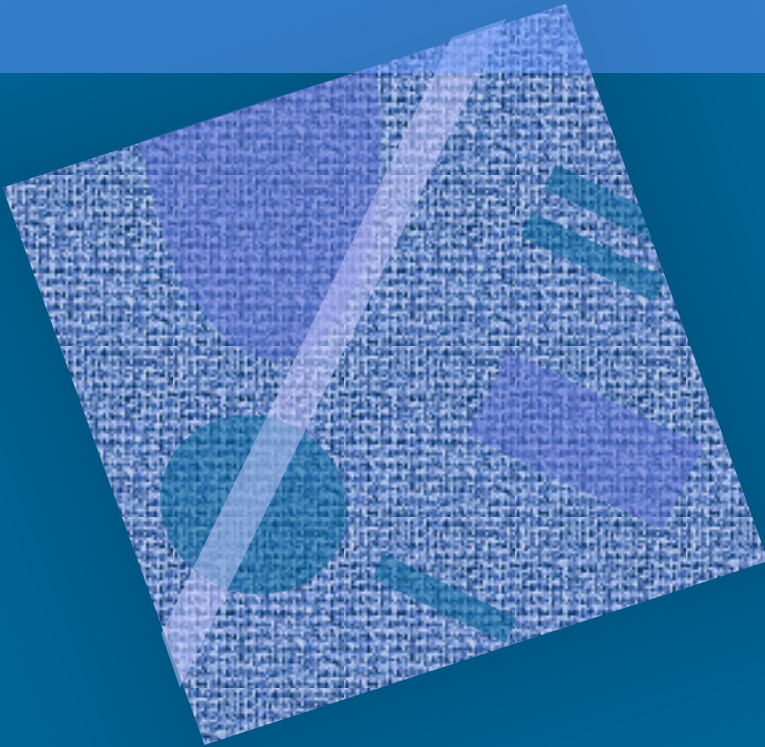


COMS 359: Interactive Media



Agenda

- Review
- Forms (con't)
 - Validation
 - Design
- Preview

Review

<form>

action="http://...cgi"
method="post" / "get"
enctype

<input>

type="text" "email" "url" "date"...
name / value / placeholder
size / maxlength
type="reset" "submit"
type="checkbox" / "radio"

<textarea> </textarea>

wrap="off" "physical" "virtual"
name / rows / cols

<select> </select>

name / size

<option> </option>

value / selected

<input>

type="submit" / "reset"

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

NIU Novell WebA... Google Imag... Forms select st

file:///C:/1-DavidStuff/niu-cl

Google

Your Name:

Your Email:

Special Skills:

☐ Eating

☐ Drinking

☐ Breathing

Gender

☐ Male

☐ Female

Complaints

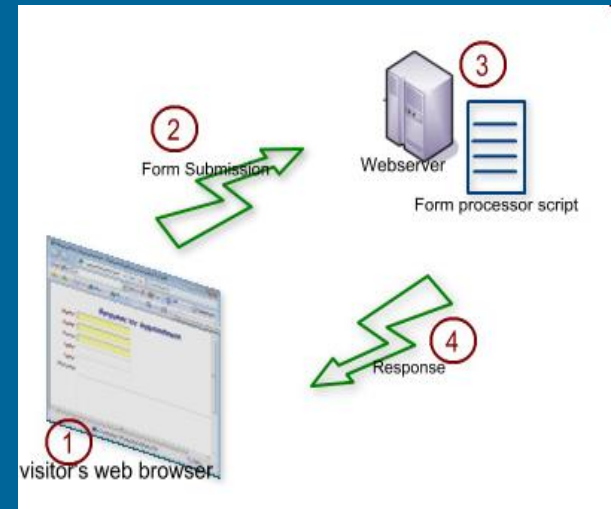
Tell us about your pain.

Favorite Color:

Submit Reset

Review

- Common Gateway Interface
 - CGI is a way to process forms automatically
 - Can write CGI script to return dynamically created pages or pre-selected pages
 - “Backend” of e-commerce or web-based training; communicates information between the web site and databases on the server



Review

- Use ITS provided CGI to process form data
- mailform.asp
 - asp = Automatic Server Pages
 - mailform.asp interprets form input and sends the results to your NIU email in-box
- Limitations
 - Can only send results to NIU accounts
z010102@students.niu.edu
 - mailform.asp only passes the data to an email account; it does not process the data

<body>

Your Name:

Your Email:

Special Skills:

☐

```
<input type="checkbox" name="Skill
```

☐

Gender

```
<input type="radio" name="Gender"
```

```
<input type="radio" name="Gender"
```

Complaints

```
<textarea rows="5" cols="30" name=
```

Tell us about your pain.

</textarea>

Favorite Color:

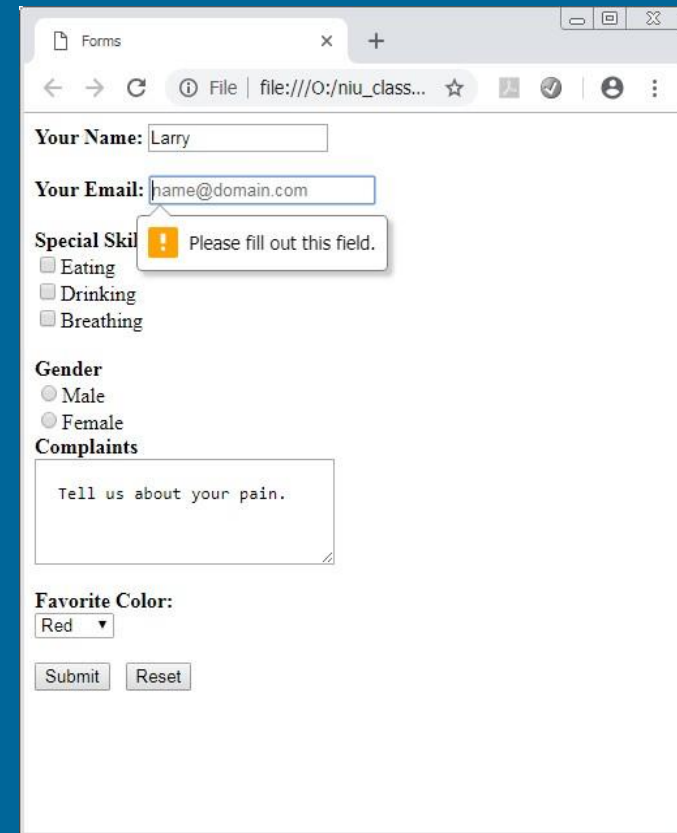
```
<select name="color" size="1">
```

```
<option value="red">Red</option>
```

