

Tema 3: Formularios HTML

¿Qué es un formulario?

Nombre:

Apellido:

Contraseña:

```
<!DOCTYPE html>
```

```
<html>
```

```
<body>
```

```
<h2>HTML Forms</h2>
```

```
<form action="/action_page.php">
```

```
  <label for="fname">Nombre:</label><br>
```

```
  <input type="text" id="fname"
```

```
name="fname" value="Pepito"><br>
```

```
  <label for="lname">Apellido:</label><br>
```

```
  <input type="text" id="lname"
```

```
name="lname" value="Perez"><br>
```

```
  <label for="pass">Contraseña:</label>
```

```
<br>
```

```
  <input type="password" id="pass"
```

```
name="pass" value="contraseña"><br>
```

```
</form>
```

```
</body>
```

```
</html>
```

Elemento <form></form>

- Crea un formulario
- Solo es un contenedor, necesita de otras elementos para que se muestre
- Elemento principal **<input></input>**
- Crea una entrada en el formulario
- Puede ser de distintos tipos

```
<input type="text">
```

```
<input type="radio">
```

```
<input type="checkbox">
```

```
<input type="submit">
```

```
<input type="button">
```

Nombre:

- ☐ HTML
- ☐ CSS
- ☐ JavaScript

- ☐ Tengo una bici
- ☐ Tengo un coche
- ☐ Tengo un barco

Elemento `<input></input>`

- Crea una entrada en el formulario
- Suele necesitar un elemento `<label></label>`
- Para usarlo, darle un **id** a un elemento input y al label poner un **for** que se refiera a ese id
- `<label>` es útil para los lectores de pantalla y para personas que tengan dificultad clicando en zonas pequeñas

```
<form>  
  <input type="text" id="fname" name="fname" value="John"><br>  
</form>
```

John

```
<form>  
  <label for="fname">Nombre:</label><br>  
  <input type="text" id="fname" name="fname" value="John"><br>  
</form>
```

Nombre:

John

Ejemplo

```
<p>Elige tu lenguaje Web favorito:</p>
```

```
<form>
```

```
  <input type="radio" id="html" name="fav_language" value="HTML">
```

```
  <label for="html">HTML</label><br>
```

```
  <input type="radio" id="css" name="fav_language" value="CSS">
```

```
  <label for="css">CSS</label><br>
```

```
  <input type="radio" id="javascript" name="fav_language" value="JavaScript">
```

```
  <label for="javascript">JavaScript</label>
```

```
</form>
```

Elige tu lenguaje Web favorito:

- ☐ HTML
- ☐ CSS
- ☐ JavaScript

Ejemplo

```
<form action="/action_page.php">
  <label for="fname">First name:</label><br>
  <input type="text" id="fname" name="fname" value="John"><br>
  <label for="lname">Last name:</label><br>
  <input type="text" id="lname" name="lname" value="Doe"><br><br>
  <input type="submit" value="Submit">
</form>
```

First name:

John

Last name:

Doe


Submit

Atributos del elemento <form>

- **action** define que hacer cuando se envía el formulario.
- **target** especifica donde mostrar la respuesta tras enviar el formulario. Tiene los siguientes valores

<code>_blank</code>	The response is displayed in a new window or tab
<code>_self</code>	The response is displayed in the current window
<code>_parent</code>	The response is displayed in the parent frame
<code>_top</code>	The response is displayed in the full body of the window
<code>framename</code>	The response is displayed in a named iframe

Atributos del elemento <form>

- method especifica con qué método HTTP enviar los datos.
 - **method="get"**: los datos aparecerán en la cabecera de la página
 - **method="post"**: los datos van dentro de la petición HTTP
 - Los datos enviados por **GET** no son privado
 - Las URL tienen una longitud máxima
 - **POST** no tiene límite de tamaño
 - Pero lo enviado con **GET** se puede guardar en un marcador
 - **autocomplete** permite que el buscador autocomplete los valores basándose en valores anteriores
- 

Ejercicios

- a) Como título principal de la página debe figurar con etiquetas h1 el texto “Inscripción al Congreso de Medicina Santiago 2048”
- b) Debe contener dos formularios: el primero será “Inscripción al Congreso para médicos especialistas” y el segundo “Inscripción al congreso para médicos generalistas”. Estos títulos deben figurar antes del formulario con etiquetas h2.
- c) El formulario para médicos especialistas debe solicitar nombre, apellidos, especialidad y año de obtención de la especialidad.
- d) El formulario para médicos generalistas debe solicitar nombre, apellidos, centro médico donde ejerce y año de obtención del título.



