

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

1	(11)	
	(12)	
2	(13)	
	(14)	
3	(15)	
	(16)	
4	(17)	$x =$
	(18)	$x =$
	(19)	$x =$
	(20)	$x =$

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

Please fill in the box.(the bold part is mandatory)

Put your sticker for Section 1
with the bar code here.

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

5	(21)	$x =$ _____ , $y =$ _____
	(22)	$x =$ _____ , $y =$ _____
6	(23)	$y =$ _____
	(24)	_____ cm
	(25)	$b =$ _____
	(26)	$\angle x =$ _____ degrees
	(27)	_____ degrees
	(28)	_____
	(29)	$y =$ _____
	(30)	$\angle x =$ _____ degrees

● 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"/>
What made you decide to take the test?	
<ul style="list-style-type: none"> • To know my ability / challenge myself. <input type="checkbox"/> • To get the certificate and use it in the future. <input type="checkbox"/> • To make math my strong subject. <input type="checkbox"/> • Other <input type="checkbox"/> 	<ul style="list-style-type: none"> • To prepare for entrance exams. <input type="checkbox"/> • I like math. <input type="checkbox"/> • Encouraged by teachers, parents or friends. <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"/>)	