

# DOCUMENT C



# YOUTHSCAN U.K.

An initiative of the International Centre for Child Studies

A national study of all children born 5-11 April 1970 in England, Wales and Scotland originating from the 1970 Birth Cohort of the National Birthday Trust Fund

## STUDENT SCORE FORM

CONFIDENTIAL

BLOCK CAPITALS PLEASE

Surname

Forenames

POSTCODE

Are you Male?  Female?  (SEX86)

Date of birth (DOB86) 

Date	Month	Year
	APRIL	1970

Today's date 

Date	Month	Year
VARIABLE	ABSENT FROM	1986
DATA FILE		

School Name

School Address

### INSTRUCTIONS

This is the answer for the Student Test Booklet. All your answers to the Youthscan Tests 1-7 should be written on this Score Form. Many of you will have completed similar answer sheets for your school exams.

When you fill in the lozenge spaces  on this form use a fairly blunt pencil. Do not use a pen, fill the space fully and don't go beyond the edges. Choose only one answer for each question unless instructed otherwise. If you change your mind, rub out the mark you have made as completely as possible. The lozenges should be marked like this  and not like this  or this . Your answers will be read by a machine and then processed by a computer. This can only be done if the lozenges are filled in accurately. Please ensure that nothing else is entered near these spaces, otherwise the form will be unreadable. The teacher who is administering the test will show you some examples before you begin. Please ask your teacher if you need any more help. After all the tests are completed, this Score Form should be returned to the teacher.

PLEASE DO NOT WRITE BELOW THIS LINE

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

THANK YOU VERY MUCH

Director: Professor Neville Butler  
MD, FRCP, FRCOG, DCH  
International Centre for Child Studies  
Ashley Down House  
16 Cotham Park  
Bristol BS6 6BU



# READING TEST

1

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

## Section A Skimming

A1. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	A6. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
A2. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	A7. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
A3. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	A8. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
A4. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	A9. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
A5. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	A10. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e

## Section B Vocabulary

B1. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B6. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B11. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B16. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
B2. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B7. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B12. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B17. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
B3. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B8. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B13. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B18. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
B4. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B9. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B14. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B19. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
B5. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B10. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B15. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	B20. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e

## Section C Reading for facts

C1. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C6. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C11. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
C2. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C7. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C12. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
C3. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C8. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C13. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
C4. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C9. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C14. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
C5. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C10. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	C15. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e

## Section D Points of view

D1. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D6. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D11. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D16. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
D2. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D7. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D12. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D17. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
D3. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D8. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D13. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	
D4. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D9. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D14. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	
D5. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D10. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	D15. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	

## Section E Comprehension

E1. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	E6. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	E11. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
E2. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	E7. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	E12. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
E3. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	E8. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	E13. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e
E4. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	E9. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	
E5. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	E10. <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

# MATRICES TEST

2

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

## Section 1

<b>1st Example</b> a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>3rd Example</b> a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		2. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>2nd Example</b> a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		3. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		4. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		5. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

## Section 2

<b>4th Example</b> a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>6th Example</b> a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		8. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>5th Example</b> a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		9. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		10. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		11. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# ARITHMETIC TEST

3

<b>1st Example</b> a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	41. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	42. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	43. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2nd Example</b> a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	45. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	6. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	46. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	47. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	49. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	51. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	52. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
13. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	53. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
14. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	54. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
15. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	35. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	55. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
16. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	36. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	56. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
17. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	37. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	57. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
18. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	38. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	58. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
19. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	39. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	59. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	40. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	60. a b c d e <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

Please write your name here.....

# VOCABULARY TEST

4

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

1st Example a b c d e a b c d e	(CVO16) a b c d e 16	(CVO36) a b c d e 36	(CVO56) a b c d e 56
	(CVO17) a b c d e 17	(CVO37) a b c d e 37	(CVO57) a b c d e 57
2nd Example a b c d e a b c d e	(CVO18) a b c d e 18	(CVO38) a b c d e 38	(CVO58) a b c d e 58
	(CVO19) a b c d e 19	(CVO39) a b c d e 39	(CVO59) a b c d e 59
	(CVO20) a b c d e 20	(CVO40) a b c d e 40	(CVO60) a b c d e 60

(CVO1) a b c d e 1	(CVO21) a b c d e 21	(CVO41) a b c d e 41	(CVO61) a b c d e 61
(CVO2) a b c d e 2	(CVO22) a b c d e 22	(CVO42) a b c d e 42	(CVO62) a b c d e 62
(CVO3) a b c d e 3	(CVO23) a b c d e 23	(CVO43) a b c d e 43	(CVO63) a b c d e 63
(CVO4) a b c d e 4	(CVO24) a b c d e 24	(CVO44) a b c d e 44	(CVO64) a b c d e 64
(CVO5) a b c d e 5	(CVO25) a b c d e 25	(CVO45) a b c d e 45	(CVO65) a b c d e 65

