

Custom CSS

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Overview

You can use the "<https://fai-atlas.knowledgeowl.com/help/the-theme-editor-version-20>" rel="noopener noreferrer" target="_blank">Theme Editor to customize the elements of your forms, but sometimes you may need to customize further than the Theme Editor will allow.

Note:

- The examples listed below are common examples that have been created by FormAssembly users. You may need to edit these examples to fit your form's needs. Our support team **does not** provide custom code and cannot help edit, write, or design custom code for your forms.
- While FormAssembly does not have limits on the use of this feature, extensive use in combination with other, similar features may impact performance on respondent browsers and devices.

The Form Builder contains a **Custom Code** field where you may add HTML, CSS, or JavaScript code before your form. You must click **Apply** for your changes to take effect.

Here's how it works:

1. First, either find the code sample you need "[#samples" name="" rel="noopener noreferrer" target="_blank" title="">](#)in the listed examples below or have your own code snippet ready.
2. In the Form Builder, click **Properties**, then **Custom Code**.
3. Paste the code in the Custom Code field and click **Apply**.
4. Save and test with the address found in the **Publish** tab of your form's options.



What is CSS?

CSS, short for "Cascading Style Sheets," is a markup language that you can use to style HTML elements. With CSS, you can customize the look and feel of a website from colors and fonts to alignment and sizes. You can even create responsive styling so that a website displays differently depending on the browser size or device.

What's the difference between CSS and Theme Editor?

The Theme Editor gives you a ton of styling options for your form, fields, and buttons. But CSS is much more extensible and specific. You can get really granular in your level of styling. **For example, you can target an individual field**, rather than setting a global style across all fields.

Are there any limitations?

Yes, there are certain things you can't accomplish with CSS. For instance, you can't change the order of HTML elements with CSS. Instead, you can use `"https://www.javascript.com" target="_blank">JavaScript` for even more customization and cool special effects.

You may also experience cross-browser compatibility issues with CSS3, the newest version of CSS. Older browsers won't support newer CSS features.

Test across browsers and devices to make sure your CSS works properly. Several services, like `"https://saucelabs.com" target="_blank">SauceLabs`, help you test on all kinds of different browsers and platforms.

Note:

- This guide is meant to help you get started with adding custom CSS to your form. You can use the examples below to accomplish many basic CSS design changes.
- Our support team **does not** provide support for writing custom code to meet your specific needs beyond what is provided below. We highly recommend working with web developers who are comfortable with CSS when writing code that moves beyond what we provide in this guide.
- Code within the "Custom Code" section of your form will only run in **Preview** and **View** modes.

Add CSS

If you don't know how to write CSS or JavaScript code, no worries; we'll get you started.

First, whenever you add CSS, it needs to be **enclosed** within the following code:

```
<style type="text/css">
YOUR CSS STYLES GO HERE!
</style>
```

Sometimes it's helpful to **add comments**. Outside of script and style tags, you should use the HTML comment system:

```
<!-- Comments -->
```

Inside script and style tags, you should use C-style comments, like so:

```
<style type="text/css">
/* Comments */
</style>
```

Now, to start **styling**, you'll need a CSS selector and the properties of the selector you want to style. For example, let's say you want to style the background color of the whole form:

```
<style type="text/css">
.wForm form { background-color: #fff0ad; }
</style>
```

In the styling code example above, the components are the following:

- `wForm`
 - The **CSS selector** for the whole form
- `background-color`
 - The **property** you want to define (in this case, background color)
- `#fff0ad;`
 - The color in hex code (in this case, a pale yellow)

The `.` in `.wForm` marks a class, while a `#` marks an id. Classes are selectors that can apply to multiple elements, while ids are for one specific element.

For instance, defining a style to `h3` will apply to all instances of h3. But `h3#tfa_0-T` applies only to the form title, which has an id of `tfa_0-T`.

