

Brain	<input type="checkbox"/>	_____
		_____
		_____
Head	<input type="checkbox"/>	_____
		_____
		_____
Arms	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
		_____
		_____
Body	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
		_____
		_____
Waist	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
		_____
		_____
Legs	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
		_____

Brain	<input type="checkbox"/>	_____
		_____
		_____
Head	<input type="checkbox"/>	_____
		_____
		_____
Arms	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
		_____
Body	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
		_____
Waist	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
		_____
Legs	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
		_____

Brain	<input type="checkbox"/>	_____
		_____
Head	<input type="checkbox"/>	_____
		_____
Arms	<input type="checkbox"/>	_____
		_____
Body	<input type="checkbox"/>	_____
		_____
Waist	<input type="checkbox"/>	_____
		_____
Legs	<input type="checkbox"/>	_____
		_____

Brain		
Head		
Arms		
Body		
Waist		
Legs		