(CVO6) a b c d e 6	(CVO26) a b c d e 26	(CVO46) a b c d e 46	(CVO66) a b c d e 66
(CVO7) a b c d e 7	(CVO27) a b c d e 27	(CVO47) a b c d e 47	(CVO67) a b c d e 67
(CVO8) a b c d e 8	(CVO28) a b c d e 28	(CVO48) a b c d e 48	(CVO68) a b c d e 68
(CVO9) a b c d e 9	(CVO29) a b c d e 29	(CVO49) a b c d e 49	(CVO69) a b c d e 69
(CVO10) a b c d e 10	(CVO30) a b c d e 30	(CVO50) a b c d e 50	(CVO70) a b c d e 70

(CVO11) a b c d e 11	(CVO31) a b c d e 31	(CVO51) a b c d e 51	(CVO71) a b c d e 71
(CVO12) a b c d e 12	(CVO32) a b c d e 32	(CVO52) a b c d e 52	(CVO72) a b c d e 72
(CVO13) a b c d e 13	(CVO33) a b c d e 33	(CVO53) a b c d e 53	(CVO73) a b c d e 73
(CVO14) a b c d e 14	(CVO34) a b c d e 34	(CVO54) a b c d e 54	(CVO74) a b c d e 74
(CVO15) a b c d e 15	(CVO35) a b c d e 35	(CVO55) a b c d e 55	(CVO75) a b c d e 75

NB. THE PREFIX FOR THESE 75 VARIABLES IS CVO (ALL LETTERS)

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

### 5A WHAT ABOUT WORK?

Do you?

	Agree fully	Agree partly	Disagree
	a	b	c
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA1)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA2)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA3)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA4)
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA5)
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA6)
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA7)
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA8)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSA9)

### 5B MIGHT AND RIGHT

IS IT?

	True	False
	a	b
1	<input type="checkbox"/>	<input type="checkbox"/> (CSB1)
2	<input type="checkbox"/>	<input type="checkbox"/> (CSB2)
3	<input type="checkbox"/>	<input type="checkbox"/> (CSB3)
4	<input type="checkbox"/>	<input type="checkbox"/> (CSB4)
5	<input type="checkbox"/>	<input type="checkbox"/> (CSB5)
6	<input type="checkbox"/>	<input type="checkbox"/> (CSB6)
7	<input type="checkbox"/>	<input type="checkbox"/> (CSB7)
8	<input type="checkbox"/>	<input type="checkbox"/> (CSB8)
9	<input type="checkbox"/>	<input type="checkbox"/> (CSB9)
10	<input type="checkbox"/>	<input type="checkbox"/> (CSB10)

### 5C HAVE A DRINK

Do you?

	Agree fully	Agree partly	Disagree
	a	b	c
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC1)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC2)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC3)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC4)
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC5)
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC6)
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC7)
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC8)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC9)
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC10)
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC11)
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC12)
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC13)
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC14)
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC15)
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC16)
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSC17)

### 5D WHATS IN A JOB?

Does it?

	Matters very much	Matters somewhat	Doesn't matter
	a	b	c
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD1)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD2)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD3)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD4)
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD5)
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD6)
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD7)
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD8)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD9)
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD10)
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD11)
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD12)
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD13)
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD14)
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD15)
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSD16)

### 5E LOOKING AHEAD

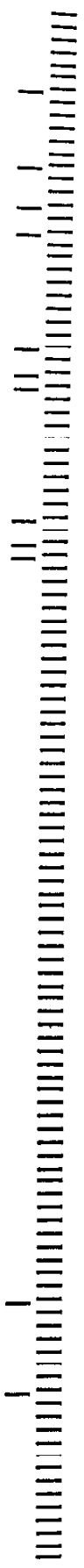
Does it?

	Matters very much	Matters somewhat	Doesn't matter
	a	b	c
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE1)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE2)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE3)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE4)
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE5)
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE6)
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE7)
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE8)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE9)
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE10)
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE11)
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE12)
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE13)
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE14)
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSE15)

### 5F UP IN SMOKE

Do you?

	Agree fully	Agree partly	Disagree
	a	b	c
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF1)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF2)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF3)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF4)
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF5)
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF6)
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF7)
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF8)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF9)
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF10)
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF11)
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF12)
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF13)
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF14)
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF15)
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF16)
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (CSF17)



### 5G COMPARED WITH OTHERS

Compared with others of your own age and sex do you?

	a	b	c	d	
1 much less (CSG1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more
2 much less (CSG2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more
3 much less (CSG3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more
4 much more (CSG4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
5 much better (CSG5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much worse
6 much more (CSG6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
7 much more (CSG7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
8 far more (CSG8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	far less
9 much more (CSG9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
10 much more (CSG10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
11 much more (CSG11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
12 much more (CSG12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
13 much less (CSG13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more
14 much less (CSG14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more
15 far less (CSG15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	far more
16 far less (CSG16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	far more
17 far less (CSG17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	far more
18 far less (CSG18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	far more
19 much more (CSG19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
20 ideal amount (CSG20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more/less
21 too fat/thin (CSG21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	perfect
22 much more (CSG22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
23 much more (CSG23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
24 much less (CSG24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more
25 much less (CSG25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more
26 much more (CSG26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less
27 much less (CSG27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much more
28 much more (CSG28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	much less



### 5H KNOWING MYSELF

Does it?