You can also **combine multiple selectors** if you're going to style them in the same way:

```
.wForm, h3.formTitle { margin-bottom: 20px; }
```

CSS Samples

Need examples to kickstart your CSS? The code samples below cover the most common customization requests.

Change the Font

```
<style type="text/css">

.wFormTitle, .wForm {
  font-family: 'Lucida Sans Unicode', Lucida Grande, sans-serif;
  font-size: 16px;
}

</style>
```

Style an Individual Element

You can style a specific element with CSS. Look up the FormAssembly **ID** (also known as **field name** or **alias**) for the element, then replace `#element_id` with the FormAssembly ID, e.g., `#tfa_55`.

You can also find more IDs in the HTML code of your form, or the Outline view (using Form Builder 5.0)

The code below will change the element's text (not the field label) color to blue and increase the font to 110% of its original size.

```
<style type="text/css">
```

```
#element_id {  
color: blue;  
font-size: 110%;  
}
```

```
</style>
```

Hide the Form Title

```
<style type="text/css">
```

```
.wFormContainer .wFormTitle {  
display: none;  
}
```

```
</style>
```

Center the Form Title

```
<style type="text/css">
```

```
.wFormContainer .wFormTitle {  
text-align: center;  
}
```

```
</style>
```

Center the Submit button

```
<style type="text/css">
```

```
.wForm .wfPagingButtons, .wForm .actions { width: 100% !important; text-align: center;  
}
```

```
</style>
```

Change the Error Message Color

```
<style type="text/css">

.wFormContainer .errMsg, .wForm form .errMsg {
  color: #eb0000;
}

</style>
```

Hide a Form Field

```
<style type="text/css">

#tfa_XX {
  display: none;
}

</style>
```

Note: You will need to replace the **XX** above with the field alias for the field you would like to hide.

Move the "Number of Characters Remaining" Text

```
<style type="text/css">

.wForm .lengthIndicator {
  position: relative !important;
  left: 0px !important;
}

</style>
```

Remove the Background from Your Form's Theme

```
<style type="text/css">

.wForm form, .wForm fieldset {
  background-image: none !important;
  background-color: transparent !important;
}

</style>
```

Remove the Default Background on Hosted Forms

```
<style type="text/css">
.default { background: transparent; }
.default .wFormContainer { width:auto; }
</style>
```

Make the Background Image Fullscreen

```
<style type="text/css">
.wFormWebPage{
  background-position: center;
  background-repeat: no-repeat;
  background-size: cover;
}
</style>
```

Center Previous and Next Buttons

```
<style type="text/css">
.wForm .wfPagingButtons, .wForm .actions {
  width: 100% !important;
  text-align: center;
}
</style>
```

Increase the Assistance Link Size

```
<style type="text/css">
.wFormContainer .supportInfo {
font-size: 20px;
}
</style>
```

Remove the Assistance Link

Note: Before removing this link, please make sure that your form contains sufficient information to contact you if your visitors need help.

```
<style type="text/css">
.wFormContainer .supportInfo {
  display: none;
}
</style>
```

Remove the Submit Button

```
<style>
input.primaryAction {
  display: none;
}
</style>
```

Remove the Cancel Button

```
<style>
input.secondaryAction {
  display: none;
}
</style>
```

Hide the "Add Another Response" Option and Remove Links on Specific Repeating Sections

```
<style type="text/css">
[id*="tfa_xx"].duplicateLink, [id*="tfa_xx"].removeLink {
  display: none; !important
}
</style>
```

Move Characters Remaining to the Bottom and Left of the Field

```
<style>
.lengthIndicator {float:left !important;}
</style>
```

Increase the Size of a List Field

```
<style>
.wFormContainer .inputWrapper select[multiple] {height: 100px;}
</style>
```

Note: You can change "100px" above to any size.

