



9X

41/50

## Medical Abbreviations Test

Name: Edilene GenaoDate: 01/17/2025 Score: 82%

Direction: Place the letter of each definition in column B before the abbreviation it describes in column A.

| COLUMN A                        | COLUMN B                                                                     |
|---------------------------------|------------------------------------------------------------------------------|
| 1. <u>P</u> AKA <del>X</del>    | <input checked="" type="checkbox"/> A. Multiple Sclerosis                    |
| 2. <u>GG</u> BP B/P             | <input checked="" type="checkbox"/> B. Nothing by mouth                      |
| 3. <u>C</u> C. diff.            | <input checked="" type="checkbox"/> C. Clostridium difficile                 |
| 4. <u>E</u> DON                 | <input checked="" type="checkbox"/> D. Above the knee amputation             |
| 5. <u>AA</u> h, hr,             | <input checked="" type="checkbox"/> E. Director of Nursing                   |
| 6. <u>G</u> ICU                 | <input checked="" type="checkbox"/> F. Iron                                  |
| 7. <u>A</u> MS                  | <input checked="" type="checkbox"/> G. Intensive care unit                   |
| 8. <u>B</u> NPO                 | <input checked="" type="checkbox"/> H. Hypertension                          |
| 9. <u>I</u> SOB                 | <input checked="" type="checkbox"/> I. Shortness of breath                   |
| 10. <u>II</u> AMT               | <input checked="" type="checkbox"/> J. Prescription, treatment               |
| 11. <u>SS</u> CAD               | <input checked="" type="checkbox"/> K. Immediately, now                      |
| 12. <u>DD</u> DNR               | <input checked="" type="checkbox"/> L. Chronic obstructive pulmonary disease |
| 13. <u>EE</u> ETOH              | <input checked="" type="checkbox"/> M. Two times a day                       |
| 14. <u>HH</u> HHA               | <input checked="" type="checkbox"/> N. Active range of motion                |
| 15. <u>P</u> H/A                | <input checked="" type="checkbox"/> O. As desired                            |
| 16. <u>Q</u> LTC                | <input checked="" type="checkbox"/> P. Headache                              |
| 17. <u>KK</u> OCD               | <input checked="" type="checkbox"/> Q. Long term care                        |
| 18. <u>BB</u> PROM              | <input checked="" type="checkbox"/> R. Both eyes                             |
| 19. <u>Y</u> Fe <del>X</del>    | <input checked="" type="checkbox"/> S. Partial weight bearing                |
| 20. <u>FF</u> N/A               | <input checked="" type="checkbox"/> T. Force fluid                           |
| 21. <u>LL</u> TKR               | <input checked="" type="checkbox"/> U. Intake and output                     |
| 22. <u>V</u> THR                | <input checked="" type="checkbox"/> V. Total hip replacement                 |
| 23. <u>L</u> COPD               | <input checked="" type="checkbox"/> W. Nursing assistant                     |
| 24. <u>W</u> NA                 | <input checked="" type="checkbox"/> X. Within normal limits                  |
| 25. <u>R</u> B.I.D <del>X</del> | <input checked="" type="checkbox"/> Y. Fracture                              |