	Applies very much	Applies somewhat	Doesn't apply
1 (CSH1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 (CSH2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 (CSH3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 (CSH4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 (CSH5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 (CSH6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 (CSH7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 (CSH8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 (CSH9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 (CSH10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 (CSH11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 (CSH12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 (CSH13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 (CSH14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 (CSH15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 (CSH16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 (CSH17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 (CSH18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 (CSH19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 (CSH20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 (CSH21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 (CSH22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 (CSH23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 (CSH24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 (CSH25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 (CSH26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 (CSH27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



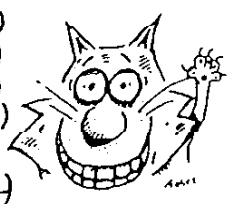
### 5I HOW I FEEL

Do you feel this?

	More than usual	Same as usual	Less than usual	Much less than usual
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel this?

	Not at all	No more than usual	Rather more than usual	Much more than usual
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**5J AT LEISURE**

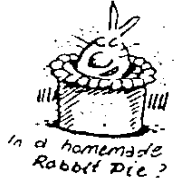
FILL IN PART 1

Do you do this?

Rarely/never  Less than once a week  Once a week  More than once a week

THEN PART 2

Would like to do it more?



**5K MY INTERESTS**

Are you?

Very interested  Quite interested  Not sure  Not interested at all

(CSJ1A) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ2A) 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ3A) 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ4A) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ5A) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ6A) 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ7A) 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ8A) 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ9A) 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ10A) 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ11A) 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ12A) 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ13A) 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ14A) 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ15A) 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ16A) 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ17A) 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ18A) 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ19A) 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ20A) 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ21A) 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ22A) 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ23A) 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ24A) 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ25A) 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ26A) 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ27A) 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ28A) 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ29A) 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ30A) 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ31A) 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ32A) 32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ33A) 33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ34A) 34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ35A) 35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ36A) 36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ37A) 37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ38A) 38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ39A) 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ40A) 40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ41A) 41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ42A) 42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ43A) 43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ44A) 44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ45A) 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ46A) 46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CSJ47A) 47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(CSJ1B)	<input type="checkbox"/>
(CSJ2B)	<input type="checkbox"/>
(CSJ3B)	<input type="checkbox"/>
(CSJ4B)	<input type="checkbox"/>
(CSJ5B)	<input type="checkbox"/>
(CSJ6B)	<input type="checkbox"/>
(CSJ7B)	<input type="checkbox"/>
(CSJ8B)	<input type="checkbox"/>
(CSJ9B)	<input type="checkbox"/>
(CSJ10B)	<input type="checkbox"/>
(CSJ11B)	<input type="checkbox"/>
(CSJ12B)	<input type="checkbox"/>
(CSJ13B)	<input type="checkbox"/>
(CSJ14B)	<input type="checkbox"/>
(CSJ15B)	<input type="checkbox"/>
(CSJ16B)	<input type="checkbox"/>
(CSJ17B)	<input type="checkbox"/>
(CSJ18B)	<input type="checkbox"/>
(CSJ19B)	<input type="checkbox"/>
(CSJ20B)	<input type="checkbox"/>
(CSJ21B)	<input type="checkbox"/>
(CSJ22B)	<input type="checkbox"/>
(CSJ23B)	<input type="checkbox"/>
(CSJ24B)	<input type="checkbox"/>
(CSJ25B)	<input type="checkbox"/>
(CSJ26B)	<input type="checkbox"/>
(CSJ27B)	<input type="checkbox"/>
(CSJ28B)	<input type="checkbox"/>
(CSJ29B)	<input type="checkbox"/>
(CSJ30B)	<input type="checkbox"/>
(CSJ31B)	<input type="checkbox"/>
(CSJ32B)	<input type="checkbox"/>
(CSJ33B)	<input type="checkbox"/>
(CSJ34B)	<input type="checkbox"/>
(CSJ35B)	<input type="checkbox"/>
(CSJ36B)	<input type="checkbox"/>
(CSJ37B)	<input type="checkbox"/>
(CSJ38B)	<input type="checkbox"/>
(CSJ39B)	<input type="checkbox"/>
(CSJ40B)	<input type="checkbox"/>
(CSJ41B)	<input type="checkbox"/>
(CSJ42B)	<input type="checkbox"/>
(CSJ43B)	<input type="checkbox"/>
(CSJ44B)	<input type="checkbox"/>
(CSJ45B)	<input type="checkbox"/>
(CSJ46B)	<input type="checkbox"/>
(CSJ47B)	<input type="checkbox"/>

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK1)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK2)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK3)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK4)
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK5)
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK6)
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK7)
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK8)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK9)
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK10)
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK11)
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK12)
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK13)
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK14)
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK15)
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK16)
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK17)
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK18)
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK19)
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK20)
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK21)
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK22)
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK23)
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK24)
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK25)
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK26)
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK27)
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK28)
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK29)
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK30)
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK31)
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK32)
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK33)
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK34)
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK35)
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK36)
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK37)
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK38)
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK39)
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK40)
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK41)
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK42)
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK43)
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK44)
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK45)
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK46)
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK47)
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK48)
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CSK49)

Please write your name here.....