Remove Top and Bottom Padding from the Entire Form

```
<style>
.wForm {
padding: 0px 6px !important;
}
</style>
```

Remove the Margins Set on the Form Title

```
<style>
.wFormTitle {
margin: 0 !important;
}
</style>
```

Hide the Remove Link for a Repeatable Section

```
<style type="text/css">
.wForm a.removeLink {
display: none;
}
</style>
```

Hide the Add Link for a Repeatable Section

```
<style type="text/css">
.wForm a.duplicateLink {
  display: none;
}
</style>
```

Hide the Please Select Text in a Dropdown Menu

If you would like to hide the "Please Select" text in a dropdown menu, this is possible, but **you will first need to select a default value for the dropdown in the form builder**. If no default value is selected, it will not be possible to hide the "Please Select" text. Once you have selected a default value, you can use the following CSS code:

```
<style>
.wForm option[value=""] {
  display: none !important;
}
</style>
```

Center Save and Resume Link

Please use the following code to center the Save and Resume link on the page.

```
<style>
.wForm .saveAndResume {
  text-align: center;
}
</style>
```

Red Pop Up regarding JavaScript

If respondents have JavaScript disabled, they can bypass any required fields and submit a form. You can add a warning to your page on submit by adding this code to your form in the custom code section. It will pop up in red at the top of the form if a respondent doesn't have JavaScript enabled, and provide a link with directions on how to enable JavaScript:

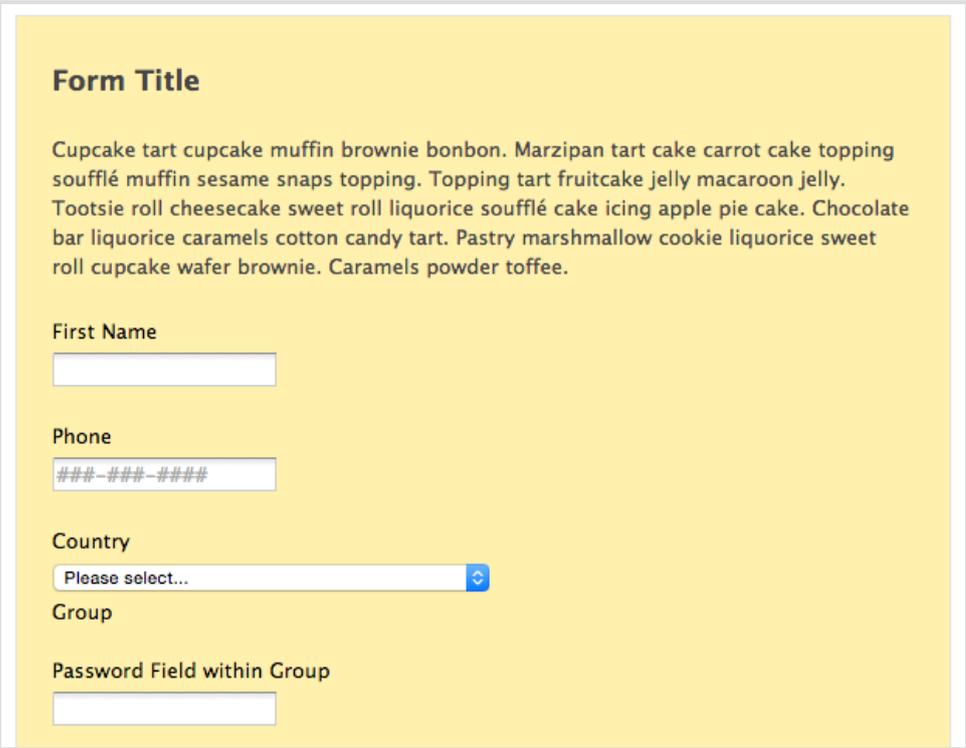
```
<div style="color:red">
<noscript>For full functionality of this page it is necessary to <a href=""https://www.enable-javascript.com/error/Default.aspx?aspxerrorpath=%22" name="" title="">http://www.enable-javascript.com/"> enable JavaScript.</a></noscript>
</div>
```