z056789@students.niu.edu

Form Validation

- Validation
 - Ensure users provide data; avoid empty form fields
 - Form will not submit until required fields are completed
- HTML 5
 - Limited built-in validation
 - Different browser support



The screenshot shows a web browser window with a tab titled 'Forms'. The address bar shows a file path: 'file:///O:/niu_class...'. The form contains the following fields and controls:

- Your Name:** A text input field containing the text 'Larry'.
- Your Email:** A text input field containing the text 'name@domain.com'.
- Special Skill:** A section with three checkboxes: 'Eating', 'Drinking', and 'Breathing'. A yellow warning icon with an exclamation mark is positioned to the left of the 'Eating' checkbox, and a tooltip bubble points to it with the text 'Please fill out this field.'
- Gender:** A section with two radio buttons: 'Male' and 'Female'.
- Complaints:** A text area with the placeholder text 'Tell us about your pain.'
- Favorite Color:** A dropdown menu currently showing 'Red'.
- Buttons:** 'Submit' and 'Reset' buttons at the bottom.

```
<html>
  <head>
    <title>Forms</title>
  </head>
<body>
<form action="https://www.its.niu.edu/its/scripts/mailform.asp" method="post">
  <input type="hidden" name="mf_to" value="name@niu.edu">

  <b>Your Name: </b>
  <input type="text" name="username"
    size="15" value="Larry"><br><br>

  <b>Your Email: </b>
  <input type="email" name="user-email" size="20"
    maxlength="20" placeholder="name@domain.com" required><br><br>

  <b>Special Skills:</b><br>
  <input type="checkbox" name="Skills" value="eating">Eating <br>
  <input type="checkbox" name="Skills" value="drinking">Drinking <br>
  <input type="checkbox" name="Skills" value="breathing">Breathing <br><br>

  <b>Gender</b><br>
  <input type="radio" name="Gender" value="male">Male <br>
  <input type="radio" name="Gender" value="female">Female <br>

  <b>Complaints</b><br>
  <textarea rows="5" cols="30" name="complaints" wrap="physical">
Tell us about your pain.
</textarea><br><br>

  <b>Favorite Color: </b>
  <select name="color" size="1">
```


Form Validation

- Features / Limitations
 - Validates text input fields
 - type="text" - check that the field is not empty
 - type="email" - check for valid email address @
 - type="url" - check for valid url *http://*
 - Validation for checkbox, radio, select, and `<textarea>` require Javascript; no native validation
 - Validation only checks to see whether a form field is completed or is in the right format. Cannot evaluate whether the data is correct.

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms x NIU Novell WebAcces... W Regular expressi...

file:///C:/1-DavidStu

Your Name:

Your Email:

Special Skills:

☐ Eating

☐ Drinking

☐ Breathing

Gender

☐ Male

☐ Female

Complaints

Favorite Color:

Potential Problem

Users can enter numbers in the Name field. Since the numbers complete the text field, default validation does not have a problem with it.

Solution

- 1) pattern attribute of the `<input>` tag
- 2) Regular Expressions – define a pattern that can be used to check form input data

pattern="`^[0-9]+`" *No number characters*

pattern="`[a-zA-Z]+`" *Any number of letters*

form9.html

```
<html>
  <head>
    <title>Forms</title>
  </head>
</body>

<form action="http://www.its.niu.edu/its/scripts/mailform.asp" method="post">

  <input type="hidden" name="mf_to" value="email@niu.edu">

  <b>Your Name:</b>
  <input type="text" name="username"
    size="6" value="Larry"><br><br>

  <b>Your Email:</b>
  <input type="email" name="user-email" size="20"
    maxlength="20" placeholder="name@domain.com" required><br><br>

  <b>Special Skills:</b><br>
  <input type="checkbox" name="Skills" value="eating">Eating <br>
  <input type="checkbox" name="Skills" value="drinking">Drinking <br>
  <input type="checkbox" name="Skills" value="breathing">Breathing <br>
  <br>
  <b>Gender</b><br>
  <input type="radio" name="Gender" value="male">Male <br>
  <input type="radio" name="Gender" value="female">Female <br>
  <br>

  <b>Complaints</b><br>
  <textarea rows="5" cols="30" name="complaints" wrap="physical" required>
```



```
form9.html
<html>
  <head>
    <title>Forms</title>
  </head>
  <body>
    <form action="http://www.its.niu.edu/its/scripts/mailform.asp" method="post">

      <input type="hidden" name="mf_to" value="email@niu.edu">

      <b>Your Name:</b>
      <input type="text" name="username" required
        size="6" value="Larry" pattern="[a-zA-Z]+"><br><br>

      <b>Your Email:</b>
      <input type="email" name="user-email" size="20"
        maxlength="20" placeholder="name@domain.com" required><br><br>

      <b>Special Skills:</b><br>
      <input type="checkbox" name="Skills" value="eating">Eating <br>
      <input type="checkbox" name="Skills" value="drinking">Drinking <br>
      <input type="checkbox" name="Skills" value="breathing">Breathing <br>
      <br>
      <b>Gender</b><br>
      <input type="radio" name="Gender" value="male">Male <br>
      <input type="radio" name="Gender" value="female">Female <br>
      <br>

      <b>Complaints</b><br>
      <textarea rows="5" cols="30" name="complaints" wrap="physical" required>
```