MARK LIKE THIS



PLEASE DO NOT MARK LIKE THIS



OR



OR



OR



### 5L FATE AND FORTUNE

Is your answer

Yes No Don't know

- 1. (ESL1)
- 2. (ESL2)
- 3. (ESL3)
- 4. (ESL4)
- 5. (ESL5)
- 6. (ESL6)
- 7. (ESL7)
- 8. (ESL8)
- 9. (ESL9)
- 10. (ESL10)
- 11. (ESL11)
- 12. (ESL12)
- 13. (ESL13)
- 14. (ESL14)
- 15. (ESL15)
- 16. (ESL16)
- 17. (ESL17)
- 18. (ESL18)
- 19. (ESL19)
- 20. (ESL20)
- 21. (ESL21)
- 22. (ESL22)
- 23. (ESL23)
- 24. (ESL24)
- 25. (ESL25)
- 26. (ESL26)



### 5M WHAT I READ

Do you read this?

Read as little as I can Read some of the time Read as much as I can

- 1. (ESM1)
- 2. (ESM2)
- 3. (ESM3)
- 4. (ESM4)
- 5. (ESM5)
- 6. (ESM6)
- 7. (ESM7)
- 8. (ESM8)
- 9. (ESM9)
- 10. (ESM10)
- 11. (ESM11)
- 12. (ESM12)
- 13. (ESM13)
- 14. (ESM14)
- 15. (ESM15)
- 16. (ESM16)
- 17. (ESM17)
- 18. (ESM18)
- 19. (ESM19)
- 20. (ESM20)
- 21. (ESM21)
- 22. (ESM22)
- 23. (ESM23)
- 24. (ESM24)
- 25. (ESM25)

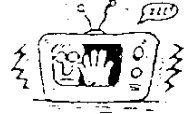
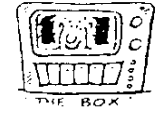


### 5N ME AND THE BOX

Do you watch this?

View as little as I can View some of the time View as much as I can

- 1. (ESN1)
- 2. (ESN2)
- 3. (ESN3)
- 4. (ESN4)
- 5. (ESN5)
- 6. (ESN6)
- 7. (ESN7)
- 8. (ESN8)
- 9. (ESN9)
- 10. (ESN10)
- 11. (ESN11)
- 12. (ESN12)
- 13. (ESN13)
- 14. (ESN14)
- 15. (ESN15)
- 16. (ESN16)
- 17. (ESN17)
- 18. (ESN18)
- 19. (ESN19)
- 20. (ESN20)
- 21. (ESN21)
- 22. (ESN22)



### 5O FEELING HEALTHY?

Do you feel this?

Most of the time Some of the time Rarely or never

- 1. (ESO1)
- 2. (ESO2)
- 3. (ESO3)
- 4. (ESO4)
- 5. (ESO5)
- 6. (ESO6)
- 7. (ESO7)
- 8. (ESO8)
- 9. (ESO9)
- 10. (ESO10)

Most of the time Some of the time Rarely or never

- 11. (ESO11)
- 12. (ESO12)
- 13. (ESO13)
- 14. (ESO14)
- 15. (ESO15)
- 16. (ESO16)
- 17. (ESO17)
- 18. (ESO18)
- 19. (ESO19)
- 20. (ESO20)
- 21. (ESO21)
- 22. (ESO22)

### 5P MY POINT OF VIEW

Do you?

Agree fully Agree partly Disagree

- 1. (ESP1)
- 2. (ESP2)
- 3. (ESP3)
- 4. (ESP4)
- 5. (ESP5)
- 6. (ESP6)
- 7. (ESP7)
- 8. (ESP8)
- 9. (ESP9)
- 10. (ESP10)

Agree fully Agree partly Disagree

- 11. (ESP11)
- 12. (ESP12)
- 13. (ESP13)
- 14. (ESP14)
- 15. (ESP15)
- 16. (ESP16)
- 17. (ESP17)
- 18. (ESP18)
- 19. (ESP19)
- 20. (ESP20)
- 21. (ESP21)

MARK LIKE THIS



PLEASE DO NOT MARK LIKE THIS



OR



OR



OR

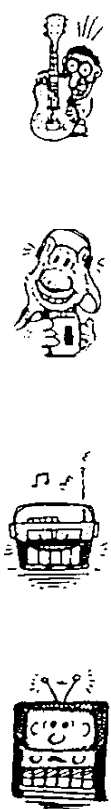


### 5Q WOT A LOT I GOT

Do you own this?

