

Custom CSS

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Overview

You can use the "<https://help.formassembly.com/help/article/link/look-feel-the-theme-editor>" name="" rel="noopener noreferrer" target="_blank" title="">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. Before you begin building advanced forms, we recommend reading through our [Best Practices in Form Building document](#) to learn more about our recommended planning and testing practices.

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.

And thanks to CSS, you can style your FormAssembly forms however you like!

["https://www.w3schools.com/css/css_examples.asp" target="_blank"](https://www.w3schools.com/css/css_examples.asp)>Learn more about common CSS styles. There's also a wealth of free resources out there if you want to dive into CSS, such as ["https://www.codecademy.com/" target="_blank"](https://www.codecademy.com/)>Codecademy.

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"](https://www.javascript.com)>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](https://saucelabs.com) 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.

Requirement

- FormAssembly Essentials plan or above.

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>
```

See also: "<http://www.ampsoft.net/webdesign-l/WindowsMacFonts.html>">List of fonts suitable for the web.

For more ideas, visit our blog "<http://www.formassembly.com/blog/tutorial-fun-with-custom-fonts/>" title="Tutorial: Fun with Custom Fonts">Tutorial: Fun with Custom Fonts.

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 below code 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>
```

"<https://help.formassembly.com/help/style-an-individual-element>" name="" rel="noopener noreferrer" target="_blank" title="">Click here for more information about styling an individual element and a video walkthrough.

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="noopener 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
---------	--------------

Element	Code Snippet
Form Body	<div data-bbox="454 248 518 271" style="border: 1px solid #ccc; padding: 2px;">.wForm</div> <div data-bbox="459 297 1412 1032" style="border: 1px solid #ccc; padding: 10px; background-color: #fff9c4;"> <p>Form Title</p> <p>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> <p>First Name</p> <input data-bbox="512 640 730 674" type="text"/> </div> <div data-bbox="507 712 571 734" style="margin-top: 10px;">Phone</div> <div data-bbox="512 745 730 779" style="border: 1px solid #ccc; padding: 2px;">###-###-####</div> <div data-bbox="507 817 587 840" style="margin-top: 10px;">Country</div> <div data-bbox="512 851 938 884" style="border: 1px solid #ccc; padding: 2px;">Please select... ▾</div> <div data-bbox="507 887 571 909" style="margin-top: 10px;">Group</div> <div data-bbox="507 947 785 969" style="margin-top: 10px;">Password Field within Group</div> <div data-bbox="512 981 730 1014" style="border: 1px solid #ccc; padding: 2px;"> </div>

Element	Code Snippet
<p>Form Title (More specific, e.g., to add a border)</p>	<pre data-bbox="453 253 549 277">h3#tfa_0-T</pre> <div data-bbox="453 297 1404 600" style="border: 1px solid #ccc; padding: 10px;"> <div data-bbox="496 360 1362 405" style="border: 2px solid #ffc107; padding: 5px;">Form Title</div> <p data-bbox="504 443 1350 584">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>
<p>Text/HTML Element</p>	<pre data-bbox="453 689 564 714">.htmlContent</pre> <div data-bbox="453 734 1412 1137" style="border: 1px solid #ccc; padding: 10px;"> <div data-bbox="523 801 667 835">Form Title</div> <div data-bbox="523 875 1342 1010" style="background-color: #fff3cd; padding: 5px;"> <p>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> <p data-bbox="523 1048 627 1070">First Name</p> <input data-bbox="523 1077 735 1111" type="text"/> </div>

Element

Code Snippet

Question Labels (Includes Likert
Matrixes)

.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"/>	<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

Question Labels (Does NOT include Likert Matrixes)

.wForm .preField

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"/>	<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																																				
Fieldset Question Labels (Does NOT include Likert Matrixes)	<pre data-bbox="454 248 657 271">.wForm fieldset .preField</pre> <div data-bbox="459 293 1412 1167" style="border: 1px solid gray; 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 data-bbox="512 748 1370 900" style="border: 1px solid black; border-radius: 10px; padding: 5px;"> <p>Fieldset</p> <div data-bbox="536 801 839 831" style="background-color: yellow; padding: 2px;"> <p>Field within Fieldset</p> <input type="text"/> </div> </div> <table data-bbox="512 927 1370 1149" style="width: 100%; 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"/>	<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"/>
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Element	Code Snippet																																				
<p>Question, Group, and Fieldset</p> <p>Labels (Does NOT include Likert Matrixes)</p>	<pre data-bbox="454 248 703 275">.wForm .labelsAbove .preField</pre> <div data-bbox="459 293 1412 1171"> <p>First Name</p> <input data-bbox="507 342 727 376" type="text"/> <p>Phone</p> <input data-bbox="507 450 727 483" type="text" value="###-###-####"/> <p>Country</p> <input data-bbox="507 555 940 589" type="text" value="Please select..."/> <p>Group</p> <p>Password Field within Group</p> <input data-bbox="507 685 727 719" type="password"/> <p>Fieldset</p> <div data-bbox="507 757 1364 902"> <p>Field within Fieldset</p> <input data-bbox="531 842 751 875" type="text"/> </div> <table data-bbox="507 931 1364 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"/>	<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"/>
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Element	Code Snippet
Fieldsets (Does NOT include Groups)	<pre data-bbox="448 248 584 277">.wForm fieldset</pre> <div data-bbox="448 293 1406 927"><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><p>Fieldset</p><div data-bbox="480 757 1358 909"><p>Field within Fieldset <input type="text"/></p></div></div>