Date:

pattern="^(0[1-9]|1[012])[- /.](0[1-9]|[12][0-9]|3[01])[- /.](19|20)\d\d\$">

Zip Code:

pattern="^\d{5}(-\d{4})?\$">

Telephone Number:

pattern="^\(?([0-9]{3})\)?[-.]?([0-9]{3})[-.]?([0-9]{4})\$">

The screenshot shows the RegExLib.com website in a Mozilla Firefox browser. The page title is 'Regular Expression Library - Mozilla Firefox'. The browser's address bar shows the URL 'regexlib.com/[A]6FhndEY10D[S]uZzGkwsKaOdYHrusbAWoBunHnGmGK[B]UN7C9vZImvHBfbPpVTOasS9OEPh'. The website has a green header with the 'RegExLib.com' logo and navigation links: Home, Search, Regex Tester, Browse Expressions, Add Regex, and Login. A banner for 'Try Windows Azure free for 90 DAYS' is visible. The main content area is titled 'Browse Expressions by Category' and shows a list of categories: Email, Uri, Numbers, Strings, Dates and Times, Misc, Address/Phone, and Markup/Code. The 'Email' category is selected, showing 38 regular expressions. The first expression is for 'email address (RFC 2822 mailbox)' with a detailed description of its components and a 'Test' button. The description explains the RFC 2822 email address format, including local-part, domain, and address-literal. A sidebar on the left contains 'Subscribe' (Recent Expressions: 189 readers), 'Site Links' (Regex Cheat Sheet, Search, Regex Tester, Browse Expressions, Add Regex, Manage My Expressions, Contributors, Regex Resources, Web Services, Advertise, Contact Us, Register, Recent Expressions, Recent Comments), and 'Community' (Regex Forums). A 'Sponsors' section on the right lists 'Kaspersky Internet Security 2011' and 'Microsoft' (Try Windows Azure free for 90 DAYS).

RegExLib.com

Form Design

- Introduction
 - Form design is a special field
 - There are standard design approaches
 - Examples
 - Paper-based forms
 - Online forms

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2008** 1099 IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0047

For the year ending Dec. 31, 2008, or other tax year beginning 2008, ending 2008

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

Your first name and initial Last name

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see page 14. Apt. no. City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

Your social security number

Spouse's social security number

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

Filing Status Check only one box.

☐ Single ☐ Married filing jointly (even if only one had income) ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ☐ Married filing separately. Enter spouse's SSN above ☐ Qualifying widow(er) with dependent child (see page 18)

Exemptions

☐ Yourself. If someone can claim you as a dependent, do not check box 6a.

☐ Spouse

Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	RV if qualifying child for child tax credit (see page 17)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see page 17.

Income

Attach Form(s) W-2 here. Also attach Forms W-3C and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. (Attach Form(s) W-2)	7
8a	Taxable interest. Attach Schedule B if required.	8a
8b	Tax-exempt interest. Do not include on line 8a.	8b
9a	Ordinary dividends. Attach Schedule B if required.	9a
9b	Qualified dividends (see page 21).	9b
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22).	10
11	Alimony received.	11
12	Business income or (loss). Attach Schedule C or C-EZ.	12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> .	13
14	Other gains or (losses). Attach Form 4797.	14
15a	IRA distributions.	15a
15b	Pensions and annuities.	15b
16	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	16
17	Farm income or (loss). Attach Schedule F.	17
18	Unemployment compensation.	18
19	Social security benefits.	19
20a	Other income. List type and amount (see page 28).	20a
20b	Other income. List type and amount (see page 28).	20b
21	Other income. List type and amount (see page 28).	21
22	Other income. List type and amount (see page 28).	22
23	Other income. List type and amount (see page 28).	23
24	Other income. List type and amount (see page 28).	24
25	Other income. List type and amount (see page 28).	25
26	Other income. List type and amount (see page 28).	26
27	Other income. List type and amount (see page 28).	27
28	Other income. List type and amount (see page 28).	28
29	Other income. List type and amount (see page 28).	29
30	Other income. List type and amount (see page 28).	30
31a	Other income. List type and amount (see page 28).	31a
31b	Other income. List type and amount (see page 28).	31b
32	Other income. List type and amount (see page 28).	32
33	Other income. List type and amount (see page 28).	33
34	Other income. List type and amount (see page 28).	34
35	Other income. List type and amount (see page 28).	35
36	Other income. List type and amount (see page 28).	36
37	Other income. List type and amount (see page 28).	37

Adjusted Gross Income

23 Educator expenses (see page 28).

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.

25 Health savings account deduction. Attach Form 8889.

26 Moving expenses. Attach Form 5903.

27 One-half of self-employment tax. Attach Schedule SE.

28 Self-employed SEP, SIMPLE, and qualified plans.

29 Self-employed health insurance deduction (see page 29).

30 Penalty on early withdrawal of savings.

31a Alimony paid. b Recipient's SSN.

32 IRA deduction (see page 30).

33 Student loan interest deduction (see page 30).

34 Tuition and fees deduction. Attach Form 8917.

35 Domestic production activities deduction. Attach Form 8803.

36 Add lines 23 through 34 and 30 through 35.

37 Subtract line 36 from line 32. This is your adjusted gross income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88. Cat. No. 1132083 Form **1040** (2008)

Form Design

- Submit button
 - Final act in completing a form
 - Locate it at the bottom of the form

What platform do you use?

☐ Mac

☐ IBM

☐ Other

What platform do you use?