Own one      Would like one      Wouldn't I want one

1	(C5Q1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	(C5Q2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	(C5Q3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	(C5Q4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	(C5Q5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	(C5Q6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	(C5Q7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	(C5Q8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	(C5Q9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	(C5Q10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	(C5Q11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	(C5Q12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	(C5Q13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	(C5Q14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	(C5Q15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	(C5Q16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	(C5Q17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	(C5Q18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	(C5Q19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	(C5Q20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	(C5Q21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	(C5Q22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	(C5Q23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	(C5Q24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	(C5Q25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	(C5Q26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	(C5Q27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	(C5Q28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	(C5Q29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	(C5Q30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




### 5R ME AND MY FAMILY

Do you do this?

Rarely or never      Less than once a week      Once a week      More than once a week

1	(C5R1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	(C5R2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	(C5R3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	(C5R4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	(C5R5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	(C5R6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	(C5R7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	(C5R8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	(C5R9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	(C5R10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	(C5R11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	(C5R12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	(C5R13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	(C5R14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	(C5R15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



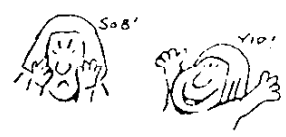
### 5S SOFT DRINK SPECIAL

Do you drink this?

MARK ONLY ONE LOZENGE IN EACH ROW

Number of cups or glasses

1	(C5S1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	(C5S2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	(C5S3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	(C5S4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	(C5S5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	(C5S6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	(C5S7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	(C5S8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	(C5S9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	(C5S10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




### 5T HOME RULE

Is this?

True      False

1	(C5T1)	<input type="checkbox"/>	<input type="checkbox"/>
2	(C5T2)	<input type="checkbox"/>	<input type="checkbox"/>
3	(C5T3)	<input type="checkbox"/>	<input type="checkbox"/>
4	(C5T4)	<input type="checkbox"/>	<input type="checkbox"/>
5	(C5T5)	<input type="checkbox"/>	<input type="checkbox"/>
6	(C5T6)	<input type="checkbox"/>	<input type="checkbox"/>
7	(C5T7)	<input type="checkbox"/>	<input type="checkbox"/>
8	(C5T8)	<input type="checkbox"/>	<input type="checkbox"/>
9	(C5T9)	<input type="checkbox"/>	<input type="checkbox"/>
10	(C5T10)	<input type="checkbox"/>	<input type="checkbox"/>
11	(C5T11)	<input type="checkbox"/>	<input type="checkbox"/>
12	(C5T12)	<input type="checkbox"/>	<input type="checkbox"/>
13	(C5T13)	<input type="checkbox"/>	<input type="checkbox"/>
14	(C5T14)	<input type="checkbox"/>	<input type="checkbox"/>
15	(C5T15)	<input type="checkbox"/>	<input type="checkbox"/>
16	(C5T16)	<input type="checkbox"/>	<input type="checkbox"/>
17	(C5T17)	<input type="checkbox"/>	<input type="checkbox"/>
18	(C5T18)	<input type="checkbox"/>	<input type="checkbox"/>
19	(C5T19)	<input type="checkbox"/>	<input type="checkbox"/>
20	(C5T20)	<input type="checkbox"/>	<input type="checkbox"/>
21	(C5T21)	<input type="checkbox"/>	<input type="checkbox"/>
22	(C5T22)	<input type="checkbox"/>	<input type="checkbox"/>
23	(C5T23)	<input type="checkbox"/>	<input type="checkbox"/>

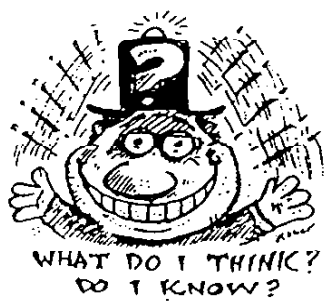


### 5U WHAT I EAT

Do you eat this?

MARK ONLY ONE LOZENGE IN EACH ROW

1	(C5U1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	(C5U2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	(C5U3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	(C5U4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	(C5U5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	(C5U6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	(C5U7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	(C5U8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	(C5U9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	(C5U10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	(C5U11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	(C5U12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	(C5U13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	(C5U14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	(C5U15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	(C5U16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	(C5U17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	(C5U18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# SECTION 6: BACKGROUND INFORMATION

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

Finally to complete the score form would you please provide the following information about yourself, your family and where you live. PLEASE FILL IN ONE LOZENGE ONLY IN ANSWER TO EACH QUESTION.

1. Are you male  female  (C6.1) 2. Are you a Twin? Yes  No  (C6.2)

3. How many full brothers and sisters do you have who are still living in the same household as you? (Please note: if a 2nd twin, the first twin counts as older than you)  
(Fill in one lozenge on each line)

	None	1	2	3	4	More than 4
(a) Older than you?..... (C6.3A)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Younger than you?..... (C6.3B)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How many full brothers and sisters do you have who are no longer living in the same household as you?  
(Fill in one lozenge on each line)

	None	1	2	3	4	More than 4
(a) Older than you?..... (C6.4A)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Younger than you?..... (C6.4B)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Apart from full brothers and sisters, how many living relatives under 16 or other children under 16, normally live in your home? (i.e. younger half-step brothers and sisters, cousins and any non-relatives who are living in the same household as you).  
(Fill in one lozenge)

	None	1	2	3	4	More than 4
Younger than you..... (C6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Answer (a), (b) and (c).