|                                 |                                          |
|---------------------------------|------------------------------------------|
| 26. <u>WW</u> CHF               | ✓ Z. Head of bed                         |
| 27. <u>N</u> AROM               | ✓ AA. Hour                               |
| 28. <u>UV</u> ADLs              | ✓ BB. Passive range of motion            |
| 29. <u>X</u> WNL                | CC. Diagnosis                            |
| 30. <u>O</u> ad lb              | ✓ DD. Do not resuscitate                 |
| 31. <u>XX</u> as tol            | ✓ EE. Alcohol                            |
| 32. <u>YY</u> UTI               | FF. Not applicable                       |
| 33. <u>Z</u> HOB                | ✓ GG. Blood pressure                     |
| 34. <u>OO</u> Fx <u>XY</u>      | ✓ HH. Home health aide                   |
| 35. <u>ZZ</u> ROM               | II. Amount                               |
| 36. <u>T</u> FF                 | ✓ JJ. Coronary Artery disease            |
| 37. <u>U</u> I&O                | ✓ KK. Obsessive compulsive disorder      |
| 38. <u>S</u> O.U. <u>XR</u>     | ✓ LL. Total knee replacement             |
| 39. <u>K</u> STAT, stat         | MM. Vital signs                          |
| 40. <u>R</u> PWB <u>XS</u>      | ✓ NN. Personal protective equipment      |
| 41. <u>RN</u> T.P.R             | ✓ OO. By mouth                           |
| 42. <u>AA</u> VS, vs <u>MMM</u> | ✓ PP. Hour of sleep                      |
| 43. <u>SS</u> AD                | ✓ QQ. Registered nurse                   |
| 44. <u>NN</u> Rx <u>XJ</u>      | ✓ RR. Temperature, pulse and respiration |
| 45. <u>H</u> HTN                | ✓ SS. Alzheimer's disease                |
| 46. <u>NN</u> PPE               | ✓ TT. Licensed practical nurse           |
| 47. <u>M</u> per os <u>XOO</u>  | ✓ UU. Activities of daily living         |
| 48. <u>PP</u> HS, hs            | ✓ VV. Three times a day                  |
| 49. <u>QQ</u> RN                | ✓ WW. Congestive heart failure           |
| 50. <u>TT</u> LPN               | ✓ XX. As tolerated                       |
|                                 | ✓ YY. Urinary tract infection            |
|                                 | ✓ ZZ. Range of motion                    |



51 to 100

VS1107-2  
HKJH 19-12-2019

NAME

(T) (F) KEY

|     | (T) | (F) | KEY |
|-----|-----|-----|-----|
| 51  | A   | B   | C   |
| 52  | A   | B   | C   |
| 53  | A   | B   | C   |
| 54  | A   | B   | C   |
| 55  | A   | B   | C   |
| 56  | A   | B   | C   |
| 57  | A   | B   | C   |
| 58  | A   | B   | C   |
| 59  | A   | B   | C   |
| 60  | A   | B   | C   |
| 61  | A   | B   | C   |
| 62  | A   | B   | C   |
| 63  | A   | B   | C   |
| 64  | A   | B   | C   |
| 65  | A   | B   | C   |
| 66  | A   | B   | C   |
| 67  | A   | B   | C   |
| 68  | A   | B   | C   |
| 69  | A   | B   | C   |
| 70  | A   | B   | C   |
| 71  | A   | B   | C   |
| 72  | A   | B   | C   |
| 73  | A   | B   | C   |
| 74  | A   | B   | C   |
| 75  | A   | B   | C   |
| 76  | A   | B   | C   |
| 77  | A   | B   | C   |
| 78  | A   | B   | C   |
| 79  | A   | B   | C   |
| 80  | A   | B   | C   |
| 81  | A   | B   | C   |
| 82  | A   | B   | C   |
| 83  | A   | B   | C   |
| 84  | A   | B   | C   |
| 85  | A   | B   | C   |
| 86  | A   | B   | C   |
| 87  | A   | B   | C   |
| 88  | A   | B   | C   |
| 89  | A   | B   | C   |
| 90  | A   | B   | C   |
| 91  | A   | B   | C   |
| 92  | A   | B   | C   |
| 93  | A   | B   | C   |
| 94  | A   | B   | C   |
| 95  | A   | B   | C   |
| 96  | A   | B   | C   |
| 97  | A   | B   | C   |
| 98  | A   | B   | C   |
| 99  | A   | B   | C   |
| 100 | A   | B   | C   |