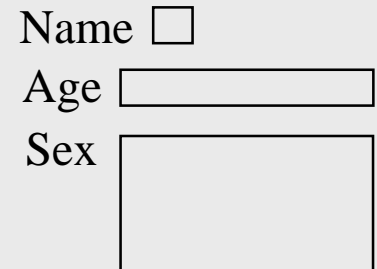
☐ Mac

☐ IBM

☐ Other

Form Design

- Size Text Boxes
 - Text boxes create expectations
 - Long box leads user to believe s/he must fill the space
 - Short box leads user to believe that the information must fit in the box provided
 - Provide adequate sizes for the text;
Use text box size to direct user how much information to enter in the box



A form design example on a white background. It contains three labels with corresponding input boxes: 'Name' followed by a small square checkbox, 'Age' followed by a short horizontal rectangular text box, and 'Sex' followed by a tall vertical rectangular text box. This illustrates how box size influences user expectations about the required information.

Name ☐

Age

Sex

Form Design

- Consistency
 - Be consistent with the placement of labels and headers. Users expect to see a pattern.
 - Users often times read page position as an indicator of information

Tell us about yourself

Gender ☐ Male ☐ Female

Height

Tall ☐

Short ☐

Tell us about yourself

Gender

☐ Male ☐ Female

Height

☐ Tall ☐ Short

Form Design

- Group Fields
 - On forms, organization of information is paramount
 - Group related elements together
 - Use negative space, headings, and colored panels to group items (created with CSS)

The screenshot shows a web browser window titled "The Super Fantastic Order Form - Mozilla Firefox". The address bar shows a local file path. The main content area is titled "Employee Benefits Worksheet" and contains three sections: "Information", "Health Insurance Plans", and "Life Insurance Plans".

Information

Status: ☐ Full Time ☐ Part Time

Annual Salary: \$

Start Date: month day year

Health Insurance Plans

Provider	Cost	Number of Dependents	Cost
Acme Health Alliance	\$99.42/month	<input type="text" value="0"/>	<input type="text"/>
Humana HMO/PPT	\$125.12/month	<input type="text" value="0"/>	<input type="text"/>
Cheap-Ass Health Plan	\$25.89/month	<input type="text" value="0"/>	<input type="text"/>

Life Insurance Plans

Provider	Coverage Options	Cost
Standard Old Life, Inc.	<input type="text" value="1x annual salary"/>	<input type="text"/>

Total

Form Design

- Appropriate Information
 - Only ask for information that is necessary and appropriate for the site's application
 - Avoid collecting extraneous information
 - Could confuse or turn-off user
 - Make processing of information more difficult
 - Before designing the form, decide what is the minimum amount of information that is necessary to accomplish the form's objective.

Form Design

- “Balancing Act”
 - Do not give the user unlimited choices
 - Confusion
 - Difficult to process
 - Do not restrict user too much
 - Do not cut off possibilities
 - Anticipate user requirements and design for them

Form Design

- Bottom Line
 - A well designed form can provide the designer with important user input and give the user a role in constructing information that is individual, responsive, and interactive
 - A poorly designed form can overwhelm the designer with superfluous information and confuse and/or overwhelm the user

All your places in one place.

Joining is easy

Username:

Email Address:

Password:

By clicking "Sign Up" I agree to the [Terms of Service](#) and [Privacy Policy](#).

My Wizard - User Information

Please enter your personal information for registration.
This will enable us to inform you of product updates, special offers, and more.

Name:

E-Mail:

I am a ...

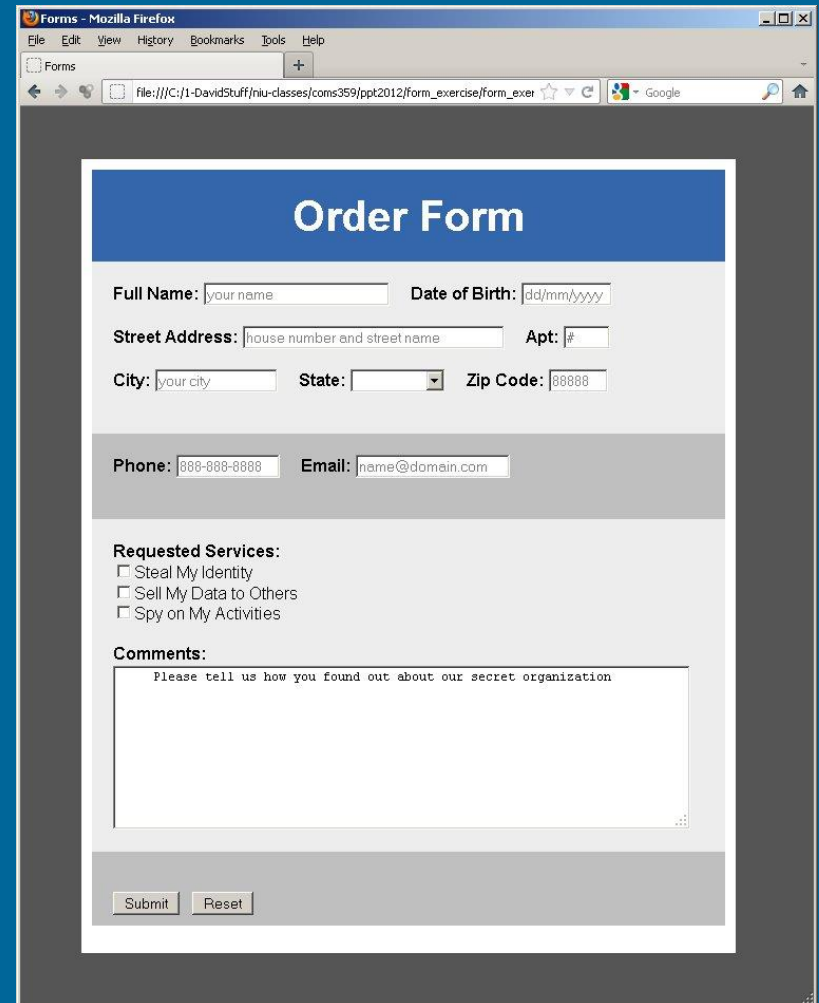
☐ Architect

☐ Developer

☐ Designer

Form Design – CSS

Use CSS to organize
and style forms



The screenshot shows a Mozilla Firefox browser window with the title 'Forms - Mozilla Firefox'. The address bar displays the file path: `file:///C:/1-DavidStuff/niu-classes/coms359/pp2012/form_exercise/form_exer`. The main content area features an 'Order Form' with a blue header. The form includes the following fields and controls:

