

HTML Form Entry Module

Implementer shortcuts: [Getting Started](#) | [HTML Reference](#) | [Javascript Reference](#) | [Release Notes](#)

Developer shortcuts: [Technical Overview](#) | [Collaborating on Html Form Entry Using Git](#)

Other examples: [How to Embed HTML Form \(generated by HTML Form Entry module\) in a custom module](#)

Overview

The HTML Form Entry allows anyone with basic HTML programming skills and a knowledge of the OpenMRS system to create forms. It is an alternative to the Infopath FormEntry module in many (but not all) cases.

The key point about writing forms with this module is that you only have to write HTML (with some special tags for things in the OpenMRS model) and the module will automatically "just know" what to do when the user clicks the submit button.

Currently a form submission creates one encounter for one patient.

Requirements

- OpenMRS 1.6.3+, OpenMRS 1.7.2+, OpenMRS 1.8+, OpenMRS 1.9+
- Note that although the module technically supports OpenMRS 1.7.2+, if you are running OpenMRS 1.7.x we strongly recommend upgrading to OpenMRS 1.8 as there may be some instability
- If you are using OpenMRS 1.9+ you should also install the [htmlformentry19ext](#) module.

Comparison with Infopath FormEntry module

Advantages:

- Forms are entered in-the-webapp. No need for installed software on the client.
- You can review a form after entering it and have it look "just like you entered it"
- Form submission immediately creates data (i.e. no waiting for queues to be processed.)

Disadvantages:

- No WYSIWYG editor (though one is in the works)
- Support for scripted behavior is limited (and requires Javascript programming)

Want to help improve this module? Contact [Unknown User \(mogoodrich\)](#).

Download

- [Download the Htmformentry module](#)
- If you're using OpenMRS 1.9+, ALSO get the [htmlformentry19ext](#) module.
- Source code:
 - [View/download source code for htmlformentry19ext](#) from github
 - [View/download source code for htmformentry](#) from github

Instructions

1. Download the module from the repository and install it.
2. Go to "Manage HTML Forms" under the [administration page](#). (Make sure you are looking at the "HTML Form Entry" section, not the "Forms" section!)
3. Create a new form there (click "New HTML Form").
4. Fill out the necessary information; including the Name, Description, Version, and select the Encounter Type from the list. (When an HTML form is submitted, it will create this type of encounter.)
5. Save the form. Then it will open the page for editing the HTML Form.
6. Customize the HTML form to your specifications. Recent versions of the HTML Form Entry Module include a basic form that can be customized. For additional documentation on the HTML tags that are available, see the [HTML Reference](#).

Screenshots

Creating new HTML Form

Admin | Manage HTML Forms | Preview HTML Form from File

Create HTML Form

Name:

Description:

Version:

Encounter Type:

Adding a new or editing a form

OpenMRS

Home | Find/Create Patient | Dictionary | C

Edit Form

Id:

Form:

Name:

Retired:

Created By:

Changed By:

Form Schema:

```

HTML:
<div id="info">
<hr/>
<div style="background-color: #f0f0f0;">
<div style="background-color: #f0f0f0;">
<table border="0" width="550">
<tr valign="top">
<td align="right">
<tr valign="top">
<td align="right">
<tr valign="top">

```

Filling out a form

Note that if you put in an illegal value (per the constraints in the concept dictionary) it is immediately flagged.