Element	Code Snippet																																																												
Text Input Box	<pre data-bbox="454 248 646 271">.wForm .oneField input</pre> <div data-bbox="459 293 1394 1473"> <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> <p>Fieldset</p> <p>Field within Fieldset <input type="text"/></p> <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"/>	<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"/>		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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Likert Matrix Questions	<pre data-bbox="454 1541 638 1563">.wForm .matrixLayout</pre>																																																												

Element

Code Snippet

Likert Matrix Questions: Header

```
.wForm .matrixLayout tr.headerRow th
```

Row

	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"/>

	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"/>

Likert Matrix Questions: First row

and every other row

```
.wForm .alternate-0
```

	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"/>

	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"/>

Element	Code Snippet
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Likert Matrix Questions: Second
row and every other row

```
.wForm .alternate-1
```

	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"/>

	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"/>

Likert Matrix Questions: Header
Column

```
.wForm .matrixLayout  
th.headerCol
```

	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
---------	--------------

Likert Matrix Questions: Header
Column Labels

```
.wForm .matrixLayout .label
```

Fieldset

Field within Fieldset

	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"/>

	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"/>


Submit/Next/Previous Button


```
.wForm .secondaryAction, .wForm .primaryAction, .wForm .wfPageNextButton, .wForm .wfPagePreviousButton
```

	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"/>

Submit

[Need assistance with this form?](#)

Element	Code Snippet																								
Submit/Next/Previous Button (On Hover)	<pre data-bbox="451 248 1404 286">.wForm .primaryAction:hover, .wForm .secondaryAction:hover, .wForm .wfPagePreviousButton:hover, .wForm .wfPageNextButton:hover</pre> <div data-bbox="451 293 1404 763"> <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> <p data-bbox="528 595 639 633">Submit</p> <p data-bbox="528 714 719 734">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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Inactive Hint	<pre data-bbox="451 857 647 878">.field-hint-inactive .hint</pre> <div data-bbox="451 898 1404 1585"> <p data-bbox="491 925 604 949">First Name</p> <p data-bbox="491 958 855 994"><input type="text"/> edit hint text</p> <p data-bbox="491 1032 560 1057">Phone</p> <p data-bbox="491 1068 724 1102">###-###-####</p> <p data-bbox="491 1140 579 1164">Country</p> <p data-bbox="491 1176 943 1209">Please select... </p> <p data-bbox="491 1214 560 1238">Group</p> <p data-bbox="491 1272 783 1296">Password Field within Group</p> <p data-bbox="491 1308 724 1341"><input type="password"/></p> <p data-bbox="515 1375 600 1400">Fieldset</p> <div data-bbox="491 1388 1382 1570" style="border: 1px solid black; border-radius: 10px; padding: 10px;"> <p data-bbox="515 1435 724 1460">Field within Fieldset</p> <p data-bbox="515 1471 751 1505"><input type="text"/></p> <p data-bbox="515 1509 639 1534">edit hint text</p> </div> </div>																								

Element	Code Snippet
Active Hint	<pre data-bbox="448 253 579 280">.field-hint .hint</pre> <div data-bbox="710 338 1144 472"><p>First Name</p><input data-bbox="758 398 986 439" type="text"/> edit hint text</div> <div data-bbox="448 533 1406 1196"><p>First Name</p><input data-bbox="486 577 715 611" type="text"/> edit hint text<p>Phone</p><input data-bbox="486 683 715 716" type="text" value="###-###-####"/> edit hint text<p>Country</p><input data-bbox="486 790 928 824" type="text" value="Please select..."/> <p>Group</p><p>Password Field within Group</p><input data-bbox="486 920 715 954" type="password"/><p>Fieldset</p><div data-bbox="486 999 1361 1178"><p>Field within Fieldset</p><input data-bbox="512 1077 740 1111" type="text"/> edit hint text</div></div>

Element	Code Snippet																								
<p data-bbox="180 253 413 277">"Need Assistance with this form?"</p> <p data-bbox="384 300 416 320">Link</p>	<pre data-bbox="451 248 699 293">.wFormContainer .supportInfo</pre> <div data-bbox="451 304 1406 808"><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><p data-bbox="539 607 651 645"><input type="submit" value="Submit"/></p><p data-bbox="539 725 727 745">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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