- Full Name:**
- Date of Birth:**
- Street Address:**
- Apt:**
- City:**
- State:**
- Zip Code:**
- Phone:**
- Email:**

Below the input fields, there is a section for 'Requested Services' with three checkboxes:

- ☐ Steal My Identity
- ☐ Sell My Data to Others
- ☐ Spy on My Activities

At the bottom, there is a 'Comments:' section with a text area containing the placeholder text: 'Please tell us how you found out about our secret organization'. The form concludes with 'Submit' and 'Reset' buttons.

Form Design – CSS

- `<input>` fields
 - `font-size`

Sets the size of the text entered by the user
 - `color`

Sets the color of the text entered by the user
 - `border-radius`

Rounds the corners of the CSS box; limited browser support
 - `background-color`

Sets the background color of the input field
 - `:focus` & `:hover`

Pseudo classes used to change the background color when it is used or when the user hovers over it

Form Design – CSS

- Submit & Reset buttons
 - color
 - Sets the color of the text on the button
 - text-shadow
 - Adds a drop shadow to the text on the button
 - background-color
 - Sets the background color of the button
 - :hover
 - Pseudo classes used to change the appearance of the button when the user hovers over it

Exercise #12

<link>

Add a <link> tag to the html
Specify path to CSS stylesheet

id attribute

Add an id attribute to both the
submit and reset buttons

```
1 <html>
2   <head>
3     <title>Forms</title>
4     <link href="formstyle.css" type="text/css" rel="stylesheet">
5   </head>
6   <body>
7     <form action="http://www.its.niu.edu/its/scripts/ma
8     <input type="hidden" name="mf_to" value="email@ni
9     <b>Your Name:</b>
10    <input type="text" name="username" required
11      size="6" value="Larry" pattern="^[ ][a-zA-
12    <b>Your Email:</b>
13    <input type="email" name="user-email" size="20"
14      maxlength="20" placeholder="name@domain.com" required><br><br>
15    <b>Special Skills:</b><br>
16    <input type="checkbox" name="Skills" value="eating">Eating <br>
17    <input type="checkbox" name="Skills" value="drinking">Drinking <br>
18    <input type="checkbox" name="Skills" value="breathing">Breathing <br>
19    <br>
20    <b>Gender</b><br>
21    <input type="radio" name="Gender" value="male">Male <br>
22    <input type="radio" name="Gender" value="female">Female <br>
23    <br>
24    <b>Complaints</b><br>
25    <textarea rows="5" cols="30" name="complaints" wrap="physical" required>
26      Tell us about your pain.
27    </textarea>
28    <br><br>
29    <b>Favorite Color: </b>
30    <select name="color" size="1">
31      <option value="red">Red</option>
32      <option value="green">Green</option>
33      <option value="blue">Blue</option>
34    </select>
35    <br><br>
36    <input type="submit" value="Submit" id="submit"> &nbsp;
37    <input type="reset" id="reset">
38  </form>
39 </body>
40 </html>
```

Exercise #12

```
1 input
2   {font-size:120%;
3     color:#444444;
4     background-color:#dadada;
5     border:2px solid #444444;
6     border-radius:5px;
7     padding:0px 1px 1px 5px;
8     text-align:left;}
9
10 input:focus, input:hover
11   {background-color:#ffffff;
12     border: 2px solid #888888;}
13
14 input#submit, input#reset
15   {width:120px;
16     color:#226688;
17     text-shadow:0px 1px 1px #222222;
18     border:3px solid #888888;
19     background-color:#dadada;}
20
21 input#submit:hover, input#reset:hover
22   {color:dadada;
23     text-shadow:0px 1px 1px #222222;
24     border:3px solid #888888;
25     background-color:#226688;}
26
27
28
```

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms

file:///K:/niu-classes/coms359/

Your Name:

Your Email:

Special Skills:

- ☐ Eating
- ☐ Drinking
- ☐ Breathing

Gender

- ☐ Male
- ☐ Female

Complaints

Tell us about your pain.

Favorite Color:

Form Design – CSS

- Grouping form elements
 - `<fieldset>` helps group common form elements together
 - `<legend>` is used to indicate the title or name of a `<fieldset>`
 - `<div>` divider; used with a `class` or `id` it can be used to group form elements
 - Useful CSS Properties for these HTML tags
width, color, background-color, border, padding

Form Design – CSS

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms +

file:///K:/niu-classes/coms359/ppt2012/form_exercise/form ☆ Google

ORDER FORM

Your Name:

Your Email:

Special Skills:

- ☐ Eating
- ☐ Drinking
- ☐ Breathing

Gender

- ☐ Male
- ☐ Female

Complaints

Tell us about your pain.