Hide the Submit Button if JavaScript is Disabled

```
<noscript>
<style type="text/css"> #submit_button {display:none; } </style>
<div style="color:red">
For full functionality of this page it is necessary to <a href=""http://www.enable-javascript.com/" rel="noo
pener noreferrer" target="_blank">http://www.enable-javascript.com/">enable Javascript.</a>
</div>
</noscript>
```

Form Elements

Below, you'll find a list of elements you can change with CSS, along with example screenshots of what they'd look like with `{ background-color: #fff0ad; }` applied.

| Element | Code Snippet |
|-----------|--|
| Form Body | <pre>.wForm</pre>  |

| Element | Code Snippet |
|---|---|
| Form Title | <div data-bbox="448 232 576 259" style="border: 1px solid #ccc; padding: 2px;">h3.wFormTitle</div> <div data-bbox="448 277 1417 580" style="border: 1px solid #ccc; padding: 10px;"> <div data-bbox="491 331 1362 371" style="background-color: #fff9c4; padding: 5px;">Form Title</div> <p data-bbox="491 407 1350 551">Cupcake tart cupcake muffin brownie bonbon. Marzipan tart cake carrot cake topping soufflé muffin sesame snaps topping. Topping tart fruitcake jelly macaroon jelly. Tootsie roll cheesecake sweet roll liquorice soufflé cake icing apple pie cake. Chocolate bar liquorice caramels cotton candy tart. Pastry marshmallow cookie liquorice sweet roll cupcake wafer brownie. Caramels powder toffee.</p> </div> |
| Form Title (More specific, e.g., to add a border) | <div data-bbox="448 658 549 685" style="border: 1px solid #ccc; padding: 2px;">h3#tfa_0-T</div> <div data-bbox="448 703 1417 1005" style="border: 1px solid #ccc; padding: 10px;"> <div data-bbox="496 766 1374 806" style="border: 1px solid #fff9c4; padding: 5px;">Form Title</div> <p data-bbox="496 842 1364 985">Cupcake tart cupcake muffin brownie bonbon. Marzipan tart cake carrot cake topping soufflé muffin sesame snaps topping. Topping tart fruitcake jelly macaroon jelly. Tootsie roll cheesecake sweet roll liquorice soufflé cake icing apple pie cake. Chocolate bar liquorice caramels cotton candy tart. Pastry marshmallow cookie liquorice sweet roll cupcake wafer brownie. Caramels powder toffee.</p> </div> |
| Text/HTML Element | <div data-bbox="448 1084 564 1111" style="border: 1px solid #ccc; padding: 2px;">.htmlContent</div> <div data-bbox="448 1128 1425 1536" style="border: 1px solid #ccc; padding: 10px;"> <div data-bbox="517 1200 668 1232" style="margin-bottom: 10px;">Form Title</div> <div data-bbox="517 1267 1356 1411" style="background-color: #fff9c4; padding: 5px;">Cupcake tart cupcake muffin brownie bonbon. Marzipan tart cake carrot cake topping soufflé muffin sesame snaps topping. Topping tart fruitcake jelly macaroon jelly. Tootsie roll cheesecake sweet roll liquorice soufflé cake icing apple pie cake. Chocolate bar liquorice caramels cotton candy tart. Pastry marshmallow cookie liquorice sweet roll cupcake wafer brownie. Caramels powder toffee.</div> <p data-bbox="517 1447 627 1469">First Name</p> <div data-bbox="517 1478 738 1512" style="border: 1px solid #ccc; width: 100%; height: 15px;"></div> </div> |

Element

Code Snippet

Question Labels (Includes Likert Matrices)

.wForm label, .wForm .label

Form Title

Cupcake tart cupcake muffin brownie bonbon. Marzipan tart cake carrot cake topping soufflé muffin sesame snaps topping. Topping tart fruitcake jelly macaroon jelly. Tootsie roll cheesecake sweet roll liquorice soufflé cake icing apple pie cake. Chocolate bar liquorice caramels cotton candy tart. Pastry marshmallow cookie liquorice sweet roll cupcake wafer brownie. Caramels powder toffee.

