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<!DOCTYPE html>
<html lang="en">

<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Good Vibes Form</title>
  <style>
    * {
      padding: 0;
      margin: 0;
      box-sizing: border-box;
    }

    body {
      background-color: lightblue;
      height: 100vh;
      font-family: Arial, Helvetica, sans-serif;
    }

    h1 {
      margin: 10px;
      text-align: center;
    }

    .container {
      width: 60%;
      height: 80%;
      background-color: rgb(248, 243, 243);
      margin: auto;
      border-radius: 20px;
      padding: 100px;
      display: flex;
      justify-content: space-evenly;
      align-items: center;
      flex-direction: column;
    }
    h3{
      text-align: center;
      margin: 20px;
    }
    .d{
      width: 100%;
      display: flex;
      justify-content: space-between;
      margin: 10px;
    }
  </style>
</head>

<body>
  <h1>Good Vibes</h1>
  <h3>Form</h3>
  <div class="container">
    <div class="d">
      <div>
        <input type="text" value="Name" />
        <input type="text" value="Email" />
      </div>
      <div>
        <input type="text" value="Phone" />
        <input type="text" value="Address" />
      </div>
      <div>
        <input type="text" value="City" />
        <input type="text" value="State" />
        <input type="text" value="Zip" />
      </div>
      <div>
        <input type="text" value="Country" />
        <input type="text" value="Postcode" />
      </div>
      <div>
        <input type="text" value="Date" />
        <input type="text" value="Time" />
      </div>
      <div>
        <input type="text" value="Gender" />
        <input type="text" value="Age" />
      </div>
      <div>
        <input type="text" value="Occupation" />
        <input type="text" value="Education" />
      </div>
      <div>
        <input type="text" value="Marital Status" />
        <input type="text" value="Religion" />
      </div>
      <div>
        <input type="text" value="Blood Group" />
        <input type="text" value="Hobbies" />
      </div>
      <div>
        <input type="text" value="Languages" />
        <input type="text" value="Skills" />
      </div>
      <div>
        <input type="text" value="Interests" />
        <input type="text" value="Goals" />
      </div>
      <div>
        <input type="text" value="Values" />
        <input type="text" value="Beliefs" />
      </div>
      <div>
        <input type="text" value="Opinions" />
        <input type="text" value="Attitudes" />
      </div>
      <div>
        <input type="text" value="Mental Health" />
        <input type="text" value="Physical Health" />
      </div>
      <div>
        <input type="text" value="Emotional Health" />
        <input type="text" value="Social Health" />
      </div>
      <div>
        <input type="text" value="Spiritual Health" />
        <input type="text" value="Intellectual Health" />
      </div>
      <div>
        <input type="text" value="Financial Health" />
        <input type="text" value="Environmental Health" />
      </div>
      <div>
        <input type="text" value="Cultural Health" />
        <input type="text" value="Political Health" />
      </div>
      <div>
        <input type="text" value="Legal Health" />
        <input type="text" value="Medical Health" />
      </div>
      <div>
        <input type="text" value="Educational Health" />
        <input type="text" value="Professional Health" />
      </div>
      <div>
        <input type="text" value="Personal Health" />
        <input type="text" value="Community Health" />
      </div>
      <div>
        <input type="text" value="Global Health" />
        <input type="text" value="Local Health" />
      </div>
      <div>
        <input type="text" value="Individual Health" />
        <input type="text" value="Collective Health" />
      </div>
      <div>
        <input type="text" value="Human Health" />
        <input type="text" value="Non-human Health" />
      </div>
      <div>
        <input type="text" value="Plant Health" />
        <input type="text" value="Animal Health" />
      </div>
      <div>
        <input type="text" value="Insect Health" />
        <input type="text" value="Bird Health" />
      </div>
      <div>
        <input type="text" value="Fish Health" />
        <input type="text" value="Reptile Health" />
      </div>
      <div>
        <input type="text" value="Amphibian Health" />
        <input type="text" value="Mammal Health" />
      </div>
      <div>
        <input type="text" value="Monarch Health" />
        <input type="text" value="Hummingbird Health" />
      </div>
      <div>
        <input type="text" value="Pigeon Health" />
        <input type="text" value="Sparrow Health" />
      </div>
      <div>
        <input type="text" value="Robin Health" />
        <input type="text" value="Cardinal Health" />
      </div>
      <div>
        <input type="text" value="Blue Jay Health" />
        <input type="text" value="Red-tailed Hawk Health" />
      </div>
      <div>
        <input type="text" value="Bald Eagle Health" />
        <input type="text" value="Golden Eagle Health" />
      </div>
      <div>
        <input type="text" value="American Osprey Health" />
        <input type="text" value="Belted Kingfisher Health" />
      </div>
      <div>
        <input type="text" value="Great Blue Heron Health" />
        <input type="text" value="Whooping Crane Health" />
      </div>
      <div>
        <input type="text" value="American Bittern Health" />
        <input type="text" value="Least Bittern Health" />
      </div>
      <div>
        <input type="text" value="American Cooton Health" />
        <input type="text" value="American Merganser Health" />
      </div>
      <div>
        <input type="text" value="American Goldeneye Health" />
        <input type="text" value="American Loon Health" />
      </div>
      <div>
        <input type="text" value="American Murrelet Health" />
        <input type="text" value="American Raven Health" />
      </div>
      <div>
        <input type="text" value="American Crow Health" />
        <input type="text" value="American Grackle Health" />
      </div>
      <div>
        <input type="text" value="American Starling Health" />
        <input type="text" value="American House Finch Health" />
      </div>
      <div>
        <input type="text" value="American Goldfinch Health" />
        <input type="text" value="American Nighthawk Health" />
      </div>
      <div>
        <input type="text" value="American Barn Swallow Health" />
        <input type="text" value="American Vireo Health" />
      </div>
      <div>
        <input type="text" value="American Wood Thrush Health" />
        <input type="text" value="American Indigo Bunting Health" />
      </div>
      <div>
        <input type="text" value="American Redstart Health" />
        <input type="text" value="American Parula Health" />
      </div>
      <div>
        <input type="text" value="American Blue Jay Health" />
        <input type="text" value="American Screech Owl Health" />
      </div>
      <div>
        <input type="text" value="American Great Horned Owl Health" />
        <input type="text" value="American Long-eared Owl Health" />
      </div>
      <div>
        <input type="text" value="American Short-eared Owl Health" />
        <input type="text" value="American Burrowing Owl Health" />
      </div>
      <div>
        <input type="text" value="American Spotted Owl Health" />
        <input type="text" value="American Pileated Woodpecker Health" />
      </div>
      <div>
        <input type="text" value="American Downy Woodpecker Health" />
        <input type="text" value="American Red-bellied Woodpecker Health" />
      </div>
      <div>
        <input type="text" value="American Striped Gophers Health" />
        <input type="text" value="American Eastern Cottontail Health" />
      </div>
      <div>
        <input type="text" value="American White-tailed Deer Health" />
        <input type="text" value="American Black-tailed Deer Health" />
      </div>
      <div>
        <input type="text" value="American Mule Deer Health" />
        <input type="text" value="American Elk Health" />
      </div>
      <div>
        <input type="text" value="American Moose Health" />
        <input type="text" value="American Caribou Health" />
      </div>
      <div>
        <input type="text" value="American Reindeer Health" />
        <input type="text" value="American Sika Deer Health" />
      </div>
      <div>
        <input type="text" value="American Sambar Deer Health" />
        <input type="text" value="American Axis Deer Health" />
      </div>
      <div>
        <input type="text" value="American Kudu Health" />
        <input type="text" value="American Eland Health" />
      </div>
      <div>
        <input type="text" value="American Gnu Health" />
        <input type="text" value="American Kudu Health" />
      </div>
      <div>
        <input type="text" value="American Topi Health" />
        <input type="text" value="American Gazelle Health" />
      </div>
      <div>
        <input type="text" value="American Antelope Health" />
        <input type="text" value="American Zebu Health" />
      </div>
      <div>
        <input type="text" value="American Buffalo Health" />
        <input type="text" value="American Bison Health" />
      </div>
      <div>
        <input type="text" value="American Pronghorn Health" />
        <input type="text" value="American Wild Horse Health" />
      </div>
      <div>
        <input type="text" value="American Wild Dog Health" />
        <input type="text" value="American African Wild Dog Health" />
      </div>
      <div>
        <input type="text" value="American Cheetah Health" />
        <input type="text" value="American Leopard Health" />

