

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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13)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

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ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5   7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
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| 7) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  |
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| 10) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 12) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D |
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| 13) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	2)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	8)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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10)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	12)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4   6  7  8

**RISPOSTE**

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| 1)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 2)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 3)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
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| 4)  | <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D | 5)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 6)  | <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |
| 7)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 8)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 9)  | <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 10) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 11) | <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D | 12) | <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 13) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 14) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 15) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  (2) (3) (4) (5) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

1)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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7)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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13)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	3)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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4)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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13)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	2)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**RISPOSTE**

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13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	14)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	3)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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**RISPOSTE**

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|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |
| 13) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 14) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 15) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✕ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 2) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D  |
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| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 5) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D  | 6) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| 7) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D  | 8) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  |
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| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D |
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| 13) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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4)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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10)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	11)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 2)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            | 3)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D     |
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| 7)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 8)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 9)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D                |
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| 10) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 11) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 12) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D     |
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ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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|     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>         |     | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |
| 4)  | <input type="radio"/> A          | <input type="radio"/> B          | <input type="radio"/> C  | <input checked="" type="radio"/> | 5)  | <input type="radio"/> A  | <input type="radio"/> B          | <input checked="" type="radio"/> | <input type="radio"/> D          | 6)  | <input checked="" type="radio"/> | <input type="radio"/> B          | <input type="radio"/> C          | <input type="radio"/> D          |
|     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>         |     | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |
| 7)  | <input type="radio"/> A          | <input checked="" type="radio"/> | <input type="radio"/> C  | <input type="radio"/> D          | 8)  | <input type="radio"/> A  | <input type="radio"/> B          | <input checked="" type="radio"/> | <input type="radio"/> D          | 9)  | <input type="radio"/> A          | <input type="radio"/> B          | <input checked="" type="radio"/> | <input type="radio"/> D          |
|     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>         |     | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |
| 10) | <input type="radio"/> A          | <input type="radio"/> B          | <input type="radio"/> C  | <input checked="" type="radio"/> | 11) | <input type="radio"/> A  | <input type="radio"/> B          | <input type="radio"/> C          | <input checked="" type="radio"/> | 12) | <input type="radio"/> A          | <input checked="" type="radio"/> | <input type="radio"/> C          | <input type="radio"/> D          |
|     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>         |     | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |
| 13) | <input checked="" type="radio"/> | <input type="radio"/> B          | <input type="radio"/> C  | <input type="radio"/> D          | 14) | <input type="radio"/> A  | <input checked="" type="radio"/> | <input type="radio"/> C          | <input type="radio"/> D          | 15) | <input type="radio"/> A          | <input type="radio"/> B          | <input type="radio"/> C          | <input checked="" type="radio"/> |
|     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>         |     | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |     | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         | <input type="checkbox"/>         |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊗ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.



**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|-----|---|-----|--|-----|--|
| 1)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>            | 2)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 3)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                 |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |
| 4)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 5)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 6)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                 |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |
| 7)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D            | 8)  | <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D | 9)  | <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                 |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |
| 10) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>            | 11) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 12) | <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 13) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>            | 14) | <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D | 15) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	3)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	6)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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7)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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13)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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4)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	12)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	3)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	9)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✕ ⊗ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	3)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6   8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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| 1)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 2)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 3)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |
| 10) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 11) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 12) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |
| 13) | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 14) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | 2) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|--|--|--|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INIZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.    (1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)

**RISPOSTE**

1)   (A) (B) (C) (D)    2)   (A) (B) (C) (D)    3)   (A) (B) (C) (D)  
             

4)   (A) (B) (C) (D)    5)   (A) (B) (C) (D)    6)   (A) (B) (C) (D)  
             

7)   (A) (B) (C) (D)    8)   (A) (B) (C) (D)    9)   (A) (B) (C) (D)  
             

10) (A) (B) (C) (D)    11) (A) (B) (C) (D)    12) (A) (B) (C) (D)  
             

13) (A) (B) (C) (D)    14) (A) (B) (C) (D)    15) (A) (B) (C) (D)  
             

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)  A  B  C  D    2)  A  B  C  D    3)  A  B  C  D

4)  A  B  C  D    5)  A  B  C  D    6)  A  B  C  D

7)  A  B  C  D    8)  A  B  C  D    9)  A  B  C  D

10)  A  B  C  D    11)  A  B  C  D    12)  A  B  C  D

13)  A  B  C  D    14)  A  B  C  D    15)  A  B  C  D

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ⊗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

