

| | | |
|----------|------|--|
| 1 | (1) | |
| | (2) | |
| | (3) | |
| | (4) | |
| | (5) | |
| | (6) | |
| | (7) | |
| | (8) | |
| 2 | (9) | |
| | (10) | |

| | | |
|----------|------|-------------------|
| 3 | (11) | : |
| | (12) | : |
| 4 | (13) | |
| | (14) | (mm) |
| | (15) | (m ³) |
| 5 | (16) | yen |
| | (17) | m ² |
| | (18) | yen |
| 6 | (19) | |
| | (20) | |

- Use an eraser when correcting your answers.
- Write your answers clearly on the answer sheet.

Please fill in the box below.

Put your sticker
with the bar code here.

| | | | |
|------------------------------------|---------------------------------|-----------------|-------|
| Name | | Examinee Number | |
| | | | |
| Gender (Check the appropriate box) | | Age | |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | | |
| Date of Birth (year) | | (month) | (day) |
| Address | | | |
| | | | |
| | | / 30 | |

| | | |
|----|------|---|
| 7 | (21) | More than or () -less than () equal to |
| | (22) | More than or () -less than () equal to |
| | (23) | |
| 8 | (24) | m |
| | (25) | m per minute |
| 9 | (26) | |
| | (27) | |
| | (28) | |
| 10 | (29) | A B |
| | (30) | |

● If you have time, please answer the following questionnaire. Check the appropriate box.

| | |
|---|--|
| Test Time Short <input type="checkbox"/> Appropriate <input type="checkbox"/> Long <input type="checkbox"/> | Level Difficult <input type="checkbox"/> Appropriate <input type="checkbox"/> Easy <input type="checkbox"/> |
| Which problems did you find interesting? Check the two problems you found most interesting. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> | |
| You heard the supervisor declare "The envelope containing the test problems was opened today." (Yes <input type="checkbox"/> No <input type="checkbox"/>) | |
| Was the supervisor in the class during the test? (Yes <input type="checkbox"/> No <input type="checkbox"/>) | |