

Pupil's name:

Test date:

School name:

| Date of Birth        |                      |                      |
|----------------------|----------------------|----------------------|
| Day                  | Month                | Year                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [0]                  | January              | 2005                 |
| [1]                  | February             | 2006                 |
| [2]                  | March                | 2007                 |
| [3]                  | April                | 2008                 |
| [4]                  | May                  | 2009                 |
| [5]                  | June                 | 2010                 |
| [6]                  | July                 | 2011                 |
| [7]                  | August               | 2012                 |
| [8]                  | September            | 2013                 |
| [9]                  | October              | 2014                 |
|                      | November             | 2015                 |
|                      | December             | 2016                 |

Please mark like this:

Paper 1

| Pupil Number |     |     |     |     |     | School Number |     |     |     |     |     |
|--------------|-----|-----|-----|-----|-----|---------------|-----|-----|-----|-----|-----|
| [0]          | [0] | [0] | [0] | [0] | [0] | [0]           | [0] | [0] | [0] | [0] | [0] |
| [1]          | [1] | [1] | [1] | [1] | [1] | [1]           | [1] | [1] | [1] | [1] | [1] |
| [2]          | [2] | [2] | [2] | [2] | [2] | [2]           | [2] | [2] | [2] | [2] | [2] |
| [3]          | [3] | [3] | [3] | [3] | [3] | [3]           | [3] | [3] | [3] | [3] | [3] |
| [4]          | [4] | [4] | [4] | [4] | [4] | [4]           | [4] | [4] | [4] | [4] | [4] |
| [5]          | [5] | [5] | [5] | [5] | [5] | [5]           | [5] | [5] | [5] | [5] | [5] |
| [6]          | [6] | [6] | [6] | [6] | [6] | [6]           | [6] | [6] | [6] | [6] | [6] |
| [7]          | [7] | [7] | [7] | [7] | [7] | [7]           | [7] | [7] | [7] | [7] | [7] |
| [8]          | [8] | [8] | [8] | [8] | [8] | [8]           | [8] | [8] | [8] | [8] | [8] |
| [9]          | [9] | [9] | [9] | [9] | [9] | [9]           | [9] | [9] | [9] | [9] | [9] |

**Section 1**

EXAMPLE A: a  b  c  d

EXAMPLE B: a  b  c  d

EXAMPLE C: a  b  c  d

1: a  b  c  d

2: a  b  c  d

3: a  b  c  d

4: a  b  c  d

5: a  b  c  d

6: a  b  c  d

7: a  b  c  d

8: a  b  c  d

9: a  b  c  d

10: a  b  c  d

11: a  b  c  d

12: a  b  c  d

13: a  b  c  d

14: a  b  c  d

15: a  b  c  d

16: a  b  c  d

**Section 2**

EXAMPLE A: a  b

EXAMPLE B: a  b  c  d

EXAMPLE C: a  b  c  d

EXAMPLE D: a  b  c  d

1: a  b  c  d  e  f

2: a  b  c  d  e  f

3: a  b  c  d  e  f

4: a  b  c  d  e  f

5: a  b  c  d  e  f

6: a  b  c  d  e  f

7: a  b  c  d

8: a  b  c  d

9: a  b  c  d

10: a  b  c  d

11: a  b  c  d

12: a  b  c  d

13: a  b  c  d

14: a  b  c  d

15: a  b  c  d

16: a  b  c  d

17: a  b  c  d

18: a  b  c  d

19: a  b  c  d

20: a  b  c  d

# Section 3

EXAMPLE A

|   |                                     |
|---|-------------------------------------|
| a | <input type="checkbox"/>            |
| b | <input checked="" type="checkbox"/> |
| c | <input type="checkbox"/>            |
| d | <input type="checkbox"/>            |

EXAMPLE B

|   |                                     |
|---|-------------------------------------|
| a | <input type="checkbox"/>            |
| b | <input type="checkbox"/>            |
| c | <input type="checkbox"/>            |
| d | <input checked="" type="checkbox"/> |

EXAMPLE C

|   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| a | <input type="checkbox"/>            | d | <input type="checkbox"/> |
| b | <input type="checkbox"/>            | e | <input type="checkbox"/> |
| c | <input checked="" type="checkbox"/> |   |                          |

EXAMPLE D

|   |                                     |
|---|-------------------------------------|
| a | <input checked="" type="checkbox"/> |
| b | <input type="checkbox"/>            |
| c | <input type="checkbox"/>            |
| d | <input type="checkbox"/>            |

1

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

2

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

3

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

4

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

5

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

6

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

7

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

8

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

9

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

10

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

11

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

12

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

13

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

14

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

15

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

16

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

17

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

18

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

19

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

20

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

21

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

22

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

23

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

24

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

25

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

26

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

27

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

28

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

29

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

30

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

31

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

32

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

33

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

34

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

35

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

36

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

37

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

Pupil's name:

Test date:

