

Andhika M.N.

2105101001 / 5B

Latihan Modul 5

Tag Form & Tag Text Area

```
<!-- tag form -->
<form action="prosesdata.php" method="post">...isi form...</form>
<!-- tag textarea -->
<textarea name="" id="" cols="20" rows="5">
  |   Text yang diisi dapat mencapai banyak baris
</textarea>
```

Hasil

...isi form...

Text yang
diisi dapat mencapai
banyak baris

Tag Select

```
<!-- tag select -->
<select>
  <option>Pilihan 1</option>
  <option>Pilihan 2</option>
  <option value="pilihan ketiga">Pilihan 3</option>
</select>
<select>
  <option>Pilihan 1</option>
  <option>Pilihan 2</option>
  <option value="pilihan ketiga" selected>Pilihan 3</option>
</select>
```

Hasil

Pilihan 1 ▼

Pilihan 3 ▼

Atribut Name

```
<!-- atribut name -->  
<input type="text" name="username" />  
<input type="text" name="email" />
```

Hasil

Tugas Modul 5

Perbaiki Source Code

```
1 <!DOCTYPE html>  
2 <html lang="en">  
3   <head>  
4     <meta charset="UTF-8" />  
5     <meta name="viewport" content="width=device-width, initial-scale=1.0" />  
6     <title>Belajar Membuat Form</title>  
7   </head>  
8   <body>  
9     <form action="formulir.html" method="post">  
10      <label for="nama">Nama</label>  
11      <input type="text" id="nama" name="nama" value="" />  
12      <br /><br />  
13      <label for="password">Password</label>  
14      <input type="password" id="password" name="password" />  
15      <br />  
16      <p>  
17        Jenis Kelamin :  
18        <input type="radio" id="pria" name="jeniskelamin" value="pria" />  
19        <label for="pria">Pria </label>  
20        <input type="radio" id="wanita" name="jeniskelamin" value="pria" />  
21        <label for="wanita">Wanita</label>  
22      </p>  
23      <p>
```

```

24     Hobi :
25     <input type="checkbox" id="hobi_baca" name="hobi_baca" />
26     <label for="hobi_baca">Membaca Buku</label>
27     <input type="checkbox" id="hobi_nulis" name="hobi_nulis" />
28     <label for="hobi_nulis">menulis</label>
29     <input type="checkbox" id="hobi_mancing" name="hobi_mancing" />
30     <label for="hobi_mancing">Memancing</label>
31 </p>
32 <p>
33     Asal Kota :
34     <select name="asal_kota">
35         <option value="Kota_Jakarta">Jakarta</option>
36         <option value="Kota_Bandung">Bandung</option>
37         <option value="Kota_Semarang">Semarang</option>
38     </select>
39 </p>
40 <p>
41     Komentar Anda :
42     <textarea name="komentar" id="komentar" cols="20" rows="5">Silahkan katakan isi hati anda</textarea>
43 </p>
44 <input type="submit" value="Mulai Proses!" />
45 </form>
46 </body>
47 </html>

```

Hasil

Nama

Password

Jenis Kelamin : ☐ Pria ☐ Wanita

Hobi : ☐ Membaca Buku ☐ menulis ☐ Memancing

Asal Kota :

Komentar Anda :