Ejercicios

Crea el siguiente formulario

Nombre:

Apellido:

Email:

☐ Varón:

☐ Mujer:

Tipos del elemento <input>: TEXT

```
<form>
  <label for="fname">First name:</label><br>
  <input type="text" id="fname" name="fname"><br>
  <label for="lname">Last name:</label><br>
  <input type="text" id="lname" name="lname">
</form>
```

First name:

Last name:

Tipos del elemento <input>: PASSWORD

```
<form action="/action_page.php">  
  <label for="username">Username:</label><br>  
  <input type="text" id="username" name="username"><br>  
  <label for="pwd">Password:</label><br>  
  <input type="password" id="pwd" name="pwd"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

Username:

Password:

Submit

Tipos del elemento <input>: SUBMIT

```
<form action="/action_page.php">  
  <label for="fname">First name:</label><br>  
  <input type="text" id="fname" name="fname" value="John"><br>  
  <label for="lname">Last name:</label><br>  
  <input type="text" id="lname" name="lname" value="Doe"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

First name:

Last name:

Tipos del elemento <input>: RESET

```
<form action="/action_page.php">  
  <label for="fname">First name:</label><br>  
  <input type="text" id="fname" name="fname" value="John"><br>  
  <label for="lname">Last name:</label><br>  
  <input type="text" id="lname" name="lname" value="Doe"><br><br>  
  <input type="submit" value="Submit">  
  <input type="reset">  
</form>
```

First name:

John

Last name:

Doe

Submit

Restablecer

Tipos del elemento <input>: RADIO

```
<form>
  <input type="radio" id="html" name="fav_language" value="HTML">
  <label for="html">HTML</label><br>
  <input type="radio" id="css" name="fav_language" value="CSS">
  <label for="css">CSS</label><br>
  <input type="radio" id="javascript" name="fav_language" value="JavaScript">
  <label for="javascript">JavaScript</label>
</form>
```

- ☐ HTML
- ☐ CSS
- ☐ JavaScript

Tipos del elemento <input>: CHECKBOX

```
<form>
  <input type="checkbox" id="vehicle1" name="vehicle1" value="Bike">
  <label for="vehicle1"> I have a bike</label><br>
  <input type="checkbox" id="vehicle2" name="vehicle2" value="Car">
  <label for="vehicle2"> I have a car</label><br>
  <input type="checkbox" id="vehicle3" name="vehicle3" value="Boat">
  <label for="vehicle3"> I have a boat</label>
</form>
```

- ☐ I have a bike
- ☐ I have a car
- ☐ I have a boat

Tipos del elemento <input>: BUTTON

```
<input type="button" onclick="alert('Hello World!')" value="Click Me!">
```

A rectangular button with a light gray background and a thin black border. The text "Click Me!" is centered on the button in a black, sans-serif font.


Tipos del elemento <input>: COLOR

```
<form action="/action_page.php">  
  <label for="favcolor">Select your favorite color:</label>  
  <input type="color" id="favcolor" name="favcolor" value="#ff0000">  
  <input type="submit" value="Submit">  
</form>
```

Select your favorite color:

Tipos del elemento <input>: DATE

```
<form action="/action_page.php">
  <label for="birthday">Birthday:</label>
  <input type="date" id="birthday" name="birthday">
  <input type="submit" value="Submit">
</form>
```

Birthday: 

```
<form>
  <label for="datemax">Enter a date before 1980-01-01:</label>
  <input type="date" id="datemax" name="datemax" max="1979-12-31"><br><br>
  <label for="datemin">Enter a date after 2000-01-01:</label>
  <input type="date" id="datemin" name="datemin" min="2000-01-02">
</form>
```

Tipos del elemento <input>: DATETIME-LOCAL

```
<form action="/action_page.php">  
  <label for="birthdaytime">Birthday (date and time):</label>  
  <input type="datetime-local" id="birthdaytime" name="birthdaytime">  
  <input type="submit" value="Submit">  
</form>
```

Birthday (date and time):

Tipos del elemento <input>: EMAIL

```
<form action="/action_page.php">  
  <label for="email">Enter your email:</label>  
  <input type="email" id="email" name="email">  
  <input type="submit" value="Submit">  
</form>
```

Enter your email:




Tipos del elemento <input>: IMAGE

```
<form action="/action_page.php">  
  <label for="fname">First name: </label>  
  <input type="text" id="fname" name="fname"><br><br>  
  <label for="lname">Last name: </label>  
  <input type="text" id="lname" name="lname"><br><br>  
  <input type="image" src="img_submit.gif" alt="Submit" width="48" height="48">  
</form>
```