School name:

| Date of Birth        |                      |                      |
|----------------------|----------------------|----------------------|
| Day                  | Month                | Year                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [0]                  | January              | 2005                 |
| [1]                  | February             | 2006                 |
| [2]                  | March                | 2007                 |
| [3]                  | April                | 2008                 |
| [4]                  | May                  | 2009                 |
| [5]                  | June                 | 2010                 |
| [6]                  | July                 | 2011                 |
| [7]                  | August               | 2012                 |
| [8]                  | September            | 2013                 |
| [9]                  | October              | 2014                 |
|                      | November             | 2015                 |
|                      | December             | 2016                 |

Please mark like this:

Paper 2

| Pupil Number |     |     |     |     |     | School Number |     |     |     |     |     |
|--------------|-----|-----|-----|-----|-----|---------------|-----|-----|-----|-----|-----|
| [0]          | [0] | [0] | [0] | [0] | [0] | [0]           | [0] | [0] | [0] | [0] | [0] |
| [1]          | [1] | [1] | [1] | [1] | [1] | [1]           | [1] | [1] | [1] | [1] | [1] |
| [2]          | [2] | [2] | [2] | [2] | [2] | [2]           | [2] | [2] | [2] | [2] | [2] |
| [3]          | [3] | [3] | [3] | [3] | [3] | [3]           | [3] | [3] | [3] | [3] | [3] |
| [4]          | [4] | [4] | [4] | [4] | [4] | [4]           | [4] | [4] | [4] | [4] | [4] |
| [5]          | [5] | [5] | [5] | [5] | [5] | [5]           | [5] | [5] | [5] | [5] | [5] |
| [6]          | [6] | [6] | [6] | [6] | [6] | [6]           | [6] | [6] | [6] | [6] | [6] |
| [7]          | [7] | [7] | [7] | [7] | [7] | [7]           | [7] | [7] | [7] | [7] | [7] |
| [8]          | [8] | [8] | [8] | [8] | [8] | [8]           | [8] | [8] | [8] | [8] | [8] |
| [9]          | [9] | [9] | [9] | [9] | [9] | [9]           | [9] | [9] | [9] | [9] | [9] |

**Section 1**

EXAMPLE A: a , b , c , d

EXAMPLE B: a , b , c , d

EXAMPLE C: a , b , c , d

1: a , b , c , d

2: a , b , c , d

3: a , b , c , d

4: a , b , c , d

5: a , b , c , d

6: a , b , c , d

7: a , b , c , d

8: a , b , c , d

9: a , b , c , d

10: a , b , c , d

11: a , b , c , d

12: a , b , c , d

13: a , b , c , d

14: a , b , c , d

15: a , b , c , d

16: a , b , c , d

**Section 2**

EXAMPLE A: a , b , c , d

EXAMPLE B: a , b , c , d

EXAMPLE C: a , b , c , d

EXAMPLE D: a , b , c , d

1: a , b , c , d

2: a , b , c , d

3: a , b , c , d

4: a , b , c , d

5: a , b , c , d

6: a , b , c , d

7: a , b , c , d

8: a , b , c , d

9: a , b , c , d

10: a , b , c , d

11: a , b , c , d

12: a , b , c , d

13: a , b , c , d

14: a , b , c , d

15: a , b , c , d

16: a , b , c , d

17: a , b , c , d

18: a , b , c , d

19: a , b , c , d

20: a , b , c , d

# Section 3

EXAMPLE A

|   |                                     |
|---|-------------------------------------|
| a | <input type="checkbox"/>            |
| b | <input type="checkbox"/>            |
| c | <input checked="" type="checkbox"/> |
| d | <input type="checkbox"/>            |

EXAMPLE B

|   |                                     |
|---|-------------------------------------|
| a | <input type="checkbox"/>            |
| b | <input checked="" type="checkbox"/> |
| c | <input type="checkbox"/>            |
| d | <input type="checkbox"/>            |

EXAMPLE C

|   |                                     |
|---|-------------------------------------|
| a | <input type="checkbox"/>            |
| b | <input type="checkbox"/>            |
| c | <input type="checkbox"/>            |
| d | <input checked="" type="checkbox"/> |

EXAMPLE D

|   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| a | <input type="checkbox"/>            | d | <input type="checkbox"/> |
| b | <input type="checkbox"/>            | e | <input type="checkbox"/> |
| c | <input checked="" type="checkbox"/> |   |                          |

1

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

2

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

3

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

4

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

5

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

6

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

7

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

8

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

9

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

10

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

11

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

12

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

13

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

14

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

15

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

16

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

17

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

18

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

19

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

20

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

21

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

22

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

23

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

24

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

25

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

26

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

27

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

28

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

29

|   |                          |
|---|--------------------------|
| a | <input type="checkbox"/> |
| b | <input type="checkbox"/> |
| c | <input type="checkbox"/> |
| d | <input type="checkbox"/> |

30

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

31

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

32

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

33

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

34

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

35

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

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|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |

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|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | d | <input type="checkbox"/> |
| b | <input type="checkbox"/> | e | <input type="checkbox"/> |
| c | <input type="checkbox"/> |   |                          |