Key=K Verify=V Rescore=R

|     | (T) | (F) |
|-----|-----|-----|
| 51  | A   | B   |
| 52  | A   | B   |
| 53  | A   | B   |
| 54  | A   | B   |
| 55  | A   | B   |
| 56  | A   | B   |
| 57  | A   | B   |
| 58  | A   | B   |
| 59  | A   | B   |
| 60  | A   | B   |
| 61  | A   | B   |
| 62  | A   | B   |
| 63  | A   | B   |
| 64  | A   | B   |
| 65  | A   | B   |
| 66  | A   | B   |
| 67  | A   | B   |
| 68  | A   | B   |
| 69  | A   | B   |
| 70  | A   | B   |
| 71  | A   | B   |
| 72  | A   | B   |
| 73  | A   | B   |
| 74  | A   | B   |
| 75  | A   | B   |
| 76  | A   | B   |
| 77  | A   | B   |
| 78  | A   | B   |
| 79  | A   | B   |
| 80  | A   | B   |
| 81  | A   | B   |
| 82  | A   | B   |
| 83  | A   | B   |
| 84  | A   | B   |
| 85  | A   | B   |
| 86  | A   | B   |
| 87  | A   | B   |
| 88  | A   | B   |
| 89  | A   | B   |
| 90  | A   | B   |
| 91  | A   | B   |
| 92  | A   | B   |
| 93  | A   | B   |
| 94  | A   | B   |
| 95  | A   | B   |
| 96  | A   | B   |
| 97  | A   | B   |
| 98  | A   | B   |
| 99  | A   | B   |
| 100 | A   | B   |

Score  
Rescore



VS1107-2  
HKJH 19-12-2019

NAME

(T) (F) KEY

|     | (T) | (F) | KEY |
|-----|-----|-----|-----|
| 51  | A   | B   | C   |
| 52  | A   | B   | C   |
| 53  | A   | B   | C   |
| 54  | A   | B   | C   |
| 55  | A   | B   | C   |
| 56  | A   | B   | C   |
| 57  | A   | B   | C   |
| 58  | A   | B   | C   |
| 59  | A   | B   | C   |
| 60  | A   | B   | C   |
| 61  | A   | B   | C   |
| 62  | A   | B   | C   |
| 63  | A   | B   | C   |
| 64  | A   | B   | C   |
| 65  | A   | B   | C   |
| 66  | A   | B   | C   |
| 67  | A   | B   | C   |
| 68  | A   | B   | C   |
| 69  | A   | B   | C   |
| 70  | A   | B   | C   |
| 71  | A   | B   | C   |
| 72  | A   | B   | C   |
| 73  | A   | B   | C   |
| 74  | A   | B   | C   |
| 75  | A   | B   | C   |
| 76  | A   | B   | C   |
| 77  | A   | B   | C   |
| 78  | A   | B   | C   |
| 79  | A   | B   | C   |
| 80  | A   | B   | C   |
| 81  | A   | B   | C   |
| 82  | A   | B   | C   |
| 83  | A   | B   | C   |
| 84  | A   | B   | C   |
| 85  | A   | B   | C   |
| 86  | A   | B   | C   |
| 87  | A   | B   | C   |
| 88  | A   | B   | C   |
| 89  | A   | B   | C   |
| 90  | A   | B   | C   |
| 91  | A   | B   | C   |
| 92  | A   | B   | C   |
| 93  | A   | B   | C   |
| 94  | A   | B   | C   |
| 95  | A   | B   | C   |
| 96  | A   | B   | C   |
| 97  | A   | B   | C   |
| 98  | A   | B   | C   |
| 99  | A   | B   | C   |
| 100 | A   | B   | C   |

