

# SAMPLE 11+ ASSESSMENT TEST FOR CEM (DURHAM UNIVERSITY) TESTS — MATHS

Pupil's name:

Test date:

School name:

## DATE OF BIRTH

Day	Month	Year
[0]	January	[ ] 2001 [ ]
[1]	February	[ ] 2002 [ ]
[2]	March	[ ] 2003 [ ]
[3]	April	[ ] 2004 [ ]
[4]	May	[ ] 2005 [ ]
[5]	June	[ ] 2006 [ ]
[6]	July	[ ] 2007 [ ]
[7]	August	[ ] 2008 [ ]
[8]	September	[ ] 2009 [ ]
[9]	October	[ ] 2010 [ ]
	November	[ ] 2011 [ ]
	December	[ ] 2012 [ ]

Please mark  
like this:

**SAMPLE TEST**

PUPIL NUMBER					
[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]

SCHOOL NUMBER					
[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]

Answer multiple-choice  
questions by marking  
the correct box.

**i**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

For write-in questions,  
put the correct  
number at the top,  
and mark it below.  
You might not need to  
use all the columns.

**ii**

	3	8	cm
[0]	[0]	[0]	
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	<input checked="" type="checkbox"/>	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	<input checked="" type="checkbox"/>	
[9]	[9]	[9]	

## Section A

**1**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**2**

			minutes
[0]	[0]	[0]	
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

**3**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**4**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**5**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**6**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**7**

		m
[0]	[0]	
[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

**8**

		.		cm
[0]	[0]	[0]	[0]	
[1]	[1]	[1]	[1]	
[2]	[2]	[2]	[2]	
[3]	[3]	[3]	[3]	
[4]	[4]	[4]	[4]	
[5]	[5]	[5]	[5]	
[6]	[6]	[6]	[6]	
[7]	[7]	[7]	[7]	
[8]	[8]	[8]	[8]	
[9]	[9]	[9]	[9]	

**9**

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

**10**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**11**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**12**

£		.	
[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]

**13**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**14**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**15**

		minutes
[0]	[0]	
[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

**16**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

**17**

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>
F	<input type="checkbox"/>

18 

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

19 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

20 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

21 

0	
1	
2	
3	
4	
5	
6	
7	
8	
9	

22 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

23 

		cm <sup>2</sup>
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

24 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

25 

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

26 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

27 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

28 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

29 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

30 

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

## Section B

1 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

2 

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

3 

		cm <sup>2</sup>
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

4 

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

5 

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

6 

		.		m <sup>2</sup>
0	0	0	0	
1	1	1	1	
2	2	2	2	
3	3	3	3	
4	4	4	4	
5	5	5	5	
6	6	6	6	
7	7	7	7	
8	8	8	8	
9	9	9	9	

7 

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

8 

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

9 

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>

10 

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

11 

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

12 

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

13 

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

14 

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

15 

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

16

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

17

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

18

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

19

			m <sup>2</sup>
0	0		
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		

20

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

21

A

B

C

D

E

22

A

B

C

D

E

23

			cm <sup>3</sup>
0	0	0	
1	1	1	
2	2	2	
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

24

A

B

C

D

E

25

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

26

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

27

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

28

A

B

C

D

E

29

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

30

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