First name:

Last name:



Tipos del elemento <input>: FILE

```
<form action="/action_page.php">  
  <label for="myfile">Select a file:</label>  
  <input type="file" id="myfile" name="myfile"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

Select a file: Ninguno archivo selec.

Tipos del elemento <input>: HIDDEN

```
<form action="/action_page.php">  
  <label for="fname">First name:</label>  
  <input type="text" id="fname" name="fname"><br><br>  
  <input type="hidden" id="custId" name="custId" value="3487">  
  <input type="submit" value="Submit">  
</form>
```

First name:

Tipos del elemento <input>: MONTH

```
<form action="/action_page.php">  
  <label for="bdaymonth">Birthday (month and year):</label>  
  <input type="month" id="bdaymonth" name="bdaymonth">  
  <input type="submit" value="Submit">  
</form>
```

Birthday (month and year): de 

Tipos del elemento <input>: NUMBER

```
<form action="/action_page.php">  
  <label for="quantity">Quantity (between 1 and 5):</label>  
  <input type="number" id="quantity" name="quantity" min="1" max="5">  
  <input type="submit" value="Submit">  
</form>
```

Quantity (between 1 and 5):

Tipos del elemento <input>: RANGE

```
<form action="/action_page.php" method="get">  
  <label for="vol">Volume (between 0 and 50):</label>  
  <input type="range" id="vol" name="vol" min="0" max="50">  
  <input type="submit" value="Submit">  
</form>
```

Volume (between 0 and 50):



Submit

Tipos del elemento <input>: SEARCH

```
<form action="/action_page.php">  
  <label for="gsearch">Search Google:</label>  
  <input type="search" id="gsearch" name="gsearch">  
  <input type="submit" value="Submit">  
</form>
```

Search Google:

Tipos del elemento <input>: TEL

```
<form action="/action_page.php">  
  <label for="phone">Enter a phone number:</label><br><br>  
  <input type="tel" id="phone" name="phone" placeholder="123-45-678" pattern="[0-9]{3}-[0-9]{2}-[0-9]{3}" required><br><br>  
  <small>Format: 123-45-678</small><br><br>  
  <input type="submit" value="Submit">  
</form>
```

Enter a phone number:

Format: 123-45-678

Tipos del elemento <input>: TIME

```
<form action="/action_page.php">  
  <label for="appt">Select a time:</label>  
  <input type="time" id="appt" name="appt">  
  <input type="submit" value="Submit">  
</form>
```

Select a time:



Tipos del elemento <input>: URL

```
<form action="/action_page.php">  
  <label for="homepage">Add your homepage:</label>  
  <input type="url" id="homepage" name="homepage">  
  <input type="submit" value="Submit">  
</form>
```

Add your homepage:

Tipos del elemento <input>: WEEK

```
<form action="/action_page.php">  
  <label for="week">Select a week:</label>  
  <input type="week" id="week" name="week">  
  <input type="submit" value="Submit">  
</form>
```

Select a week:

Semana --, ----



Submit

Ejercicio: prueba los tipos de form

Nombre:

Correo Electrónico:

URL:

Teléfono de casa:

Teléfono móvil:

Fecha matrícula:

Fecha y hora de nacimiento:

Hora:

Mes inicio proyecto:

Semana de vacaciones:

Edad:

Opinión (mín 0, máx 10):

Seleccione el archivo: No se ha seleccionado ningún archivo.

Término de búsqueda:

Color Favorito:

Otros elementos de <form>: <select>

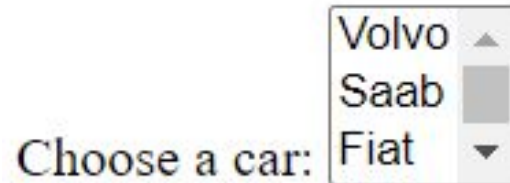
```
<form action="/action_page.php">
  <label for="cars">Choose a car:</label>
  <select id="cars" name="cars">
    <option value="volvo">Volvo</option>
    <option value="saab">Saab</option>
    <option value="fiat">Fiat</option>
    <option value="audi">Audi</option>
  </select>
  <input type="submit">
</form>
```

Choose a car: Volvo ▼ Enviar

Otros elementos de <form>: <select>

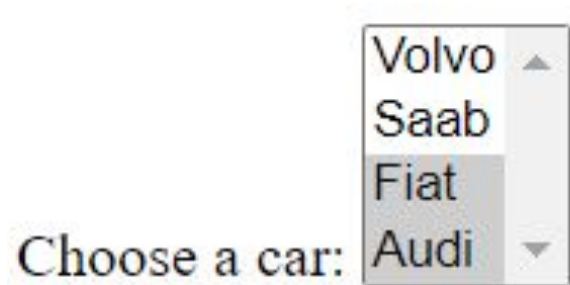
```
<option value="fiat" selected>Fiat</option>
```