First Name

Phone

Country

Group

Password Field within Group

Fieldset

Field within Fieldset

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Statement One | <input type="radio"/> |
| Statement Two | <input type="radio"/> |
| Statement Three | <input type="radio"/> |
| Statement Four | <input type="radio"/> |
| Statement Five | <input type="radio"/> |

| Element | Code Snippet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------|-----------------------|-----------------------|-----------------------|-------|----------------|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Question Labels (Does NOT include Likert Matrices) | <div style="border: 1px solid #ccc; padding: 10px;"> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="background-color: #fff9c4; padding: 2px;">First Name</div> <input style="width: 100%;" type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="background-color: #fff9c4; padding: 2px;">Phone</div> <input style="width: 100%;" type="text" value="###-###-####"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="background-color: #fff9c4; padding: 2px;">Country</div> <input style="width: 100%;" type="text" value="Please select..."/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="background-color: #fff9c4; padding: 2px;">Group</div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="background-color: #fff9c4; padding: 2px;">Password Field within Group</div> <input style="width: 100%;" type="password"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; padding: 5px; border-radius: 10px;"> <div style="background-color: #fff9c4; padding: 2px;">Fieldset</div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <div style="background-color: #fff9c4; padding: 2px;">Field within Fieldset</div> <input style="width: 100%;" type="text"/> </div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Strongly Disagree</th> <th>Disagree</th> <th>Neutral</th> <th>Agree</th> <th>Strongly Agree</th> </tr> </thead> <tbody> <tr> <td>Statement One</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Two</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Three</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Four</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Five</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> </div> | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Statement One | <input type="radio"/> | Statement Two | <input type="radio"/> | Statement Three | <input type="radio"/> | Statement Four | <input type="radio"/> | Statement Five | <input type="radio"/> |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement One | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Two | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Three | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Four | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Five | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Element | Code Snippet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fieldset Question Labels (Does NOT include Likert Matrices) | <div style="border: 1px solid #ccc; padding: 10px;"> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><code>.wForm fieldset .preField</code></p> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>First Name</p> <input style="width: 100%;" type="text"/> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Phone</p> <input style="width: 100%;" type="text" value="###-###-####"/> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Country</p> <input style="width: 100%;" type="text" value="Please select..."/> </div> <p>Group</p> <p>Password Field within Group</p> <input style="width: 100%;" type="password"/> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Fieldset</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>Field within Fieldset</p> <input style="width: 100%;" type="text"/> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Strongly Disagree</th> <th>Disagree</th> <th>Neutral</th> <th>Agree</th> <th>Strongly Agree</th> </tr> </thead> <tbody> <tr> <td>Statement One</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Two</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Three</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Four</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Five</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Statement One | <input type="radio"/> | Statement Two | <input type="radio"/> | Statement Three | <input type="radio"/> | Statement Four | <input type="radio"/> | Statement Five | <input type="radio"/> |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement One | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Two | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Three | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Four | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Five | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Element | Code Snippet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Question, Group, and Fieldset Labels (Does NOT include Likert Matrices) | <pre data-bbox="454 235 702 257">.wForm .labelsAbove .preField</pre> <div data-bbox="459 280 1425 1171" style="border: 1px solid gray; padding: 10px;"> <p>First Name</p> <input data-bbox="507 331 730 365" type="text"/> <p>Phone</p> <input data-bbox="507 439 730 472" type="text" value="###-###-####"/> <p>Country</p> <input data-bbox="507 546 946 580" type="text" value="Please select..."/> <p>Group</p> <p>Password Field within Group</p> <input data-bbox="507 674 730 707" type="password"/> <p>Fieldset</p> <div data-bbox="507 748 1377 898" style="border: 1px solid black; border-radius: 10px; padding: 5px;"> <p>Field within Fieldset</p> <input data-bbox="531 831 754 864" type="text"/> </div> <table data-bbox="507 925 1377 1149"> <thead> <tr> <th></th> <th>Strongly Disagree</th> <th>Disagree</th> <th>Neutral</th> <th>Agree</th> <th>Strongly Agree</th> </tr> </thead> <tbody> <tr> <td>Statement One</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Two</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Three</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Four</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Five</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> </div> | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Statement One | <input type="radio"/> | Statement Two | <input type="radio"/> | Statement Three | <input type="radio"/> | Statement Four | <input type="radio"/> | Statement Five | <input type="radio"/> |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement One | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Statement Three | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Four | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Five | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Element | Code Snippet |
|-------------------------------------|--|
| Fieldsets (Does NOT include Groups) | <p data-bbox="448 237 584 259">.wForm fieldset</p> <div data-bbox="448 277 1417 913"><p data-bbox="483 293 592 315">First Name</p><input data-bbox="483 327 711 360" type="text"/><p data-bbox="483 400 544 423">Phone</p><input data-bbox="483 434 711 468" type="text" value="###-###-####"/><p data-bbox="483 508 564 530">Country</p><input data-bbox="483 542 932 575" type="text" value="Please select..."/><p data-bbox="483 580 544 602">Group</p><p data-bbox="483 642 767 665">Password Field within Group</p><input data-bbox="483 676 711 710" type="password"/><p data-bbox="507 741 592 763">Fieldset</p><div data-bbox="483 748 1369 898"><p data-bbox="507 799 711 822">Field within Fieldset</p><input data-bbox="507 833 735 866" type="text"/></div></div> |

