Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AP CS**

**Short Circuit Evaluation True False Practice**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Value** | | **Short-Circuit** | |  |
|  | **true** | **false** | **Yes** | **No** |  |
|  |  |  |  |  | true || true || false |
|  |  |  |  |  | false || false || false |
|  |  |  |  |  | false || false || true |
|  |  |  |  |  | true || true || true |
|  |  |  |  |  | true && true && false |
|  |  |  |  |  | false && false && false |
|  |  |  |  |  | false && false && true |
|  |  |  |  |  | true && true && true |
|  |  |  | ---------- | ---------- | false || false && true |
|  |  |  | ---------- | ---------- | true || false && true |