Favorite Color:

Exercise #13

<fieldset> & <legend>

Add a <fieldset> container tag after the <form> tag. Add a <legend> tag after the opening <fieldset> tag.

```
8 <input type="hidden" name="mf_to" value="email@niu.edu">
9
10 <fieldset>
11 <legend>Order Form</legend>
12 <b>Your Name:</b>
13 <input type="text" name="username" required
14       size="6" value="Larry" pattern="[A-Za-z]{3,10}">
15 <b>Your Email:</b>
16 <input type="email" name="user-email" si
17       maxlength="20" placeholder="name@
18 <div class="skills">
19 <b>Special Skills:</b><br>
20 <input type="checkbox" name="Skills" val
21 <input type="checkbox" name="Skills" val
22 <input type="checkbox" name="Skills" val
23 </div>
24
25 <br>
26 <b>Gender</b><br>
27 <input type="radio" name="Gender" value="male">Male <br>
28 <input type="radio" name="Gender" value="female">Female <br>
29 <br>
30 <b>Complaints</b><br>
31 <textarea rows="5" cols="30" name="complaints" wrap="physical" required>
32   Tell us about your pain.
33 </textarea>
34 <br><br>
35 <b>Favorite Color: </b>
36 <select name="color" size="1">
37   <option value="red">Red</option>
38   <option value="green">Green</option>
39   <option value="blue">Blue</option>
40 </select>
41 <br><br>
42 <input type="submit" value="Submit" id="submit"> &nbsp;
43 <input type="reset" id="reset">
44 </fieldset>
45 </form>
46 </body>
47 </html>
48
```

Exercise #13

<div>

Use a <div> container tag to surround the “Special Skills” checkboxes. Include a class attribute and set its value to skills.

```
8 <input type="hidden" name="mf_to" value="email@niu.edu">
9
10 <fieldset>
11 <legend>Order Form</legend>
12 <b>Your Name:</b>
13 <input type="text" name="username" required
14 size="6" value="Larry" pattern="[A-Za-z0-9_]{3,10}">
15 <b>Your Email:</b>
16 <input type="email" name="user-email" size="20"
17 maxlength="20" placeholder="name@domain.tld">
18 <div class="skills">
19 <b>Special Skills:</b><br>
20 <input type="checkbox" name="Skills" value="1">
21 <input type="checkbox" name="Skills" value="2">
22 <input type="checkbox" name="Skills" value="3">
23 </div>
24
25 <br>
26 <b>Gender</b><br>
27 <input type="radio" name="Gender" value="male">Male <br>
28 <input type="radio" name="Gender" value="female">Female <br>
29 <br>
30 <b>Complaints</b><br>
31 <textarea rows="5" cols="30" name="complaints" wrap="physical" required>
32 Tell us about your pain.
33 </textarea>
34 <br><br>
35 <b>Favorite Color: </b>
36 <select name="color" size="1">
37 <option value="red">Red</option>
38 <option value="green">Green</option>
39 <option value="blue">Blue</option>
40 </select>
41 <br><br>
42 <input type="submit" value="Submit" id="submit"> &nbsp;
43 <input type="reset" id="reset">
44 </fieldset>
45 </form>
46 </body>
47 </html>
48
```

Exercise #13

fieldset

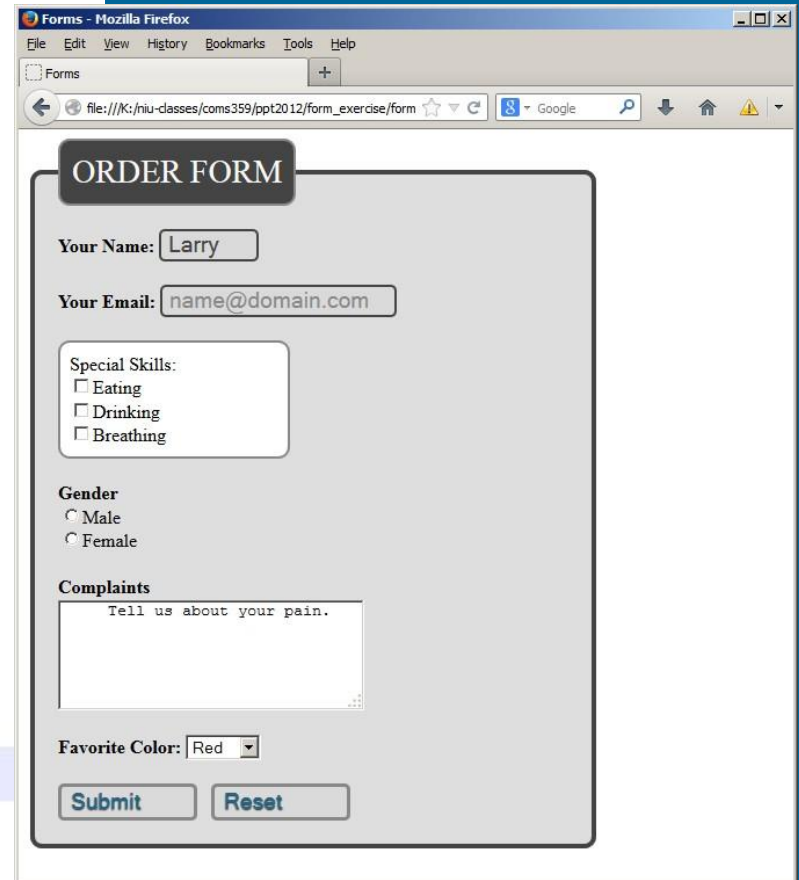
```
{width:440px;  
background-color:dedede;  
border:4px solid #444444;  
border-radius:10px;  
padding:20px;  
text-align:left;}
```

legend

```
{background-color:#444444;  
color:#fafafa;  
border:2px solid #888888;  
border-radius:10px;  
padding:10px 10px;  
text-align:left;  
text-transform:uppercase;  
font-size:28px;}
```

.skills

```
{background-color:#ffffff;  
border:2px solid #888888;  
border-radius:10px;  
width:180px;  
padding:8px;}
```



The screenshot shows a Mozilla Firefox browser window displaying a web form titled "ORDER FORM". The form is styled with a light gray background and a dark border. It contains the following elements:

- Your Name:** A text input field containing the value "Larry".
- Your Email:** A text input field containing the value "name@domain.com".
- Special Skills:** A section with three checkboxes: "Eating", "Drinking", and "Breathing".
- Gender:** Two radio buttons labeled "Male" and "Female".
- Complaints:** A section with the text "Tell us about your pain." followed by a large text area.
- Favorite Color:** A dropdown menu currently showing "Red".
- Buttons:** Two buttons at the bottom labeled "Submit" and "Reset".

