



**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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