<p>Symptoms</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Stomach pain</p> <p><input type="checkbox"/> Joint pain</p> <p><input type="checkbox"/> Muscle pain</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Swollen lymph nodes</p> <p><input type="checkbox"/> Night sweats</p> <p><input type="checkbox"/> Weight loss</p> <p><input type="checkbox"/> Persistent cough</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Chest pain</p> <p><input type="checkbox"/> Sore throat</p> <p><input type="checkbox"/> Hoarseness</p> <p><input type="checkbox"/> Difficulty swallowing</p> <p><input type="checkbox"/> Dry mouth</p> <p><input type="checkbox"/> Excessive thirst</p> <p><input type="checkbox"/> Increased urination</p> <p><input type="checkbox"/> Decreased urination</p> <p><input type="checkbox"/> Blood in urine</p> <p><input type="checkbox"/> Blood in stool</p> <p><input type="checkbox"/> Blood in vomit</p> <p><input type="checkbox"/> Blood in sputum</p> <p><input type="checkbox"/> Blood in sweat</p> <p><input type="checkbox"/> Blood in tears</p> <p><input type="checkbox"/> Blood in saliva</p> <p><input type="checkbox"/> Blood in nasal mucus</p> <p><input type="checkbox"/> Blood in ear discharge</p> <p><input type="checkbox"/> Blood in vaginal discharge</p> <p><input type="checkbox"/> Blood in menstrual blood</p> <p><input type="checkbox"/> Blood in semen</p> <p><input type="checkbox"/> Blood in sweat</p> <p><input type="checkbox"/> Blood in tears</p> <p><input type="checkbox"/> Blood in saliva</p> <p><input type="checkbox"/> Blood in nasal mucus</p> <p><input type="checkbox"/> Blood in ear discharge</p> <p><input type="checkbox"/> Blood in vaginal discharge</p> <p><input type="checkbox"/> Blood in menstrual blood</p> <p><input type="checkbox"/> Blood in semen</p>	<p>4. Anamnèse systémique et dépistage TBC</p> <p>Toux: <input type="checkbox"/> Non <input type="checkbox"/> Oui</p> <p>Crachats: <input type="checkbox"/> Normaux <input type="checkbox"/> Anormaux</p> <p>Fièvre: <input type="checkbox"/> Non <input type="checkbox"/> Oui</p> <p>Perte de poids: <input type="checkbox"/> Non <input type="checkbox"/> Oui</p> <p>Suette nocturne: <input type="checkbox"/> Non <input type="checkbox"/> Oui</p> <p>État de santé générale: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé mentale: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé sociale: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé économique: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé culturelle: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé religieuse: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé spirituelle: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé physique: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé émotionnelle: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé intellectuelle: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé sociale: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé économique: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé culturelle: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé religieuse: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé spirituelle: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p>
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Viewing a form

This looks pretty close to the initial entry.

<p>Symptoms</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Stomach pain</p> <p><input type="checkbox"/> Joint pain</p> <p><input type="checkbox"/> Muscle pain</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Swollen lymph nodes</p> <p><input type="checkbox"/> Night sweats</p> <p><input type="checkbox"/> Weight loss</p> <p><input type="checkbox"/> Persistent cough</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Chest pain</p> <p><input type="checkbox"/> Sore throat</p> <p><input type="checkbox"/> Hoarseness</p> <p><input type="checkbox"/> Difficulty swallowing</p> <p><input type="checkbox"/> Dry mouth</p> <p><input type="checkbox"/> Excessive thirst</p> <p><input type="checkbox"/> Increased urination</p> <p><input type="checkbox"/> Decreased urination</p> <p><input type="checkbox"/> Blood in urine</p> <p><input type="checkbox"/> Blood in stool</p> <p><input type="checkbox"/> Blood in vomit</p> <p><input type="checkbox"/> Blood in sputum</p> <p><input type="checkbox"/> Blood in sweat</p> <p><input type="checkbox"/> Blood in tears</p> <p><input type="checkbox"/> Blood in saliva</p> <p><input type="checkbox"/> Blood in nasal mucus</p> <p><input type="checkbox"/> Blood in ear discharge</p> <p><input type="checkbox"/> Blood in vaginal discharge</p> <p><input type="checkbox"/> Blood in menstrual blood</p> <p><input type="checkbox"/> Blood in semen</p>	<p>4. Anamnèse systémique et dépistage TBC</p> <p>Toux: <input type="checkbox"/> Non <input type="checkbox"/> Oui</p> <p>Crachats: <input type="checkbox"/> Normaux <input type="checkbox"/> Anormaux</p> <p>Fièvre: <input type="checkbox"/> Non <input type="checkbox"/> Oui</p> <p>Perte de poids: <input type="checkbox"/> Non <input type="checkbox"/> Oui</p> <p>Suette nocturne: <input type="checkbox"/> Non <input type="checkbox"/> Oui</p> <p>État de santé générale: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé mentale: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé sociale: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé économique: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé culturelle: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé religieuse: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p> <p>État de santé spirituelle: <input type="checkbox"/> Bon <input type="checkbox"/> Mauvais</p>
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Example HTML