	YES	NO	DON'T KNOW
(a) Do you intend to leave school at the earliest opportunity? (C6.6A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Did your mother leave school at the earliest opportunity? (C6.6B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Did your father leave school at the earliest opportunity? (C6.6C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you live with:- (C6.7)

Your real mother and father?

Your mother and 'new' father (eg step-father)?

Your father and 'new' mother (eg step-mother)?

Your mother alone?

Your father alone?

A relative?

Someone else?

8. Is the house you live in:- (C6.8)

Bought or being bought by your parents?

Rented privately?

Rented from the council?

Something else?

Don't know

9. Is the place you live in:- (C6.9)

a house or bungalow?

a shared house or bungalow?

a flat?

a shared flat?

rooms?

caravan?

something else?

10. What do you want to do after this school year? (C6.10)

Get a job?

Get job training through YTS?

Stay on for vocational training?

Stay on at school for 'A' levels etc?

Go into HM services?

Be unemployed?

Don't know?

11. How many rooms are there in your home? (excluding bathroom/toilets) (C6.11)

1.  2.  3.  4.  5.  6.  7.  8 or more

12. How many people (adults and children) normally live in your home (including yourself)? (C6.12)

1.  2.  3.  4.  5.  6.  7.  8.  9.  10 or more

13. Do you live in A big city  A town  A village  The country  (C6.13)

14. Were you born:- European  West Indian  Asian  Chinese   
A mixture of two of the above  Other race  (C6.14)

15. How old is your mother? (C6.15) Under 35  35-39  40-44  45-49  50 or more

16. Is your father employed?  unemployed?  (C6.16) 17. Have you ever been taken into care by the local authority? (C6.17)

Yes  No  Don't know

18. How many cigarettes do you smoke a week? none  less than 1  1-4  5-20  (C6.18)

19. What exams are you taking this summer? CSEs  'O' levels  Neither  Both  (C6.19)

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

# SPELLING A

7A

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

Please refer to the Student Test Booklet page 42 for details on how to complete this form.