```
<form action="/action_page.php">  
  <label for="cars">Choose a car:</label>  
  <select id="cars" name="cars" size="3">  
    <option value="volvo">Volvo</option>  
    <option value="saab">Saab</option>  
    <option value="fiat">Fiat</option>  
    <option value="audi">Audi</option>  
  </select><br><br>  
  <input type="submit">  
</form>
```



Otros elementos de <form>: <select>

```
<form action="/action_page.php">
  <label for="cars">Choose a car:</label>
  <select id="cars" name="cars" size="4"
multiple>
    <option value="volvo">Volvo</option>
    <option value="saab">Saab</option>
    <option value="fiat">Fiat</option>
    <option value="audi">Audi</option>
  </select><br><br>
  <input type="submit">
</form>
```



Otros elementos de <form>: <textarea>

```
<form action="/action_page.php">
  <textarea name="message" rows="10"
  cols="30">The cat was playing in the
  garden.</textarea>
  <br><br>
  <input type="submit">
</form>
```

The cat was playing in the
garden.

Otros elementos de <form>: <button>

```
<button type="button" onclick="alert('Hello World!')">Click Me!</button>
```

A rectangular button with a thin black border and a light gray background. The text "Click Me!" is centered on the button in a black, sans-serif font.

Otros elementos de <form>: <fieldset> y <legend>

```
<form action="/action_page.php">
  <fieldset>
    <legend>Personalia:</legend>
    <label for="fname">First name:</label>
  <br>
    <input type="text" id="fname"
name="fname" value="John"><br>
    <label for="lname">Last name:</label>
  <br>
    <input type="text" id="lname"
name="lname" value="Doe"><br><br>
    <input type="submit" value="Submit">
  </fieldset>
</form>
```

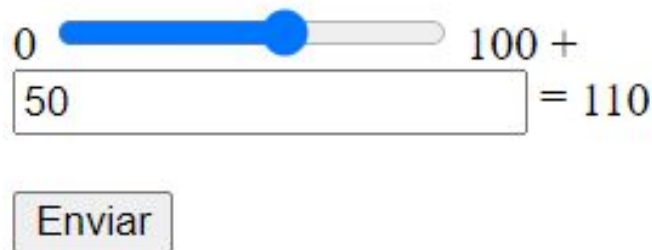
Personalia:

First name:

Last name:

Otros elementos de <form>: <output>

```
<form action="/action_page.php"
oninput="x.value=parseInt(a.value)+parse
Int(b.value)">
  0
  <input type="range" id="a" name="a"
value="50">
  100 +
  <input type="number" id="b" name="b"
value="50">
  =
  <output name="x" for="a b"></output>
  <br><br>
  <input type="submit">
</form>
```



0 100 +
50 = 110
Enviar

Ejercicios

Crea un formulario similar a este

Nombre:

Email:

Asunto:

Pedir presupuesto web

Solicitar cita previa

Otros

¿Cómo nos ha conocido? ☐ Un amigo ☐ Por Google ☐ Buzoneo ☐ Otros


¿En qué podemos ayudarte?

☐ He leído y acepto el [aviso legal y la política de privacidad](#)

Enviar

Ejercicios

Intenta imitar un formulario así con la ayuda de CSS



Bienvenido

Usuario

Contraseña

Login

[¿Perdiste tu contraseña?](#)

[¿No tienes Cuenta? Regístrate](#)

Atributos del elemento <input>: VALUE

```
<form action="/action_page.php">  
  <label for="fname">First name:</label><br>  
  <input type="text" id="fname" name="fname" value="John"><br>  
  <label for="lname">Last name:</label><br>  
  <input type="text" id="lname" name="lname" value="Doe"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

First name:

John

Last name:

Doe

Atributos del elemento <input>: READONLY

```
<form action="/action_page.php">  
  <label for="fname">First name:</label><br>  
  <input type="text" id="fname" name="fname" value="John" readonly><br>  
  <label for="lname">Last name:</label><br>  
  <input type="text" id="lname" name="lname" value="Doe"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

First name:

John

Last name:

Doe

Submit

Atributos del elemento <input>: DISABLED