Key K Verify V Rescore R

(T) (F)

|     | (T) | (F) | KEY |
|-----|-----|-----|-----|
| 51  | A   | B   | C   |
| 52  | A   | B   | C   |
| 53  | A   | B   | C   |
| 54  | A   | B   | C   |
| 55  | A   | B   | C   |
| 56  | A   | B   | C   |
| 57  | A   | B   | C   |
| 58  | A   | B   | C   |
| 59  | A   | B   | C   |
| 60  | A   | B   | C   |
| 61  | A   | B   | C   |
| 62  | A   | B   | C   |
| 63  | A   | B   | C   |
| 64  | A   | B   | C   |
| 65  | A   | B   | C   |
| 66  | A   | B   | C   |
| 67  | A   | B   | C   |
| 68  | A   | B   | C   |
| 69  | A   | B   | C   |
| 70  | A   | B   | C   |
| 71  | A   | B   | C   |
| 72  | A   | B   | C   |
| 73  | A   | B   | C   |
| 74  | A   | B   | C   |
| 75  | A   | B   | C   |
| 76  | A   | B   | C   |
| 77  | A   | B   | C   |
| 78  | A   | B   | C   |
| 79  | A   | B   | C   |
| 80  | A   | B   | C   |
| 81  | A   | B   | C   |
| 82  | A   | B   | C   |
| 83  | A   | B   | C   |
| 84  | A   | B   | C   |
| 85  | A   | B   | C   |
| 86  | A   | B   | C   |
| 87  | A   | B   | C   |
| 88  | A   | B   | C   |
| 89  | A   | B   | C   |
| 90  | A   | B   | C   |
| 91  | A   | B   | C   |
| 92  | A   | B   | C   |
| 93  | A   | B   | C   |
| 94  | A   | B   | C   |
| 95  | A   | B   | C   |
| 96  | A   | B   | C   |
| 97  | A   | B   | C   |
| 98  | A   | B   | C   |
| 99  | A   | B   | C   |
| 100 | A   | B   | C   |

Score

Rescore

# Grade Master

**AccuScan**  
GUARANTEED



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 01 | 01 | 01 | 01 | 01 | 01 |
| 02 | 02 | 02 | 02 | 02 | 02 |
| 03 | 03 | 03 | 03 | 03 | 03 |
| 04 | 04 | 04 | 04 | 04 | 04 |
| 05 | 05 | 05 | 05 | 05 | 05 |
| 06 | 06 | 06 | 06 | 06 | 06 |
| 07 | 07 | 07 | 07 | 07 | 07 |
| 08 | 08 | 08 | 08 | 08 | 08 |
| 09 | 09 | 09 | 09 | 09 | 09 |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on Key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Edmund

SUBJECT Math

DATE 01/04/2005

PERIOD Ch

Apperson  
REORDER #27800 1022 A1803 U.S. Patent No. 6,695,216 03/24  
www.apperson.com 800.827.9219

Score

# Grade Master

**AccuScan**  
GUARANTEED



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 01 | 01 | 01 | 01 | 01 | 01 |
| 02 | 02 | 02 | 02 | 02 | 02 |
| 03 | 03 | 03 | 03 | 03 | 03 |
| 04 | 04 | 04 | 04 | 04 | 04 |
| 05 | 05 | 05 | 05 | 05 | 05 |
| 06 | 06 | 06 | 06 | 06 | 06 |
| 07 | 07 | 07 | 07 | 07 | 07 |
| 08 | 08 | 08 | 08 | 08 | 08 |
| 09 | 09 | 09 | 09 | 09 | 09 |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on Key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Edmund

SUBJECT Math

DATE 01/04/2005

PERIOD Ch

Apperson  
REORDER #27800 1022 A1803 U.S. Patent No. 6,695,216 03/24  
www.apperson.com 800.827.9219

Score



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on Key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Ed. I. J. 16200