	Correct	Not Correct		Correct	Not Correct		Correct	Not Correct
1. label	<input type="checkbox"/>	<input type="checkbox"/> (C7A1)	36. figure	<input type="checkbox"/>	<input type="checkbox"/> (C7A36)	71. traipse	<input type="checkbox"/>	<input type="checkbox"/> (C7A71)
2. mother	<input type="checkbox"/>	<input type="checkbox"/> (C7A2)	37. wierd	<input type="checkbox"/>	<input type="checkbox"/> (C7A37)	72. coize	<input type="checkbox"/>	<input type="checkbox"/> (C7A72)
3. neather	<input type="checkbox"/>	<input type="checkbox"/> (C7A3)	38. sieze	<input type="checkbox"/>	<input type="checkbox"/> (C7A38)	73. wimman	<input type="checkbox"/>	<input type="checkbox"/> (C7A73)
4. miror	<input type="checkbox"/>	<input type="checkbox"/> (C7A4)	39. vauge	<input type="checkbox"/>	<input type="checkbox"/> (C7A39)	74. wheather	<input type="checkbox"/>	<input type="checkbox"/> (C7A74)
5. persun	<input type="checkbox"/>	<input type="checkbox"/> (C7A5)	40. mirror	<input type="checkbox"/>	<input type="checkbox"/> (C7A40)	75. usury	<input type="checkbox"/>	<input type="checkbox"/> (C7A75)
6. ample	<input type="checkbox"/>	<input type="checkbox"/> (C7A6)	41. toples	<input type="checkbox"/>	<input type="checkbox"/> (C7A41)	76. independant	<input type="checkbox"/>	<input type="checkbox"/> (C7A76)
7. patiance	<input type="checkbox"/>	<input type="checkbox"/> (C7A7)	42. charactor	<input type="checkbox"/>	<input type="checkbox"/> (C7A42)	77. vogue	<input type="checkbox"/>	<input type="checkbox"/> (C7A77)
8. scorpion	<input type="checkbox"/>	<input type="checkbox"/> (C7A8)	43. voyage	<input type="checkbox"/>	<input type="checkbox"/> (C7A43)	78. voyege	<input type="checkbox"/>	<input type="checkbox"/> (C7A78)
9. character	<input type="checkbox"/>	<input type="checkbox"/> (C7A9)	44. supe	<input type="checkbox"/>	<input type="checkbox"/> (C7A44)	79. depprecate	<input type="checkbox"/>	<input type="checkbox"/> (C7A79)
10. elephunt	<input type="checkbox"/>	<input type="checkbox"/> (C7A10)	45. one	<input type="checkbox"/>	<input type="checkbox"/> (C7A45)	80. whether	<input type="checkbox"/>	<input type="checkbox"/> (C7A80)
11. fingar	<input type="checkbox"/>	<input type="checkbox"/> (C7A11)	46. wreck	<input type="checkbox"/>	<input type="checkbox"/> (C7A46)	81. pleasunt	<input type="checkbox"/>	<input type="checkbox"/> (C7A81)
12. metle	<input type="checkbox"/>	<input type="checkbox"/> (C7A12)	47. thumb	<input type="checkbox"/>	<input type="checkbox"/> (C7A47)	82. cvstitis	<input type="checkbox"/>	<input type="checkbox"/> (C7A82)
13. thimble	<input type="checkbox"/>	<input type="checkbox"/> (C7A13)	48. person	<input type="checkbox"/>	<input type="checkbox"/> (C7A48)	83. amput	<input type="checkbox"/>	<input type="checkbox"/> (C7A83)
14. raise	<input type="checkbox"/>	<input type="checkbox"/> (C7A14)	49. trapyse	<input type="checkbox"/>	<input type="checkbox"/> (C7A49)	84. weir	<input type="checkbox"/>	<input type="checkbox"/> (C7A84)
15. leisure	<input type="checkbox"/>	<input type="checkbox"/> (C7A15)	50. thimbel	<input type="checkbox"/>	<input type="checkbox"/> (C7A50)	85. deppreciate	<input type="checkbox"/>	<input type="checkbox"/> (C7A85)
16. laugh	<input type="checkbox"/>	<input type="checkbox"/> (C7A16)	51. larf	<input type="checkbox"/>	<input type="checkbox"/> (C7A51)	86. figger	<input type="checkbox"/>	<input type="checkbox"/> (C7A86)
17. fraght	<input type="checkbox"/>	<input type="checkbox"/> (C7A17)	52. liar	<input type="checkbox"/>	<input type="checkbox"/> (C7A52)	87. cough	<input type="checkbox"/>	<input type="checkbox"/> (C7A87)
18. baithe	<input type="checkbox"/>	<input type="checkbox"/> (C7A18)	53. taught	<input type="checkbox"/>	<input type="checkbox"/> (C7A53)	88. choir	<input type="checkbox"/>	<input type="checkbox"/> (C7A88)
19. knowlege	<input type="checkbox"/>	<input type="checkbox"/> (C7A19)	54. tigar	<input type="checkbox"/>	<input type="checkbox"/> (C7A54)	89. plentiful	<input type="checkbox"/>	<input type="checkbox"/> (C7A89)
20. perceive	<input type="checkbox"/>	<input type="checkbox"/> (C7A20)	55. patience	<input type="checkbox"/>	<input type="checkbox"/> (C7A55)	90. rist	<input type="checkbox"/>	<input type="checkbox"/> (C7A90)
21. packege	<input type="checkbox"/>	<input type="checkbox"/> (C7A21)	56. luggage	<input type="checkbox"/>	<input type="checkbox"/> (C7A56)	91. vague	<input type="checkbox"/>	<input type="checkbox"/> (C7A91)
22. weather	<input type="checkbox"/>	<input type="checkbox"/> (C7A22)	57. coghe	<input type="checkbox"/>	<input type="checkbox"/> (C7A57)	92. wreck	<input type="checkbox"/>	<input type="checkbox"/> (C7A92)
23. quere	<input type="checkbox"/>	<input type="checkbox"/> (C7A23)	58. elephant	<input type="checkbox"/>	<input type="checkbox"/> (C7A58)	93. tippel	<input type="checkbox"/>	<input type="checkbox"/> (C7A93)
24. cigar	<input type="checkbox"/>	<input type="checkbox"/> (C7A24)	59. tripple	<input type="checkbox"/>	<input type="checkbox"/> (C7A59)	94. wunder	<input type="checkbox"/>	<input type="checkbox"/> (C7A94)
25. fiar	<input type="checkbox"/>	<input type="checkbox"/> (C7A25)	60. prase	<input type="checkbox"/>	<input type="checkbox"/> (C7A60)	95. bowgh	<input type="checkbox"/>	<input type="checkbox"/> (C7A95)
26. seaze	<input type="checkbox"/>	<input type="checkbox"/> (C7A26)	61. champion	<input type="checkbox"/>	<input type="checkbox"/> (C7A61)	96. depreciate	<input type="checkbox"/>	<input type="checkbox"/> (C7A96)
27. soap	<input type="checkbox"/>	<input type="checkbox"/> (C7A27)	62. liesure	<input type="checkbox"/>	<input type="checkbox"/> (C7A62)	97. usurey	<input type="checkbox"/>	<input type="checkbox"/> (C7A97)
28. women	<input type="checkbox"/>	<input type="checkbox"/> (C7A28)	63. knowledge	<input type="checkbox"/>	<input type="checkbox"/> (C7A63)	98. dependent	<input type="checkbox"/>	<input type="checkbox"/> (C7A98)
29. hopless	<input type="checkbox"/>	<input type="checkbox"/> (C7A29)	64. bathe	<input type="checkbox"/>	<input type="checkbox"/> (C7A64)	99. peritonitos	<input type="checkbox"/>	<input type="checkbox"/> (C7A99)
30. triple	<input type="checkbox"/>	<input type="checkbox"/> (C7A30)	65. cease	<input type="checkbox"/>	<input type="checkbox"/> (C7A65)	100. deprecate	<input type="checkbox"/>	<input type="checkbox"/> (C7A100)
31. vouge	<input type="checkbox"/>	<input type="checkbox"/> (C7A31)	66. hopeless	<input type="checkbox"/>	<input type="checkbox"/> (C7A66)			
32. pleasure	<input type="checkbox"/>	<input type="checkbox"/> (C7A32)	67. concieve	<input type="checkbox"/>	<input type="checkbox"/> (C7A67)			
33. reek	<input type="checkbox"/>	<input type="checkbox"/> (C7A33)	68. plentyfull	<input type="checkbox"/>	<input type="checkbox"/> (C7A68)			
34. bruther	<input type="checkbox"/>	<input type="checkbox"/> (C7A34)	69. tiple	<input type="checkbox"/>	<input type="checkbox"/> (C7A69)			
35. bough	<input type="checkbox"/>	<input type="checkbox"/> (C7A35)	70. toplless	<input type="checkbox"/>	<input type="checkbox"/> (C7A70)			