2 
  3 
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  5 
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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|-----|--|-----|--|-----|--|
| 1)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 2)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 3)  | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |
| 4)  | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 5)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 6)  | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 7)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 8)  | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 9)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |
| 10) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 11) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 12) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
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| 13) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 14) | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4   6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

1)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	2)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	3)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	5)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	6)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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7)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	8)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	9)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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10)	<input type="radio"/> A <input checked="" type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	11)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	12)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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13)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	14)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	15)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ∅

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 2) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  |
| 4) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 6) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 2)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 3)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 7)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 8)  | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 9)  | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 13) | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

1  
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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (●) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ~~⊗~~ ⊗ ⊕

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	3)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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4)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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7)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	11)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	2)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	3)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
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7)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	8)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	9)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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10)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	11)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	12)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D                         | 3) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D                          |
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| 7) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D                         | 9) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D                          |
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ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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  7  

**RISPOSTE**

1)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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4)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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7)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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13)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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4)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	6)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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10)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**RISPOSTE**

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

- |   |   |   |
|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

- |  |  |  |
|--|--|--|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5   7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊗ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.



**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

2 
  3 
  4 
  5 
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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊕

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.    ①    ②    ~~③~~    ④    ⑤    ⑥    ⑦    ⑧

**RISPOSTE**

1)	Ⓐ	<del>Ⓑ</del>	Ⓒ	Ⓓ	2)	Ⓐ	Ⓑ	Ⓒ	Ⓓ	3)	Ⓐ	Ⓑ	Ⓒ	Ⓓ
	□	□	□	□		□	□	□	□		□	□	□	□
4)	Ⓐ	Ⓑ	Ⓒ	Ⓓ	5)	Ⓐ	Ⓑ	<del>Ⓒ</del>	Ⓓ	6)	Ⓐ	Ⓑ	Ⓒ	Ⓓ
	□	□	□	□		□	□	□	□		□	□	□	□
7)	Ⓐ	Ⓑ	<del>Ⓒ</del>	Ⓓ	8)	Ⓐ	Ⓑ	<del>Ⓒ</del>	Ⓓ	9)	Ⓐ	Ⓑ	Ⓒ	Ⓓ
	□	□	□	□		□	□	□	□		□	□	□	□
10)	Ⓐ	Ⓑ	<del>Ⓒ</del>	Ⓓ	11)	Ⓐ	Ⓑ	<del>Ⓒ</del>	Ⓓ	12)	Ⓐ	Ⓑ	<del>Ⓒ</del>	Ⓓ
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13)	<del>Ⓐ</del>	Ⓑ	Ⓒ	Ⓓ	14)	<del>Ⓐ</del>	Ⓑ	Ⓒ	Ⓓ	15)	Ⓐ	Ⓑ	<del>Ⓒ</del>	Ⓓ
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.



**RISPOSTE**

- |     |                          |                          |                          |                          |     |                          |                          |                          |                          |     |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|-----|--------------------------|--------------------------|--------------------------|--------------------------|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 1)  |                          |                          |                          |                          | 2)  |                          |                          |                          |                          | 3)  |                          |                          |                          |                          |
|     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4)  |                          |                          |                          |                          | 5)  |                          |                          |                          |                          | 6)  |                          |                          |                          |                          |
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| 7)  |                          |                          |                          |                          | 8)  |                          |                          |                          |                          | 9)  |                          |                          |                          |                          |
|     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) |                          |                          |                          |                          | 11) |                          |                          |                          |                          | 12) |                          |                          |                          |                          |
|     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) |                          |                          |                          |                          | 14) |                          |                          |                          |                          | 15) |                          |                          |                          |                          |
|     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.    (1)    (2)    (3)    (4)    (5)    (6)    (7)    (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INIZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|--|--|--|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ~~⊗~~ ⊗ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6   8

**RISPOSTE**

- |     |  |     |  |     |  |
|-----|--|-----|--|-----|--|
| 1)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>       | 2)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 3)  | <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |
| 4)  | <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D       | 5)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 6)  | <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 10) | <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D       | 11) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> | 12) | <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 13) | <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D       | 14) | <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D | 15) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5   7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	15)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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7)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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10)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	12)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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1)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	2)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	3)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
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| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
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| 13) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 15) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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CORRETTO = ●

NON CORRETTO = ~~⊗~~ ⊗ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	5)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	14)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	11)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**RISPOSTE**

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	9)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	15)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	6)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	11)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.



**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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4)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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13)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	2)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	3)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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4)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	5)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	6)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
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7)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	8)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	9)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
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10)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	11)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	12)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
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13)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	14)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	15)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5   7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	3)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	6)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	8)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.



**RISPOSTE**

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| 1) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 6) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 14) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5   7  8

**RISPOSTE**

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

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5   7  8

**RISPOSTE**

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10)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	11)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	12)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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13)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	14)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	15)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	8)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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13)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**RISPOSTE**

1)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	3)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	11)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	14)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	8)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	11)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	5)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	9)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	14)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|--|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>   | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>   |
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| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D             | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D           | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D           |
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| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D           |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	6)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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13)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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1)	<input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	2)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D	3)	<input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4)	<input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	5)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	6)	<input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D
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7)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D	8)	<input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D	9)	<input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D
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13)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D	14)	<input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D	15)	<input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 3) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 8) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	2)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	3)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
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7)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	8)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	9)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
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13)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	14)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	15)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D             | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D            | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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| 4) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D    | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D    |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	2)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	3)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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4)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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10)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	11)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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4)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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7)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	8)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 2)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 3)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
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| 4)  | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 5)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 6)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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| 7)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 8)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 9)  | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4   6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	3)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> |

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                       | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                       | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

- |   |  |   |
|---|--|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 15) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

2 
  3 
  4 
  5 
  6 
  7 
  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.



**RISPOSTE**

1)  A  B  C  D

2)  A  B  C  D

3)  A  B  C  D

4)  A  B  C  D

5)  A  B  C  D

6)  A  B  C  D

7)  A  B  C  D

8)  A  B  C  D

9)  A  B  C  D

10)  A  B  C  D

11)  A  B  C  D

12)  A  B  C  D

13)  A  B  C  D

14)  A  B  C  D

15)  A  B  C  D

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input checked="" type="radio"/> D | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D            | 14) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5   7  8

**RISPOSTE**

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| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D    | 3) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          |
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| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 8) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D    | 9) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          |
| 10) <input type="radio"/> A <input checked="" type="radio"/> <input type="radio"/> C <input type="radio"/> D | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D   | 12) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D   | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	9)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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10)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	11)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	14)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	15)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

1)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	6)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	11)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ☉ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>   | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>   |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4   6  7  8

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D  |
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊗ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	6)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	11)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	12)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>    | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D             | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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1)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	2)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	3)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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7)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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10)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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13)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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| 1)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D     | 2)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 3)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D     |
|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
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|     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| 7)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D     | 8)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 9)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D     |
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| 10) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D     | 11) | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) | <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D     |
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| 13) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D     | 14) | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D     |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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| 1)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 2)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 3)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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13)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	14)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

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4)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	9)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	12)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	14)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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| 7)  | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 8)  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 9)  | <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
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| 13) | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) | <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6   8

**RISPOSTE**

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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7)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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10)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	11)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	12)	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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13)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	15)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  |
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| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D             | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
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| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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**RISPOSTE**

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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

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| 13) <input checked="" type="radio"/> <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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| 1) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

- |  |  |  |
|--|--|--|
| 1) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	2)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	3)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	5)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	6)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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7)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	8)	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	9)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
10)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	11)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	12)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
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13)	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	14)	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	15)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|--|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 13) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (5) (6) (7) 

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = 

NON CORRETTO =   

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|--|--|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D             | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D             | 5) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D             | 8) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input checked="" type="radio"/> D | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D            | 14) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

1  
  2  
  3  
  4  
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  6  
  7  
  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4   6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|--|--|--|
| 1) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 5) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D  |
| 10) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
| 13) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊗ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | 5) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           | 14) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 10) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| 10) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 12) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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7)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

1)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	2)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	3)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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4)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	5)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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7)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	8)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
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13)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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|---|---|---|
| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 7) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             | 8) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.   2  3  4  5  6  7  8

**RISPOSTE**

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| 1) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 2) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 3) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 4) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 5) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 6) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
| 7) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |
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| 13) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 14) <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 15) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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**PRIMA DI INIZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	8)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	9)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
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10)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	11)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	12)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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13)	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	14)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	15)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO =

NON CORRETTO =

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ✓ ⊖

**PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO DEL PROPRIO QUESTIONARIO, PENA ANNULLAMENTO DELLA PROVA**

ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.  1  2  3  4  5  6  7  8

**RISPOSTE**

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

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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