| Element | Code Snippet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Text Input Box | <p><code>.wForm .oneField input</code></p> <div style="border: 1px solid #ccc; padding: 10px;"> <p>First Name <input type="text"/></p> <p>Phone <input type="text" value="###-###-####"/></p> <p>Country <input type="text" value="Please select..."/></p> <p>Group</p> <p>Password Field within Group <input type="password"/></p> <div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; margin-top: 10px;"> <p>Fieldset</p> <p>Field within Fieldset <input type="text"/></p> </div> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Strongly Disagree</th> <th>Disagree</th> <th>Neutral</th> <th>Agree</th> <th>Strongly Agree</th> </tr> </thead> <tbody> <tr> <td>Statement One</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Two</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Three</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Four</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Five</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Field 1</th> <th>Field 2</th> <th>Field 3</th> </tr> </thead> <tbody> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> </div> | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Statement One | <input type="radio"/> | Statement Two | <input type="radio"/> | Statement Three | <input type="radio"/> | Statement Four | <input type="radio"/> | Statement Five | <input type="radio"/> | | Field 1 | Field 2 | Field 3 | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement One | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Statement Three | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Four | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Field 1 | Field 2 | Field 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Likert Matrix Questions | <code>.wForm .matrixLayout</code> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Element | Code Snippet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Likert Matrix Questions: Header Row | <pre data-bbox="448 237 770 259">.wForm .matrixLayout tr.headerRow th</pre> <div data-bbox="459 275 1406 837"> <table border="1"> <thead> <tr> <th></th> <th>Strongly Disagree</th> <th>Disagree</th> <th>Neutral</th> <th>Agree</th> <th>Strongly Agree</th> </tr> </thead> <tbody> <tr> <td>Statement One</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Two</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Three</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Four</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Five</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Field 1</th> <th>Field 2</th> <th>Field 3</th> </tr> </thead> <tbody> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> </div> | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Statement One | <input type="radio"/> | Statement Two | <input type="radio"/> | Statement Three | <input type="radio"/> | Statement Four | <input type="radio"/> | Statement Five | <input type="radio"/> | | Field 1 | Field 2 | Field 3 | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Statement Two | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Three | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Field 1 | Field 2 | Field 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Likert Matrix Questions: First row and every other row | <pre data-bbox="448 920 617 943">.wForm .alternate-0</pre> <div data-bbox="448 958 1417 1503"> <table border="1"> <thead> <tr> <th></th> <th>Strongly Disagree</th> <th>Disagree</th> <th>Neutral</th> <th>Agree</th> <th>Strongly Agree</th> </tr> </thead> <tbody> <tr> <td>Statement One</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Two</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Three</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Four</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Statement Five</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Field 1</th> <th>Field 2</th> <th>Field 3</th> </tr> </thead> <tbody> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> </div> | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Statement