```
<form action="/action_page.php">  
  <label for="fname">First name:</label><br>  
  <input type="text" id="fname" name="fname" value="John" disabled><br>  
  <label for="lname">Last name:</label><br>  
  <input type="text" id="lname" name="lname" value="Doe"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

First name:

Last name:

Atributos del elemento <input>: SIZE

Funciona en text, search, tel, url, email y password

```
<form action="/action_page.php">  
  <label for="fname">First name:</label><br>  
  <input type="text" id="fname" name="fname" size="50"><br>  
  <label for="pin">PIN:</label><br>  
  <input type="text" id="pin" name="pin" size="4"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

First name:

PIN:

Submit

Atributos del elemento <input>: MAXLENGTH

```
<form action="/action_page.php">  
  <label for="fname">First name:</label><br>  
  <input type="text" id="fname" name="fname" size="50"><br>  
  <label for="pin">PIN:</label><br>  
  <input type="text" id="pin" name="pin" maxlength="4" size="4"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

First name:

PIN:

Submit

Atributos del elemento <input>: MIN y MAX

Solo funciona con number, range, date, datetime-local, month, time y week

```
<form action="/action_page.php">
  <label for="datemax">Enter a date before 1980-01-01:</label>
  <input type="date" id="datemax" name="datemax" max="1979-12-31"><br><br>

  <label for="datemin">Enter a date after 2000-01-01:</label>
  <input type="date" id="datemin" name="datemin" min="2000-01-02"><br><br>

  <label for="quantity">Quantity (between 1 and 5):</label>
  <input type="number" id="quantity" name="quantity" min="1" max="5"><br><br>

  <input type="submit" value="Submit">
</form>
```


Atributos del elemento <input>: MULTIPLE

Funciona con email y file

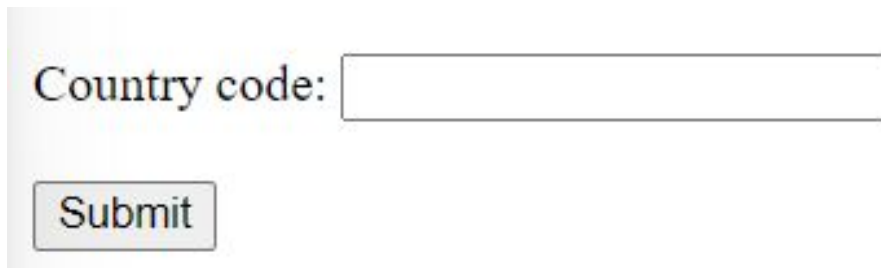
```
<form action="/action_page.php">  
  <label for="files">Select files:</label>  
  <input type="file" id="files" name="files" multiple><br><br>  
  <input type="submit" value="Submit">  
</form>
```

Select files: Ninguno archivo selec.

Atributos del elemento <input>: PATTERN

Funciona en text, date, search, url, tel, email y password

```
<form action="/action_page.php">  
  <label for="country_code">Country code:</label>  
  <input type="text" id="country_code" name="country_code" pattern="[A-Za-z]{3}"  
title="Three letter country code"><br><br>  
  <input type="submit" value="Submit">  
</form>
```



Country code:

Atributos del elemento <input>: PLACEHOLDER

Funciona en text, search, url, tel, email y password

```
<form action="/action_page.php">  
  <label for="phone">Enter a phone number:</label>  
  <input type="tel" id="phone" name="phone" placeholder="123-45-678" pattern="[0-9]{3}-  
[0-9]{2}-[0-9]{3}"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

Enter a phone number:

Atributos del elemento <input>: REQUIRED

Funciona en text, search, url, tel, email, password, date pickers, number, checkbox, radio y file

```
<form action="/action_page.php">  
  <label for="username">Username:</label>  
  <input type="text" id="username" name="username" required>  
  <input type="submit" value="Submit">  
</form>
```



Atributos del elemento <input>: STEP

Funciona con number, range, date, datetime-local, month, time y week

```
<form action="/action_page.php">  
  <label for="points">Points:</label>  
  <input type="number" id="points" name="points" step="3">  
  <input type="submit" value="Submit">  
</form>
```



Atributos del elemento <input>: AUTOFOCUS

```
<form action="/action_page.php">  
  <label for="fname">First name:</label><br>  
  <input type="text" id="fname" name="fname" autofocus><br>  
  <label for="lname">Last name:</label><br>  
  <input type="text" id="lname" name="lname"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