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    label{
        width: 49%;
        text-align: right;
    }
    input[type="text"],[type="number"],select,.option,.emotions{
        padding: 3px;
        width: 49%;
    }
    .btn{
        justify-content: center;
        align-items: center;
        margin: 10px;
    }
    .des{
        height:50px;
    }
    input[type="submit"]{
        height: 40px;
        width: 100px;
        border-radius: 10px;
        font-size: large;
        background-color: cornflowerblue;
        border: none;
        color: white;
    }
</style>
</head>

<body>
    <h1>Good Vibes Form</h1>
    <form action="" class="container">
        <h3>Tell us something good that happened to you today</h3>
        <div class="d name">
            <label for="name">Name</label>
            <input type="text" name="name" placeholder="Enter your name">
        </div>
        <div class="d email">
            <label for="email">Email</label>
            <input type="text" name="email" placeholder="Enter your email
address">
        </div>
        <div class="d goodness">
            <label for="number">On a scale of 1-10,how good was
it?</label>
            <input type="number" name="number" placeholder="Enter a number
between 1 and 10">
        </div>
        <div class="d place">

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        <label for="place">Where did it happen?</label>
        <select name="place" >
            <option value="home" selected>At home</option>
            <option value="college" >At college</option>
            <option value="other">other</option>
        </select>
    </div>
    <div class="d time">
        <label for="time">At what time of day did it happen?</label>
        <div class="option">
            <div class="opt"><input type="radio" name="time"
id="">Morning</div>
            <div class="opt"><input type="radio" name="time"
id="">Afternoon</div>
            <div class="opt"><input type="radio" name="time"
id="">Evening</div>
        </div>
    </div>
    <div class="d emotion">
        <label for="emotion">What emotions did you
experience?<br>(Select All that apply)</label>
        <div class="emotions">
            <div class="emo"><input type="checkbox" name="emotion"
id="">Excited</div>
            <div class="emo"><input type="checkbox" name="emotion"
id="">Humbled</div>
            <div class="emo"><input type="checkbox" name="emotion"
id="">Elated</div>
            <div class="emo"><input type="checkbox" name="emotion"
id="">Loved</div>
            <div class="emo"><input type="checkbox" name="emotion"
id="">Enthusiastic</div>
        </div>
    </div>
    <div class="d describe">
        <label for="describe">Please describe your positive
experience. </label>
        <input type="text" name="describe" placeholder="Enter your
experience here..." class="des">
    </div>
    <div class="d btn">
        <input type="submit">
    </div>
</form>
</body>

</html>

```

Output

Good Vibes Form

Tell us something good that happened to you today

Name

Email

On a scale of 1-10, how good was it?

Where did it happen?

At what time of day did it happen?
☐ Morning
☐ Afternoon
☐ Evening

What emotions did you experience?
(Select All that apply)
☐ Excited
☐ Humbled
☐ Elated
☐ Loved
☐ Enthusiastic

Please describe your positive experience.

Submit