Here's the code behind the screenshots

```
<htmlform>
<macros>
  lightgrey=#e0e0e0
  lightblue=#e0e0ff
</macros>
...
<table border="0" width="100%">
  <tr valign="top">
    <td width="50%">
      <table width="100%" border="1" cellspacing="0" cellpadding="2">
        <tr>
          <td bgcolor="$lightgrey"><b>3. Anamnese</b></td>
        </tr>
        <tr>
          <td>
            Symptomes: <br/>
            <obs conceptId="432" style="checkbox" labelText="Visite de routine, pas de probleme"/> <br/>
            <obs conceptId="1364" rows="10" cols="60"/>
            <br/><br/>

            Conditions socioeconomiques:
            <table><tr><td>
              <obs conceptId="2861" answerConceptId="1309" answerLabel="necessite d'un emploi"/> <br/>
              <obs conceptId="2861" answerConceptId="2862" answerLabel="faim"/> <br/>
              <obs conceptId="2861" answerConceptId="2863" answerLabel="frais scolaire"/> <br/>
              <obs conceptId="2861" answerConceptId="5622" answerLabel="autre"/>
            </td><td>
              <obs conceptId="2861" answerConceptId="2864" answerLabel="probleme avec maison"/> <br/>
              <obs conceptId="2861" answerConceptId="2865" answerLabel="enterrement"/> <br/>
              <obs conceptId="2861" answerConceptId="2866" answerLabel="inaccessibilite de l'eau"/>
            </td></tr></table>

            <br/>
            <b>Examen Clinique:</b> <br/>
            <table width="100%"><tr valign="top">
              <td width="50%">
                <obs conceptId="5088" labelText="Temp:"/> C <br/>
                <obs conceptId="5087" labelText="Pouls:"/>/min <br/>
                <obs conceptId="5089" labelText="Poids:"/>kg <br/>
                <obs conceptId="2137" labelText="IMC:"/>kg/m2 <br/>
              </td><td width="50%">
                <obs conceptId="5242" labelText="FR:"/>/min <br/>
                <obs conceptId="5085" labelText="TA:"/>
                <obs conceptId="5086" labelText=""/> <br/>
                <obs conceptId="5090" labelText="Taille:"/>cm
              </td>
            </tr></table>
          </td>
        </tr>
      </table>
    </td>
    <td width="50%">
      <table width="100%" border="1" cellspacing="0" cellpadding="2">
        <tr>
          <td bgcolor="$lightgrey"><b>4. Anamnese systematique et depistage TBC:</b></td>
        </tr>
        <tr>
          <td>
            <table width="100%">
              <obsgroup groupingConceptId="2162">
                <tr>
                  <td>
                    <b>Toux:</b>
                    <obs conceptId="1734" answerConceptId="107" answerLabel="non"/>
                    <obs conceptId="1293" answerConceptId="107" answerLabel="oui"/>
                  </td>
                </tr>
              </obsgroup>
            </table>
          </td>
        </tr>
      </table>
    </td>
  </tr>
</table>
```

```

                <td colspan="2">
                    duree:
                    <obs conceptId="2160" labelText="" />semaines
                    <obs conceptId="2161" labelText="" />mois
                </td>
            </tr>
            <tr>
                <td></td>
                <td><obs conceptId="1293" answerConceptId="2128" answerLabel="seche"/><
            </td>
            <td><obs conceptId="1293" answerConceptId="970" answerLabel="hemoptysie"
            </td>
            </tr>
            <tr>
                <td></td>
                <td><obs conceptId="1293" answerConceptId="5957" answerLabel="
productive"/></td>
                <td><obs conceptId="1293" answerConceptId="5960" answerLabel="dyspnee"
            </td>
            </tr>
            <tr>
                <td></td>
                <td colspan="2"><obs conceptId="1293" answerConceptId="136"
answerLabel="douleur thoracique"/></td>
            </tr>
            </tbody>
        </table>
        <tr>
            <td align="right"><b>Sueurs nocturnes</b></td>
            <td colspan="2">
                <obs conceptId="1734" answerConceptId="6029" answerLabel="non"/>
                <obs conceptId="1293" answerConceptId="2164" answerLabel="moins
de 3 semaines"/>
                <obs conceptId="1293" answerConceptId="2163" answerLabel="plus
de 3 semaines"/>
            </td>
        </tr>
        <tr valign="top">
            <td align="right"><b>Fievre</b></td>
            <td colspan="2">
                <obs conceptId="1734" answerConceptId="5945" answerLabel="non"/>
                <obsgroup groupingConceptId="1292">
                    <obs conceptId="1293" answerConceptId="5945"
answerLabel="oui," />
                    <br/>
                    duree:
                    <obs conceptId="1294" labelText="" />jours
                    <obs conceptId="2160" labelText="" />semaines
                    <obs conceptId="2161" labelText="" />mois
                </obsgroup>
            </td>
        </tr>
        <tr>
            <td align="right"><b>Perte de poids</b></td>
            <td colspan="2">
                <obs conceptId="1734" answerConceptId="832" answerLabel="non"/>
                <obs conceptId="1293" answerConceptId="832" answerLabel="oui
moins de 10%"/>
                <obs conceptId="1293" answerConceptId="1352" answerLabel="oui
plus de 10%"/>
            </td>
        </tr>
        <tr>
            <td align="right"><b>Contact TBC+</b></td>
            <td colspan="2"><obs conceptId="2133" style="no_yes" labelText="" /></td>
        </tr>
    </table>
    </td>
</tr>
<tr>
    <td>
        <b>Resultat du depistage TBC</b> <obs conceptId="2136" labelText="" answerConceptIds="664,703"

