



SEMESTER 2 2010

ROSSMOYNE SENIOR HIGH SCHOOL

CHEMISTRY STAGE 3

MULTIPLE CHOICE ANSWER SHEET

SUBJECT _____

SURNAME _____

OTHER NAMES _____

DIRECTIONS:

Answer all **Section One** questions on this Multiple-choice Answer Sheet. For each question **shade** the box to indicate your answer. Use only a **blue** or **black pen** to shade the boxes.

For example if **b** is your **answer**: ☐a ☒b ☐c ☐d

If you make a mistake, place a cross through that square, do not erase or use correction fluid, and shade your new answer.

For example if **b** is a **mistake** and **d** is your **answer**: ☐a ☒b ☐c ☒d

Marks will not be deducted for incorrect answers. No marks will be given if more than one answer is completed for any question.

Questions 1-15

1 <input type="checkbox"/> a <input checked="" type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d 2 <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input checked="" type="checkbox"/> d 3 <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input checked="" type="checkbox"/> d 4 <input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d 5 <input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d	6 <input type="checkbox"/> a <input checked="" type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d 7 <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input checked="" type="checkbox"/> d 8 <input type="checkbox"/> a <input type="checkbox"/> b <input checked="" type="checkbox"/> c <input type="checkbox"/> d 9 <input type="checkbox"/> a <input type="checkbox"/> b <input checked="" type="checkbox"/> c <input type="checkbox"/> d 10 <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input checked="" type="checkbox"/> d	11 <input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d 12 <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input checked="" type="checkbox"/> d 13 <input type="checkbox"/> a <input checked="" type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d 14 <input type="checkbox"/> a <input type="checkbox"/> b <input checked="" type="checkbox"/> c <input type="checkbox"/> d 15 <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input checked="" type="checkbox"/> d
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Questions 16-25

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	21 a b c d 22 a b c d 23 a b c d 24 a b c d 25 a b c d
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