Formulir Perpustakaan

```
1  <!DOCTYPE html>
2  <html lang="en">
3    <head>
4      <meta charset="UTF-8" />
5      <meta name="viewport" content="width=device-width, initial-scale=1.0" />
6      <title>Document</title>
7    </head>
8    <body>
9      <form action="#">
10        <h1>
11          <center>Formulir Perpustakaan</center>
12        </h1>
13        <label for="nik">NIK</label><br />
14        <input type="text" id="nik" name="nik" value="" />
15        <br /><br />
16
17        <label for="password">Password</label><br />
18        <input type="password" id="password" name="password" />
19        <br /><br />
20
21        <label for="nama">Nama</label><br />
22        <input type="text" id="nama" name="nama" value="" />
23
24        <p>Jenis Kelamin :</p>
25        <input type="radio" id="pria" name="jeniskelamin" value="pria" />
26        <label for="pria">Pria </label>
27        <input type="radio" id="wanita" name="jeniskelamin" value="wanita" />
28        <label for="wanita">Wanita</label>
29
30        <p>Hobi :</p>
31        <input type="checkbox" id="hobi_baca" name="hobi_baca" />
32        <label for="hobi_baca">Membaca Buku</label>
33        <input type="checkbox" id="hobi_nulis" name="hobi_nulis" />
34        <label for="hobi_nulis">Olahraga</label>
35        <input type="checkbox" id="hobi_mancing" name="hobi_mancing" />
36        <label for="hobi_mancing">Memancing</label>
37
38        <p>Asal Kota :</p>
39        <select name="asal_kota">
40          <option value="Kota_Jakarta">Jakarta</option>
41          <option value="Kota_Bandung">Bandung</option>
42          <option value="Kota_Semarang">Semarang</option>
43        </select>
44
45        <p>Saran :</p>
46        <textarea name="komentar" id="komentar" cols="20" rows="5">Silahkan katakan isi hati anda</textarea>
47        <br /><br />
48        <input type="submit" value="Submit" />
49      </form>
50    </body>
51  </html>
```

Hasil

Formulir Perpustakaan

NIK

Password

Nama

Jenis Kelamin :
☐ Pria ☐ Wanita

Hobi :
☐ Membaca Buku ☐ Olahraga ☐ Memancing

Asal Kota :

Saran :

Silahkan katakan isi
hati anda

Formulir Puskesmas

```
1 <!DOCTYPE html>
2 <html lang="en">
3 <head>
4   <meta charset="UTF-8" />
5   <meta name="viewport" content="width=device-width, initial-scale=1.0" />
6   <title>Formulir Klinik</title>
7 </head>
8 <body>
9   <form action="#">
10    <h1>
11      <center>Formulir Klinik Sehat</center>
12    </h1>
13    <label for="nik">NIK</label><br />
14    <input type="text" id="nik" name="nik" value="" />
15    <br /><br />
16
17    <label for="password">Password</label><br />
18    <input type="password" id="password" name="password" />
19    <br /><br />
20
21    <label for="nama">Nama</label><br />
22    <input type="text" id="nama" name="nama" value="" />
23
24    <p>Jenis Kelamin</p>
25    <input type="radio" id="laki-laki" name="jeniskelamin" value="laki-laki" />
26    <label for="laki-laki">Laki - laki </label>
27    <input type="radio" id="perempuan" name="jeniskelamin" value="perempuan" />
28    <label for="perempuan">Perempuan</label><br /><br />
29  </form>
```



```

30 <label for="alamat">Alamat</label><br />
31 <input type="text" id="alamat" name="alamat" value="" />
32 <br />
33
34 <p>Riwayat Sakit</p>
35 <input type="checkbox" id="hati" name="hati" />
36 <label for="hati">Hati</label>
37 <input type="checkbox" id="jantung" name="jantung" />
38 <label for="jantung">Jantung</label>
39 <input type="checkbox" id="paru_paru" name="paru_paru" />
40 <label for="paru_paru">Paru - Paru</label>
41
42 <p>Status:</p>
43 <select name="status">
44 | <option value="menikah">Menikah</option>
45 | <option value="belum_menikah">Belum Menikah</option>
46 </select>
47
48 <p>Keluhan</p>
49 <textarea name="keluhan" id="keluhan" cols="20" rows="5"></textarea>
50 <br /><br />
51
52 <input type="submit" value="Submit" />
53 </form>
54 </body>
55 </html>

```

Hasil

Formulir Klinik Sehat

NIK

Password

Nama

Jenis Kelamin
☐ Laki - laki ☐ Perempuan

Alamat

Riwayat Sakit
☐ Hati ☐ Jantung ☐ Paru - Paru

Status:

Keluhan