```

```

answerLabels="negatif,positif"/>
  <br/><br/>
  </td>
</tr>
<tr>
  <td bgcolor="$lightgrey"><b>5. La sante sexuelle</b></td>
</tr>
<tr>
  <td>
    <table border="0">
      <tr>
        <td align="right">Sexuellement actif:</td>
        <td><obs conceptId="2730" style="no_yes"/></td>
      </tr>
      <tr>
        <td align="right">Dernieres regles</td>
        <td><obs conceptId="968"/></td>
      </tr>
      <tr>
        <td align="right">Planification familiale</td>
        <td><obs conceptId="5271" style="no_yes"/></td>
      </tr>
      <tr>
        <td align="right">Methode</td>
        <td>
          <obs conceptId="374" answerConceptId="1720" answerLabel="abstinence"/>
          <obs conceptId="374" answerConceptId="780" answerLabel="contraceptifs oraux"/> <br/>
          <obs conceptId="374" answerConceptId="190" answerLabel="condoms"/>
          <obs conceptId="374" answerConceptId="5279" answerLabel="Depo-provera"/> <br/>
          <obs conceptId="374" answerConceptId="5622" answerLabel="autres"/>
          <obs conceptId="2877" labelText="(a specifier)"/>
        </td>
      </tr>
      <tr>
        <td align="right">Enceinte</td>
        <td>
          <obs conceptId="5272" answerConceptIds="1066,1065" answerLabels="non,oui"/>
          <obs conceptId="5596" labelText="DPA"/>
        </td>
      </tr>
      <tr>
        <td align="right">Symptomes d'IST</td>
        <td><obs conceptId="2731" size="40"/></td>
      </tr>
    </table>
  </td>
</tr>
</table>
...
</htmlform>

```

Global Properties

- *htmlformentry.dateFormat*. (added in HFE 1.9) lets you specify a date format (as defined in [Java's SimpleDateFormat](#)) that will be used to display all dates in HTML Forms. This will hold for entering new forms, and viewing/editing existing ones. (For example set the global property to "dd-MMM-yyyy" for an unambiguous date format like 31-Jan-2012.)
- *htmlformentry.showDateFormat*. (added in HFE 1.9) set to true if you want static text for the date format to be displayed, else set to false. This text is displayed next to the date widgets as something like (dd/mm/yyyy)
- *htmlformentry.timeFormat*. (added in HFE 2.6) lets you specify a time format (as defined in [Java's SimpleDateFormat](#)) that will be used to display all times in HTML Forms. Default is 24-hour time (e.g. 18:41). Setting this global property to "h:mm a" would change this to 6:41 PM.

Required Privileges

The following privileges may be necessary for various activities. It may be necessary to create them manually, and add them to your user's role.

- [\leq 1.4] "Patient Dashboard - View Html Forms Section" <-- Required to view the HTML Forms tab on the patient dashboard
- [\geq 1.5] "Form Entry" <-- Required to enter forms generally
- "Add Encounters" <-- Required to submit a form

Upcoming features

To request more features, ask for them on developers@openmrs.org or create them as tickets in [our JIRA site](#).

Flowsheets

Want to build an interface out of nothing but htmlforms? The HtmlFormFlowsheet module provides an easy way of combining html forms into a simple patient-dashboard-type configurable interface. Or, you can embed flowsheet tables directly into your existing htmlforms. This module is particularly useful if you are trying to model patient-based flowsheet type data (such as an MDRTB CAT-IV treatment card, or a chronic care flowsheet). See: [the htmlformflowsheet module wiki](#).

- [Collaborating on HTML Form Entry Using Git](#)
- [How to Embed HTML Form \(generated by HTML Form Entry module\) in a custom module](#)
- [HTML Form Entry 1.9-ext Release Notes](#)
- [HTML Form Entry examples](#)
- [HTML Form Entry JavaScript Reference](#)
- [HTML Form Entry Module - Automatically loading forms during development](#)
- [HTML Form Entry Module Getting Started](#)
- [HTML Form Entry Module HTML Reference](#)
- [HTML Form Entry Module Technical Overview](#)
- [HTML Form Entry Release Notes](#)
- [HTML Form Entry Road Map](#)
- [HTML Form Entry Testing Checklist](#)
- [Infopath to HTML Form Converter \(Design Page\)](#)
- [Jembi Html Form Entry Module](#)