Formatting with <table>

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms

e:///K:/niu-c

Order Form

Your Name:

Your Email:

Special Skills:

☐ Eating

☐ Drinking

☐ Breathing

Gender

☐ Male

☐ Female

Complaints

Tell us about your pain.

Favorite Color:

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms

file:///K:/niu-classes/coms359/ppt2012/f

ORDER FORM

Your Name:

Your Email:

Special Skills:

☐ Eating

☐ Drinking

☐ Breathing

Gender

☐ Male

☐ Female

Complaints

Tell us about your pain.

Favorite Color:


```
form_table.html | tablestyle.css | formstyle.css
1 <html>
2 <head><title>Forms</title>
3 <link href="tablestyle.css" type="text/css" rel="stylesheet">
4 </head>
5 <body>
6 <form action="http://www.its.niu.edu/its/scripts/mailform.asp" method="post">
7 <input type="hidden" name="mf_to" value="email@niu.edu">
8 <table>
9 <tr>
10 <th>Order Form</th>
11 </tr>
12 <tr>
13 <td><b>Your Name:</b>
14 <input type="text" name="username" required
15 size="6" value="Larry" pattern="^[a-zA-Z]+"><br><br>
16 <b>Your Email:</b>
17 <input type="email" name="user-email" size="20"
18 maxlength="20" placeholder="name@domain.com" required><br><br></td>
19 </tr>
20 <tr>
21 <td class="skills"><b>Special Skills:</b><br>
22 <input type="checkbox" name="Skills" value="eating">Eating <br>
23 <input type="checkbox" name="Skills" value="drinking">Drinking <br>
24 <input type="checkbox" name="Skills" value="breathing">Breathing <br></td>
25 </tr>
26 <tr>
27 <td><b>Gender</b><br>
28 <input type="radio" name="Gender" value="male">Male <br>
29 <input type="radio" name="Gender" value="female">Female <br></td>
30 </tr>
31 <tr>
32 <td><b>Complaints</b><br>
33 <textarea rows="5" cols="30" name="complaints" wrap="physical" required>
34 Tell us about your pain.
35 </textarea></td>
36 </tr>
37 <tr>
38 <td><b>Favorite Color: </b>
39 <select name="color" size="1">
40 <option value="red">Red</option>
41 <option value="green">Green</option>
42 <option value="blue">Blue</option>
43 </select></td>
44 </tr>
45 <tr>
46 <td><input type="submit" value="Submit" id="submit"> &nbsp;  
47 <input type="reset" id="reset"></td>
48 </tr>
49 </table>
50 </form> </body> </html>
```

Put all form elements
inside a <table> container

Each form field will be a new `<tr>` with at least one `<th>` or `<td>` inside the `<tr>` container

```
1 <html>
2 <head><title>Forms</title>
3   <link href="tablestyle.css" type="text/css" rel="stylesheet">
4 </head>
5 <body>
6 <form action="http://www.its.niu.edu/its/scripts/mailform.asp" method="post">
7   <input type="hidden" name="mf_to" value="email@niu.edu">
8   <table>
9     <tr>
10      <th>Order Form</th>
11    </tr>
12    <tr>
13      <td><b>Your Name:</b>
14        <input type="text" name="username" required
15          size="6" value="Larry" pattern="[a-zA-Z]+"><br><br>
16        <b>Your Email:</b>
17        <input type="email" name="user-email" size="20"
18          maxlength="20" placeholder="name@domain.com" required><br><br></td>
19    </tr>
20    <tr>
21      <td class="skills"><b>Special Skills:</b><br>
22        <input type="checkbox" name="Skills" value="eating">Eating <br>
23        <input type="checkbox" name="Skills" value="drinking">Drinking <br>
24        <input type="checkbox" name="Skills" value="breathing">Breathing <br></td>
25    </tr>
26    <tr>
27      <td><b>Gender</b><br>
28        <input type="radio" name="Gender" value="male">Male <br>
29        <input type="radio" name="Gender" value="female">Female <br></td>
30    </tr>
31    <tr>
32      <td><b>Complaints</b><br>
33        <textarea rows="5" cols="30" name="complaints" wrap="physical" required>
34          Tell us about your pain.
35        </textarea></td>
36    </tr>
37    <tr>
38      <td><b>Favorite Color: </b>
39        <select name="color" size="1">
40          <option value="red">Red</option>
41          <option value="green">Green</option>
42          <option value="blue">Blue</option>
43        </select></td>
44    </tr>
45    <tr>
46      <td><input type="submit" value="Submit" id="submit"> &nbsp;&nbsp;&nbsp;
47        <input type="reset" id="reset"></td>
48    </tr>
49  </table>
50 </form> </body> </html>
```


Use CSS selectors to target and style elements of the table

```
1 input
2   {font-size:120%;
3     color:#444444;
4     background-color:#dadada;
5     border:2px solid #444444;
6     border-radius:5px;
7     padding:0px 1px 1px 5px;
8     text-align:left;}
9 input:focus, input:hover
10  {background-color:#ffffff;
11    border: 2px solid #888888;}
12 input#submit, input#reset
13  {width:120px;
14    color:#226688;
15    text-shadow:0px 1px 1px #222222;
16    border:3px solid #888888;
17    background-color:#dadada;}
18 input#submit:hover, input#reset:hover
19  {color:dadada;
20    text-shadow:0px 1px 1px #222222;
21    border:3px solid #888888;
22    background-color:#226688;}
23 table
24  {width:440px;
25    background-color:dedede;
26    border:4px solid #444444;
27    border-radius:10px;
28    padding:20px;
29    text-align:left;}
30 th
31  {background-color:#444444;
32    color:#fafafa;
33    border:2px solid #888888;
34    border-radius:10px;
35    padding:10px 10px;
36    text-align:left;
37    text-transform:uppercase;
38    font-size:28px;}
39 td.skills
40  {background-color:#ffffff;
41    border:2px solid #888888;
42    border-radius:10px;
43    width:180px;
44    padding:8px;}
45
```

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms +

file:///K:/niu-classes/coms359/ppt2012/f

Google

ORDER FORM

Your Name:

Your Email:

Special Skills:

- ☐ Eating
- ☐ Drinking
- ☐ Breathing

Gender

☐ Male

☐ Female

Complaints

Tell us about your pain.