Atributos del elemento <input>: HEIGHT y WIDTH

Solo para image

```
<form action="/action_page.php">
  <label for="fname">First name:</label>
  <input type="text" id="fname" name="fname"><br><br>
  <label for="lname">Last name:</label>
  <input type="text" id="lname" name="lname"><br><br>
  <input type="image" src="img_submit.gif" alt="Submit" width="48" height="48">
</form>
```

Atributos del elemento <input>: LIST

```
<form action="/action_page.php">  
  <input list="browsers" name="browser">  
    <datalist id="browsers">  
      <option value="Internet Explorer">  
      <option value="Firefox">  
      <option value="Chrome">  
      <option value="Opera">  
      <option value="Safari">  
    </datalist>  
    <input type="submit" value="Submit">  
</form>
```


Atributos del elemento <input>: AUTOCOMplete

```
<form action="/action_page.php" autocomplete="on">
  <label for="fname">First name:</label>
  <input type="text" id="fname" name="fname"><br><br>
  <label for="lname">Last name:</label>
  <input type="text" id="lname" name="lname"><br><br>
  <label for="email">Email:</label>
  <input type="email" id="email" name="email" autocomplete="off"><br><br>
  <input type="submit" value="Submit">
</form>
```

Ejercicios

Crea este formulario

Escribe tu nombre:

Escribe tu apellido:

Escribe tu email:

¿Qué valoración le das a la publicación?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5

¿Qué asignaturas has estudiado?

☐ html ☐ css ☐ javascript

Selecciona tu alineación ideal

¿Qué mejorarías de este curso?

Enviar

Otros atributos de <input>: form

```
<form action="/action_page.php" id="form1">  
  <label for="fname">First name:</label>  
  <input type="text" id="fname" name="fname"><br><br>  
  <input type="submit" value="Submit">  
</form>
```

<p>The "Last name" field below is outside the form element, but still part of the form.
</p>

```
<label for="lname">Last name:</label>  
<input type="text" id="lname" name="lname" form="form1">
```

First name:

The "Last name" field below is outside the form element, but still part of the form.

Last name:

Otros atributos de <input>: formaction

Se usa en tipos submit e image

```
<form action="/action_page.php">  
  <label for="fname">First name:</label>  
  <input type="text" id="fname"  
name="fname"><br><br>  
  <label for="lname">Last name:</label>  
  <input type="text" id="lname"  
name="lname"><br><br>  
  <input type="submit" value="Submit">  
  <input type="submit"  
formaction="/action_page2.php"  
value="Submit as Admin">  
</form>
```

First name:

Last name:

Otros atributos de <input>: formenctype

Se usa en tipos submit e image

```
<form action="/action_page_binary.asp"
method="post">
  <label for="fname">First name:</label>
  <input type="text" id="fname"
name="fname"><br><br>
  <input type="submit" value="Submit">
  <input type="submit"
formenctype="multipart/form-data"
value="Submit as Multipart/form-data">
</form>
```

First name:

Submit

Submit as Multipart/form-data

Otros atributos de <input>: formmethod

Se usa en tipos submit e image

```
<form action="/action_page.php"
method="get" target="_blank">
  <label for="fname">First name:</label>
  <input type="text" id="fname"
name="fname"><br><br>
  <label for="lname">Last name:</label>
  <input type="text" id="lname"
name="lname"><br><br>
  <input type="submit" value="Submit using
GET">
  <input type="submit" formmethod="post"
value="Submit using POST">
</form>
```

First name:

Last name:

Submit using GET

Submit using POST

Otros atributos de <input>: formtarget

Se usa en submit e image

```
<form action="/action_page.php">
  <label for="fname">First name:</label>
  <input type="text" id="fname"
name="fname"><br><br>
  <label for="lname">Last name:</label>
  <input type="text" id="lname"
name="lname"><br><br>
  <input type="submit" value="Submit">
  <input type="submit" formtarget="_blank"
value="Submit to a new window/tab">
</form>
```

First name:

Last name:

Submit

Submit to a new window/tab

Otros atributos de <input>: formnovalidate

Se usa en tipo submit

```
<form action="/action_page.php">
  <label for="email">Enter your email:
</label>
  <input type="email" id="email"
name="email" required><br><br>
  <input type="submit" value="Submit">
  <input type="submit"
formnovalidate="formnovalidate"
value="Submit without validation">
</form>
```

Enter your email: