<http://127.0.0.1:5500/Homework3.html>

<!DOCTYPE html>

<html lang="en">

<head>

    <meta charset="UTF-8">

    <meta name="viewport" content="width=device-width, initial-scale=1.0">

    <title>Food Preference Form</title>

   </head>

 <body>

    <h2>Jennifer N Davis</h2>

    <dd>I am a selective eater</dd>

    <div id="food preferences">

        <fieldset>Select your Dietary Preferences

            <br>

            <label>

                <input type="checkbox" name="preference" value="vegetarian">

                vegetarian

            </label><br>

            <label>

                <input type="checkbox" name="preference" value="vegan">

                vegan

            </label><br>

            <label>

                <input type="checkbox" name="preference" value="glueten-free">

                glueten-free

            </label><br>

            <label>

                <input type="checkbox" name="preference" value="dairy-free">

                dairy-free

            </label><br>

        </fieldset>

    </div>

    <div id="form\_radio">

        <h3>Select your favorite cuisine"<label for=""></label></h3>

        <form>

            <label>

                <input type="radio" name="type" value="Italian">

                 Italian

            </label>

            <label>

                <input type="radio" name="type" value="Mexican">

                 Mexican

            </label>

            <label>

                <input type="radio" name="type" value="Asian">

                 Asian

            </label>

            <label>

                <input type="radio" name="type" value="Mediterranean">

                 Mediterranean

            </label>

        </form><br>

   </div>

        <label for="favorite\_food">Favorite Food:</label><br>

            <input type="text" id="favorite\_food" name="favorite\_food"><br>

        <br>

        <label for="additional\_notes">Additional Notes:</label><br>

            <textarea id="additional\_notes" name="additional\_notes" rows="4" cols="50" placeholder="Enter any additional comments..."></textarea><br>

        <br>

        <label for="meals\_per\_day">Number of Meals Per Day:</label><br>

            <input type="number" id="meals\_per\_day" name="meals\_per\_day" min="0" required><br>

        <br>

        <label for="favorite\_dish">Favorite Dish (Max 10 characters):</label><br>

            <input type="text" id="favorite\_dish" name="favorite\_dish" maxlength="10"><br>

         <br>

        <label for="unavailable\_food">Unavailable Food Item:</label><br>

            <input type="text" id="unavailable\_food" name="unavailable\_food" disabled><br>

        <br>

        <label for="read\_only\_info">Read-only Information:</label><br>

            <input type="text" id="read\_only\_info" name="read\_only\_info" readonly value="This is a pre-filled food-related message"><br>

        <br>

        <label for="calorie\_count">Total Calories Consumed:</label><br>

            <input type="range" id="calorie\_count" name="calorie\_count" min="0" max="5000" value="2500">

            <input type="number" id="calorie\_display" name="calorie\_display" readonly><br>

        <br>

        <label for="beverage\_type">Preferred Beverage:</label><br>

            <select id="beverage\_type" name="beverage\_type">

              <option value="water">Water</option>

              <option value="soda">Soda</option>

              <option value="juice">Juice</option>

              <option value="tea">Tea</option>

              <option value="coffee">Coffee</option>

            </select><br>

        <br>

        <label for="alcoholic-beverage">Alcoholic Beverage:</label><br>

            <select id="alcoholic-beverage" name="alcoholic-beverage">

              <optgroup label="Non-alcoholic">

                <option value="non-alcoholic">Non-Alcoholic</option>

                <option value="water">Water</option>

                <option value="soda">Soda</option>

                <option value="juice">Juice</option>

                <option value="tea">Tea</option>

                <option value="coffee">Coffee</option>

              </optgroup>

              <optgroup label="Alcoholic">

                <option value="beer">Beer</option>

                <option value="wine">Wine</option>

                <option value="spirits">Spirits</option>

                <option value="cocktail">Cocktail</option>

              </optgroup>

            </select><br>

        <br>

        <input type="submit" value="Submit">

        </form>

    </div>

   </body>

</html>