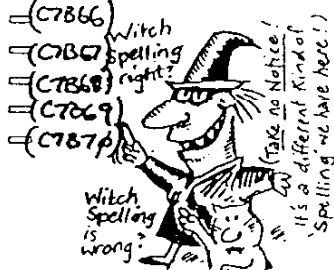
MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

Please write your name here.....

# SPELLING B

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR

Please refer to the Student Test Booklet page 42 for details on how to complete this form.

		Correct		Not Correct			Correct		Not Correct			Correct		Not Correct
1	able	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C781)		36. wate	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7836)		71. comparitive	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7871)
2	tungue	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C782)		37. muscle	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7837)		72. guage	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7872)
3	neither	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C783)		38. hieght	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7838)		73. author	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7873)
4	there	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C784)		39. listen	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7839)		74. laryngitis	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7874)
5	clear	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C785)		40. rong	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7840)		75. clearance	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7875)
6	address	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C786)		41. money	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7841)		76. virtue	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7876)
7	huney	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C787)		42. authour	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7842)		77. gaurd	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7877)
8	rough	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C788)		43. clearence	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7843)		78. afect	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7878)
9	fisure	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C789)		44. verticle	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7844)		79. thief	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7879)
10	mesure	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7810)		45. candle	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7845)		80. priviledge	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7880)
11	young	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7811)		46. fright	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7846)		81. grotesque	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7881)
12	tabel	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7812)		47. yot	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7847)		82. horizontal	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7882)
13	rythm	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7813)		48. proper	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7848)		83. rhythm	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7883)
14	answer	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7814)		49. effect	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7849)		84. committee	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7884)
15	guess	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7815)		50. decieve	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7850)		85. soape	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7885)
16	physical	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7816)		51. feerfully	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7851)		86. proppar	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7886)
17	height	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7817)		52. ther	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7852)		87. cleen	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7887)
18	mier	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7818)		53. mere	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7853)		88. receive	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7888)
19	lissen	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7819)		54. adress	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7854)		89. partical	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7889)
20	usule	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7820)		55. ounce	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7855)		90. fashon	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7890)
21	gauge	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7821)		56. usual	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7856)		91. geniious	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7891)
22	ingenous	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7822)		57. yung	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7857)		92. tonsillitus	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7892)
23	measure	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7823)		58. weight	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7858)		93. mimmic	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7893)
24	thiere	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7824)		59. anwser	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7859)		94. comparative	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7894)
25	soup	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7825)		60. either	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7860)		95. yacht	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7895)
26	guard	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7826)		61. beuty	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7861)		96. privilege	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7896)
27	candel	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7827)		62. their	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7862)		97. ingenuous	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7897)
28	vertue	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7828)		63. tongue	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7863)		98. article	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7898)
29	thelf	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7829)		64. phisics	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7864)		99. commitee	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7899)
30	mimic	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7830)		65. muscel	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7865)		00. groatesque	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C78100)
31	beauty	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7831)		66. freind	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7866)					
32	write	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7832)		67. fissure	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7867)					
33	ounze	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7833)		68. tuogh	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7868)					
34	friend	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7834)		69. nation	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7869)					
35	geust	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7835)		70. ingenious	<input type="checkbox"/>		<input checked="" type="checkbox"/> (C7870)					

MARK LIKE THIS  PLEASE DO NOT MARK LIKE THIS  OR  OR  OR