One | <input type="radio"/> | Statement Two | <input type="radio"/> | Statement Three | <input type="radio"/> | Statement Four | <input type="radio"/> | Statement Five | <input type="radio"/> | | Field 1 | Field 2 | Field 3 | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement One | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Statement Five | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Field 1 | Field 2 | Field 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Element | Code Snippet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Field 1 | Field 2 | Field 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Statement Two | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement Three | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Statement Five | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Statement Three | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Field 1 | Field 2 | Field 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Element | Code Snippet | | | | | | | | | | | | | | | | | | | | | | | | |
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| Submit/Next/Previous Button | <div data-bbox="448 226 1414 264" style="background-color: #f0f0f0; padding: 2px;"> <p><code>.wForm .secondaryAction, .wForm .primaryAction, .wForm .wfPageNextButton, .wForm .wfPagePreviousButton</code></p> </div> <div data-bbox="448 275 1414 752" style="border: 1px solid #ccc; padding: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%;">Field 1</th> <th style="width: 33%;">Field 2</th> <th style="width: 33%;">Field 3</th> </tr> </thead> <tbody> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;"><input type="button" value="Submit"/></p> <p style="text-align: center; margin-top: 10px;">Need assistance with this form?</p> </div> | | Field 1 | Field 2 | Field 3 | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| Submit/Next/Previous Button (On Hover) | <div data-bbox="448 819 1414 857" style="background-color: #f0f0f0; padding: 2px;"> <p><code>.wForm .primaryAction:hover, .wForm .secondaryAction:hover, .wForm .wfPagePreviousButton:hover, .wForm .wfPageNextButton:hover</code></p> </div> <div data-bbox="448 869 1414 1346" style="border: 1px solid #ccc; padding: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%;">Field 1</th> <th style="width: 33%;">Field 2</th> <th style="width: 33%;">Field 3</th> </tr> </thead> <tbody> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Title</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;"><input type="button" value="Submit"/></p> <p style="text-align: center; margin-top: 10px;">Need assistance with this form?</p> </div> | | Field 1 | Field 2 | Field 3 | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | Title | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| Element | Code Snippet |
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| <p>Inactive Hint</p> | <p><code>.field-hint-inactive .hint</code></p> <div data-bbox="459 277 1410 965"> <p>First Name <input type="text"/> edit hint text</p> <p>Phone <input type="text" value="###-###-####"/></p> <p>Country <input type="text" value="Please select..."/></p> <p>Group</p> <p>Password Field within Group <input type="password"/></p> <p>Fieldset</p> <p>Field within Fieldset <input type="text"/> edit hint text</p> </div> |
| <p>Active Hint</p> | <p><code>.field-hint .hint</code></p> <div data-bbox="715 1122 1152 1256"> <p>First Name <input type="text"/> edit hint text</p> </div> <div data-bbox="448 1312 1417 1984"> <p>First Name <input type="text"/> edit hint text</p> <p>Phone <input type="text" value="###-###-####"/> edit hint text</p> <p>Country <input type="text" value="Please select..."/></p> <p>Group</p> <p>Password Field within Group <input type="password"/></p> <p>Fieldset</p> <p>Field within Fieldset <input type="text"/> edit hint text</p> </div> |

| Element | Code Snippet | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Field 1 | Field 2 | Field 3 | | | | | | | | | | | | | | | | | | | | | | |
| Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |