

Question 1	A	B <input type="checkbox"/>	C	D
Question 2	A <input type="checkbox"/>	B	C	D
Question 3	A	B	C	D <input type="checkbox"/>
Question 4	A	B <input type="checkbox"/>	C	D
Question 5	A <input type="checkbox"/>	B	C	D
Question 6	A	B	C <input type="checkbox"/>	D
Question 7	A	B <input type="checkbox"/>	C	D
Question 8	A	B	C <input type="checkbox"/>	D
Question 9	A	B	C <input type="checkbox"/>	D
Question 10	A	B	C	D <input type="checkbox"/>
Question 11	A	B	C <input type="checkbox"/>	D
Question 12	A	B	C <input type="checkbox"/>	D
Question 13	A	B	C	D <input type="checkbox"/>
Question 14	A <input type="checkbox"/>	B	C	D
Question 15	A	B	C	D <input type="checkbox"/>

Question 16	A	B	C <input type="checkbox"/>	D
Question 17	A	B	C <input type="checkbox"/>	D
Question 18	A	B <input type="checkbox"/>	C	D
Question 19	A	B <input type="checkbox"/>	C	D
Question 20	A	B	C	D <input type="checkbox"/>
Question 21	A	B	C <input type="checkbox"/>	D
Question 22	A	B <input type="checkbox"/>	C	D
Question 23	A	B <input type="checkbox"/>	C	D
Question 24	A	B	C <input type="checkbox"/>	D
Question 25	A	B	C <input type="checkbox"/>	D
Question 26	A	B <input type="checkbox"/>	C	D
Question 27	A	B	C <input type="checkbox"/>	D
Question 28	A	B	C <input type="checkbox"/>	D
Question 29	A	B	C	D <input type="checkbox"/>
Question 30	A <input type="checkbox"/>	B	C	D
Question 31	A	B	C	D <input type="checkbox"/>
Question 32	A <input type="checkbox"/>	B	C	D