SUBJECT #7

DATE 2/6/05 PERIOD

Apperson

REORDER #27800 10/22 AT1803 U.S. Patent No. 6,695,216 03/24

www.apperson.com 800.827.9219

Score 25/33

STUDENT ID

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Key=K Verify=V Rescore=R

|     |     |   |   |   |   |
|-----|-----|---|---|---|---|
| (T) | (F) |   |   |   |   |
| 1   | A   | B | C | D | E |
| 2   | A   | B | C | D | E |
| 3   | A   | B | C | D | E |
| 4   | A   | B | C | D | E |
| 5   | A   | B | C | D | E |
| 6   | A   | B | C | D | E |
| 7   | A   | B | C | D | E |
| 8   | A   | B | C | D | E |
| 9   | A   | B | C | D | E |
| 10  | A   | B | C | D | E |
| 11  | A   | B | C | D | E |
| 12  | A   | B | C | D | E |
| 13  | A   | B | C | D | E |
| 14  | A   | B | C | D | E |
| 15  | A   | B | C | D | E |
| 16  | A   | B | C | D | E |
| 17  | A   | B | C | D | E |
| 18  | A   | B | C | D | E |
| 19  | A   | B | C | D | E |
| 20  | A   | B | C | D | E |
| 21  | A   | B | C | D | E |
| 22  | A   | B | C | D | E |
| 23  | A   | B | C | D | E |
| 24  | A   | B | C | D | E |
| 25  | A   | B | C | D | E |
| 26  | A   | B | C | D | E |
| 27  | A   | B | C | D | E |
| 28  | A   | B | C | D | E |
| 29  | A   | B | C | D | E |
| 30  | A   | B | C | D | E |
| 31  | A   | B | C | D | E |
| 32  | A   | B | C | D | E |
| 33  | A   | B | C | D | E |
| 34  | A   | B | C | D | E |
| 35  | A   | B | C | D | E |
| 36  | A   | B | C | D | E |
| 37  | A   | B | C | D | E |
| 38  | A   | B | C | D | E |
| 39  | A   | B | C | D | E |
| 40  | A   | B | C | D | E |
| 41  | A   | B | C | D | E |
| 42  | A   | B | C | D | E |
| 43  | A   | B | C | D | E |
| 44  | A   | B | C | D | E |
| 45  | A   | B | C | D | E |
| 46  | A   | B | C | D | E |
| 47  | A   | B | C | D | E |
| 48  | A   | B | C | D | E |
| 49  | A   | B | C | D | E |
| 50  | A   | B | C | D | E |



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on Key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Ed. I. J. 16200

SUBJECT Ch. 8

DATE 2/10/05 PERIOD

Apperson

REORDER #27800 10/22 AT1803 U.S. Patent No. 6,695,216 03/24

www.apperson.com 800.827.9219

Score 31/74

STUDENT ID

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Key=K Verify=V Rescore=R

|     |     |   |   |   |   |
|-----|-----|---|---|---|---|
| (T) | (F) |   |   |   |   |
| 1   | A   | B | C | D | E |
| 2   | A   | B | C | D | E |
| 3   | A   | B | C | D | E |
| 4   | A   | B | C | D | E |
| 5   | A   | B | C | D | E |
| 6   | A   | B | C | D | E |
| 7   | A   | B | C | D | E |
| 8   | A   | B | C | D | E |
| 9   | A   | B | C | D | E |
| 10  | A   | B | C | D | E |
| 11  | A   | B | C | D | E |
| 12  | A   | B | C | D | E |
| 13  | A   | B | C | D | E |
| 14  | A   | B | C | D | E |
| 15  | A   | B | C | D | E |
| 16  | A   | B | C | D | E |
| 17  | A   | B | C | D | E |
| 18  | A   | B | C | D | E |
| 19  | A   | B | C | D | E |
| 20  | A   | B | C | D | E |
| 21  | A   | B | C | D | E |
| 22  | A   | B | C | D | E |
| 23  | A   | B | C | D | E |
| 24  | A   | B | C | D | E |
| 25  | A   | B | C | D | E |
| 26  | A   | B | C | D | E |
| 27  | A   | B | C | D | E |
| 28  | A   | B | C | D | E |
| 29  | A   | B | C | D | E |
| 30  | A   | B | C | D | E |
| 31  | A   | B | C | D | E |
| 32  | A   | B | C | D | E |
| 33  | A   | B | C | D | E |
| 34  | A   | B | C | D | E |
| 35  | A   | B | C | D | E |
| 36  | A   | B | C | D | E |
| 37  | A   | B | C | D | E |
| 38  | A   | B | C | D | E |
| 39  | A   | B | C | D | E |
| 40  | A   | B | C | D | E |
| 41  | A   | B | C | D | E |
| 42  | A   | B | C | D | E |
| 43  | A   | B | C | D | E |
| 44  | A   | B | C | D | E |
| 45  | A   | B | C | D | E |
| 46  | A   | B | C | D | E |
| 47  | A   | B | C | D | E |
| 48  | A   | B | C | D | E |
| 49  | A   | B | C | D | E |
| 50  | A   | B | C | D | E |





### EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 01 | 01 | 01 | 01 | 01 | 01 |
| 02 | 02 | 02 | 02 | 02 | 02 |
| 03 | 03 | 03 | 03 | 03 | 03 |
| 04 | 04 | 04 | 04 | 04 | 04 |
| 05 | 05 | 05 | 05 | 05 | 05 |
| 06 | 06 | 06 | 06 | 06 | 06 |
| 07 | 07 | 07 | 07 | 07 | 07 |
| 08 | 08 | 08 | 08 | 08 | 08 |

- ERASE COMPLETELY TO CHANGE
- MAKE NO STRAY MARKS

## STUDENTS

## KEY MARKING INSTRUCTIONS

## KEY MARKING INSTRUCTIONS

|                 |                                                                                                                     |
|-----------------|---------------------------------------------------------------------------------------------------------------------|
| <b>KEY:</b>     | Must mark this box on Key sheet.                                                                                    |
| <b>VERIFY:</b>  | Prints correct, response next to correct answers. If Verify is marked, a dash will print next to incorrect answers. |
| <b>RESCORE:</b> | Rescores a previously scored test. Automatically prints correct responses.                                          |

NAME Edilene Gervacio  
SUBJECT 9  
DATE 2/12/25 PERIOD \_\_\_\_\_  
Apperson  
RECORDED #27800 10/22 A1803 U.S. Patent No. 6,895,216 03/24  
www.apperson.com 800.827.3219

Score

18/07/2015

|               |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| STUDENT<br>ID | 00 | 00 | 00 | 00 | 00 | 00 |
|               | 01 | 01 | 01 | 01 | 01 | 01 |
|               | 02 | 02 | 02 | 02 | 02 | 02 |
|               | 03 | 03 | 03 | 03 | 03 | 03 |
|               | 04 | 04 | 04 | 04 | 04 | 04 |
|               | 05 | 05 | 05 | 05 | 05 | 05 |
|               | 06 | 06 | 06 | 06 | 06 | 06 |
|               | 07 | 07 | 07 | 07 | 07 | 07 |
|               | 08 | 08 | 08 | 08 | 08 | 08 |
|               | 09 | 09 | 09 | 09 | 09 | 09 |

$$\text{Key} \in K \quad \text{Verify} \in V \quad \text{Rescore} \in R$$

|    | (T)                                                                                 | (F)                                                                                 |                                                                                     |                                                                                     |                                                                                     |
|----|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1  |    |    |    |    |    |
| 2  |    |    |    |    |    |
| 3  |    |    |    |    |    |
| 4  |    |    |    |    |    |
| 5  |    |    |    |    |    |
| 6  |    |    |    |    |    |
| 7  |    |    |    |    |    |
| 8  |    |    |    |    |    |
| 9  |   |   |   |   |   |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |                                                                                     |                                                                                     |                                                                                     |



### EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 10 | 10 | 10 | 10 | 10 | 10 |
| 20 | 20 | 20 | 20 | 20 | 20 |
| 30 | 30 | 30 | 30 | 30 | 30 |
| 40 | 40 | 40 | 40 | 40 | 40 |
| 50 | 50 | 50 | 50 | 50 | 50 |
| 60 | 60 | 60 | 60 | 60 | 60 |
| 70 | 70 | 70 | 70 | 70 | 70 |
| 80 | 80 | 80 | 80 | 80 | 80 |

- ERASE COMPLETELY TO CHANGE
- MAKE NO STRAY MARKS

## STUDENTS

 : USE NO. 2 PENCIL ONLY

## INSTRUCTORS

## KEY MARKING INSTRUCTIONS

**KEY:** Must mark this box on Key sheet.

**VERIFY:** Prints correct response next to incorrect answers. If Verify is not marked, a dash - will print next to incorrect answers.