Favorite Color:

Use CSS selectors to target and style elements of the table

```
1 input
2   {font-size:120%;
3     color:#444444;
4     background-color:#dadada;
5     border:2px solid #444444;
6     border-radius:5px;
7     padding:0px 1px 1px 5px;
8     text-align:left;}
9 input:focus, input:hover
10  {background-color:#ffffff;
11    border: 2px solid #888888;}
12 input#submit, input#reset
13  {width:120px;
14    color:#226688;
15    text-shadow:0px 1px 1px #222222;
16    border:3px solid #888888;
17    background-color:#dadada;}
18 input#submit:hover, input#reset:hover
19  {color:dadada;
20    text-shadow:0px 1px 1px #222222;
21    border:3px solid #888888;
22    background-color:#226688;}
23 table
24  {width:440px;
25    background-color:dedede;
26    border:4px solid #444444;
27    border-radius:10px;
28    padding:20px;
29    text-align:left;}
30 th
31  {background-color:#444444;
32    color:#fafafa;
33    border:2px solid #888888;
34    border-radius:10px;
35    padding:10px 10px;
36    text-align:left;
37    text-transform:uppercase;
38    font-size:28px;}
39 td.skills
40  {background-color:#ffffff;
41    border:2px solid #888888;
42    border-radius:10px;
43    width:180px;
44    padding:8px;}
45
```

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms +

file:///K:/niu-classes/coms359/ppt2012/f

Google

ORDER FORM

Your Name:

Your Email:

Special Skills:

- ☐ Eating
- ☐ Drinking
- ☐ Breathing

Gender

☐ Male

☐ Female

Complaints

Tell us about your pain.

Favorite Color:

Use CSS selectors to target and style elements of the table

```
1 input
2   {font-size:120%;
3     color:#444444;
4     background-color:#dadada;
5     border:2px solid #444444;
6     border-radius:5px;
7     padding:0px 1px 1px 5px;
8     text-align:left;}
9 input:focus, input:hover
10  {background-color:#ffffff;
11    border: 2px solid #888888;}
12 input#submit, input#reset
13  {width:120px;
14    color:#226688;
15    text-shadow:0px 1px 1px #222222;
16    border:3px solid #888888;
17    background-color:#dadada;}
18 input#submit:hover, input#reset:hover
19  {color:dadada;
20    text-shadow:0px 1px 1px #222222;
21    border:3px solid #888888;
22    background-color:#226688;}
23 table
24  {width:440px;
25    background-color:dedede;
26    border:4px solid #444444;
27    border-radius:10px;
28    padding:20px;
29    text-align:left;}
30 th
31  {background-color:#444444;
32    color:#fafafa;
33    border:2px solid #888888;
34    border-radius:10px;
35    padding:10px 10px;
36    text-align:left;
37    text-transform:uppercase;
38    font-size:28px;}
39 td.skills
40  {background-color:#ffffff;
41    border:2px solid #888888;
42    border-radius:10px;
43    width:180px;
44    padding:8px;}
45
```

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms +

file:///K:/niu-classes/coms359/ppt2012/f

Google

ORDER FORM

Your Name:

Your Email:

Special Skills:

☐ Eating

☐ Drinking

☐ Breathing

Gender

☐ Male

☐ Female

Complaints

Tell us about your pain.

Favorite Color:

Practice Exercise

The screenshot shows a Mozilla Firefox browser window displaying a web form titled "Order Form". The browser's address bar shows a local file path: `file:///C:/1-DavidStuff/niu-classes/coms359/ppt2012/form_exercise/form_exer`. The form itself has a blue header with the title "Order Form". Below the header, there are several input fields: "Full Name:" with a text box containing "your name", "Date:" with a text box, "Street Address:" with a text box containing "house number and street name", "City:" with a text box containing "your city", "State:" with a dropdown menu, "Phone:" with a text box containing "888-888-8888", and "Email:" with a text box containing "name@domain". Below these fields, there is a section titled "Requested Services:" with three checkboxes: "Steal My Identity", "Sell My Data to Others", and "Spy on My Activities". Below this is a "Comments:" section with a text area containing the placeholder text "Please tell us how you found out about our". At the bottom of the form, there are two buttons: "Submit" and "Reset".

1) HTML Document

- `<form>` use **mailform.asp** to email results
- Include **placeholder** attribute for text fields
- Validate text fields by using **require**
- Use **pattern** with regular expressions for date of birth, zip code, and phone

2) CSS Document

- Use External CSS to style the HTML
- Define several classes and apply class style by using either `<div>` or `<table>`
- Use panels to group similar data entry fields

Practice Exercise

Forms - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Forms

file:///C:/1-DavidStuff/niu-classes/coms359/ppt2012/form_exercise/form_exer

Google

Order Form

Full Name: Date of Birth:

Street Address: Apt:

City: State: Zip Code:

Phone: Email:

Requested Services:

- ☐ Steal My Identity
- ☐ Sell My Data to Others
- ☐ Spy on My Activities

Comments:

Please tell us how you found out about our secret organization

Preview

- Styling Page Content with CSS
 - Duckett – ch. 11: Color (pp. 246-262)
 - Duckett – ch. 16: Images (pp. 406-426)
 - Duckett - ch. 12: Text (pp. 264-298)