

Field Embedding- REDCap – How-To Guide

Field Embedding

- Field Embedding is the ultimate way to customize surveys and data collection instruments to make them look exactly how you want. Field Embedding is a Shazam-like feature that allows you to reposition field elements on a survey page or data entry form so that they get embedded in a new location on that same page. Embedding fields gives users greater control over the look and feel of your instrument. Users may place fields in a grid/table for a more compact user-friendly page, or they can position fields close together in a group if they are related.
- To use Field Embedding, users simply need to place the REDCap variable name of a field inside braces/curly brackets - e.g., {date_of_birth} - and place it in the Field Label, Field Note, Section Header, or Choice Label of any other field on that same instrument. Field embedding will not work across instruments but only on the current instrument/survey being viewed. If on a multi-page survey, then the embedded field must be on the same survey page as its host field.
- No action tags or custom HTML is required to use Field Embedding. Users can simply use the rich text editor in the Online Designer to design their layout and then place the field variables inside that layout. The layout does not have to be a table/grid (although tables are common for this), and fields can be embedded inside *any* field type (not just Descriptive fields).
- Note: When installing or upgrading to v10.0.0, a new project “Field Embedding Example Project” will be automatically added as a project template to allow users and admins to easily see some examples of Field Embedding in action.

Example of setting up an embedded field in the Online Designer using a table in a Descriptive field's Field Label:

Edit Field

You may add a new project field to this data collection instrument by completing the fields below and clicking the Save button on this page. For an overview of the different field types available, you may view the [Field Types video \(4 min\)](#).

Field Type: Descriptive Text (with optional Image/Video/...

Field Label ☒ Use the Rich Text Editor ?

Paragraph

B *I*

A




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	2012	2013	2014	2015	2016
Federal Grants	{fed2012}	{fed2013}	{fed2014}	{fed2015}	{fed2016}
Non-federal Grants	{nfed2012}	{nfed2013}	{nfed2014}	{nfed2015}	{nfed2016}
Research Agreements/Contracts	{contr2012}	{contr2013}	{contr2014}	{contr2015}	{contr2016}

EXAMPLE 1

Record ID	3				
Sponsored Research Proposals					
	2012	2013	2014	2015	2016
Federal Grants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-federal Grants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Research Agreements/Contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food question					
How often did you eat spicy foods last year?		<input type="text"/>		<input type="radio"/> Per day	
		number of servings		<input type="radio"/> Per week	
		<input type="checkbox"/> Do not know / Prefer not to answer		<input type="radio"/> Per month	
				reset	

EXAMPLE 2

Patient name:		First <input type="text"/>		Last <input type="text"/>	
Date of birth:	<input type="text"/>		M-D-Y	Sex:	
				<input type="radio"/> Male	
				<input type="radio"/> Female	
				<input type="radio"/> Unknown	
				<input type="radio"/> Other	
				reset	
Age (in either years/months/days):	<input type="text"/>			Age units:	
				<input type="radio"/> Years	
				<input type="radio"/> Months	
				<input type="radio"/> Days	
				reset	
.....PATIENT IDENTIFIER INFORMATION ABOVE IS NOT TRANSMITTED TO CDC.....					
Reporting jurisdiction:	<input type="text"/>		Case State/local ID:	<input type="text"/>	
Reporting health department:	<input type="text"/>		CDC 2019-nCoV ID:	<input type="text"/>	
Contact ID ^a :	<input type="text"/>		NNDSS loc.rec.ID/Case ID ^b :	<input type="text"/>	
Was the patient hospitalized?	<input type="radio"/> Yes	Admission Date	<input type="text"/>		Discharge Date
	<input type="radio"/> No				
	<input type="radio"/> Unknown				
	reset		M-D-Y		<input type="text"/>
					
					M-D-Y
Interviewer information					
Name of interviewer: Last Name	<input type="text"/>		First Name	<input type="text"/>	
Affiliation/Organization:	<input type="text"/>		Telephone:	<input type="text"/>	
Email:	<input type="text"/>				