**RESCORE:** Rescores a previously scored test. Automatically prints correct responses.

NAME Edilberto Garcia  
SUBJECT 10  
DATE 2/12/25 PERIOD \_\_\_\_\_  
Apperson®  
REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
www.apperson.com 800.827.9219

Score

|            |   |   |   |   |   |   |
|------------|---|---|---|---|---|---|
| STUDENT ID | 0 | 0 | 0 | 0 | 0 | 0 |
|            | 1 | 1 | 1 | 1 | 1 | 1 |
|            | 2 | 2 | 2 | 2 | 2 | 2 |
|            | 3 | 3 | 3 | 3 | 3 | 3 |
|            | 4 | 4 | 4 | 4 | 4 | 4 |
|            | 5 | 5 | 5 | 5 | 5 | 5 |
|            | 6 | 6 | 6 | 6 | 6 | 6 |
|            | 7 | 7 | 7 | 7 | 7 | 7 |
|            | 8 | 8 | 8 | 8 | 8 | 8 |
|            | 9 | 9 | 9 | 9 | 9 | 9 |

Key  $\sqsubseteq$  K  $\sqsubseteq$     Verify  $\sqsubseteq$  V  $\sqsubseteq$     Besscore  $\sqsubseteq$  B  $\sqsubseteq$ 

|    | (T)                                   | (F)                                   |                                       |                                       |                            |
|----|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------|
| 1  | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 2  | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E |
| 3  | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input checked="" type="checkbox"/> C | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 4  | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input checked="" type="checkbox"/> C | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 5  | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input checked="" type="checkbox"/> C | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 6  | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 7  | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input checked="" type="checkbox"/> C | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 8  | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E |
| 9  | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 10 | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 11 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E |
| 12 | <input type="checkbox"/> A            | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 13 | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 14 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E |
| 15 | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 16 | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 17 | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 18 | <input type="checkbox"/> A            | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 19 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E |
| 20 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input checked="" type="checkbox"/> C | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 21 | <input type="checkbox"/> A            | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 22 | <input type="checkbox"/> A            | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 23 | <input type="checkbox"/> A            | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 24 | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 25 | <input type="checkbox"/> A            | <input checked="" type="checkbox"/> B | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 26 | <input checked="" type="checkbox"/> A | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 27 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 28 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 29 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 30 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 31 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 32 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 33 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 34 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 35 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 36 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 37 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 38 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 39 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 40 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 41 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 42 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 43 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 44 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 45 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 46 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 47 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 48 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 49 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |
| 50 | <input type="checkbox"/> A            | <input type="checkbox"/> B            | <input type="checkbox"/> C            | <input type="checkbox"/> D            | <input type="checkbox"/> E |



Key = K    Verify = V    Rescore = R

|     | (T) | (F) |   |   |   |
|-----|-----|-----|---|---|---|
| 51  | A   |     | C | D | E |
| 52  | A   |     | C | D | E |
| 53  | A   | B   |   | D | E |
| 54  |     | B   | C | D | E |
| 55  | A   | B   | C |   | E |
| 56  | A   | B   |   | D | E |
| 57  | A   | B   |   | D | E |
| 58  |     | B   | C | D | E |
| 59  | A   |     | C | D | E |
| 60  | A   | B   |   | D | E |
| 61  | A   |     | C | D | E |
| 62  | A   | B   |   | D | E |
| 63  |     | B   | C | D | E |
| 64  |     | B   | C | D | E |
| 65  | A   | B   |   | D | E |
| 66  | A   | B   |   | D | E |
| 67  | A   |     | C |   | E |
| 68  | A   |     | C | D | E |
| 69  | A   | B   | C | D | E |
| 70  |     | B   | C | D | E |
| 71  |     | B   | C | D | E |
| 72  | A   |     | C | D | E |
| 73  | A   |     | C | D | E |
| 74  | A   |     | C | D | E |
| 75  | A   |     | C | D | E |
| 76  | A   | B   | C |   | E |
| 77  | A   |     | C | D | E |
| 78  | A   |     | C | D | E |
| 79  |     | B   | C | D | E |
| 80  |     | B   | C | D | E |
| 81  | A   |     | C | D | E |
| 82  | A   | B   | C |   | E |
| 83  |     | B   | C | D | E |
| 84  |     | B   | C | D | E |
| 85  | A   |     | C | D | E |
| 86  |     | B   | C | D | E |
| 87  | A   |     | C | D | E |
| 88  | A   |     | C | D | E |
| 89  |     | B   | C | D | E |
| 90  | A   | B   |   | D | E |
| 91  |     | B   | C | D | E |
| 92  |     | B   | C | D | E |
| 93  | A   |     | C | D | E |
| 94  |     | B   | C | D | E |
| 95  | A   | B   | C |   | E |
| 96  | A   |     | C | D | E |
| 97  | A   | B   | C |   | E |
| 98  | A   | B   |   | D | E |
| 99  | A   | B   |   | D | E |
| 100 | A   |     | C | D | E |

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100

Score

76/76/0%

Rescore

Key = K    Verify = V    Rescore = R

|     | (T) | (F) |   |   |   |
|-----|-----|-----|---|---|---|
| 51  | A   |     | C | D | E |
| 52  | A   |     | C | D | E |
| 53  | A   | B   |   | D | E |
| 54  |     | B   | C | D | E |
| 55  | A   | B   | C |   | E |
| 56  | A   | B   |   | D | E |
| 57  | A   | B   |   | D | E |
| 58  |     | B   | C | D | E |
| 59  | A   |     | C | D | E |
| 60  | A   | B   |   | D | E |
| 61  | A   |     | C | D | E |
| 62  | A   | B   |   | D | E |
| 63  |     | B   | C | D | E |
| 64  |     | B   | C | D | E |
| 65  | A   | B   |   | D | E |
| 66  | A   | B   |   | D | E |
| 67  | A   |     | C |   | E |
| 68  | A   |     | C | D | E |
| 69  | A   | B   | C | D | E |
| 70  |     | B   | C | D | E |
| 71  |     | B   | C | D | E |
| 72  | A   |     | C | D | E |
| 73  | A   |     | C | D | E |
| 74  | A   |     | C | D | E |
| 75  | A   |     | C | D | E |
| 76  | A   | B   | C |   | E |
| 77  | A   |     | C | D | E |
| 78  | A   |     | C | D | E |
| 79  |     | B   | C | D | E |
| 80  |     | B   | C | D | E |
| 81  | A   |     | C | D | E |
| 82  | A   | B   | C |   | E |
| 83  |     | B   | C | D | E |
| 84  |     | B   | C | D | E |
| 85  | A   |     | C | D | E |
| 86  |     | B   | C | D | E |
| 87  | A   |     | C | D | E |
| 88  | A   |     | C | D | E |
| 89  |     | B   | C | D | E |
| 90  | A   | B   |   | D | E |
| 91  |     | B   | C | D | E |
| 92  |     | B   | C | D | E |
| 93  | A   |     | C | D | E |
| 94  |     | B   | C | D | E |
| 95  | A   | B   | C |   | E |
| 96  | A   |     | C | D | E |
| 97  | A   | B   | C |   | E |
| 98  | A   | B   |   | D | E |
| 99  | A   | B   |   | D | E |
| 100 | A   |     | C | D | E |

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100

Score

76/76.0%

Rescore