

PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO 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

FOGLIO RISPOSTE

1) <input checked="" type="radio"/> <input type="radio"/> B <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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <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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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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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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

FOGLIO RISPOSTE

1)	(A) (B) (●) (D)	2)	(●) (B) (C) (D)	3)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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) (●) (D)	5)	(A) (B) (C) (●)	6)	(A) (B) (C) (●)
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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

FOGLIO RISPOSTE

- | | | |
|---|---|--|
| 1) <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"/> | 2) <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"/> | 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 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"/> | 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 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"/> | 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 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"/> | 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 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"/> |
| 13) <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"/> | 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 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. 1 2 3 4 5 6 7 8

FOGLIO 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 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 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 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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 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 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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)

FOGLIO RISPOSTE

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

FOGLIO 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

FOGLIO 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 |
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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 type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D |
| <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 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 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 type="radio"/> C <input checked="" type="radio"/> D |
| <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 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"/> |

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

FOGLIO 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 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 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 |
| 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 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 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)

FOGLIO 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 type="checkbox"/> | | <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) (D) |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <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) (D) | 11) | (A) (B) (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) (B) (C) (D) | 14) | (A) (B) (C) (D) | 15) | (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"/> |

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

FOGLIO RISPOSTE

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

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

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

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

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

FOGLIO RISPOSTE

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|-----|--|-----|--|-----|--|
| 1) | (A) (B) (C) (D) | 2) | (A) (B) (C) (D) | 3) | (A) (B) (C) (D) |
| | <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"/> <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 type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | <input checked="" 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) (D) |
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| 10) | (A) (B) (C) (D) | 11) | (A) (B) (C) (D) | 12) | (A) (B) (C) (D) |
| | <input checked="" 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 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 checked="" 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"/> |

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

FOGLIO RISPOSTE

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

FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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)

FOGLIO 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 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 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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO 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 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 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 checked="" type="radio"/> C	<input type="radio"/> D	6)	<input type="radio"/> A	<input checked="" 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 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 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 checked="" 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 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"/>
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
	<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 checked="" 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)

FOGLIO 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 8

FOGLIO RISPOSTE

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|---|---|---|
| 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 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"/> | 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"/> |
| 4) <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"/> | 5) <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"/> | 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"/> |
| 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 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"/> | 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"/> |
| 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 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 checked="" type="radio"/> B <input 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

FOGLIO 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 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 checked="" 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 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 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 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:

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

FOGLIO RISPOSTE

- | | | | | | |
|-----|---|-----|---|-----|---|
| 1) | (A) (B) (C) ● | 2) | (A) (B) (C) ● | 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) | ● (B) (C) (D) | 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) ● (D) | 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) ● (C) (D) | 11) | (A) (B) (C) ● | 12) | (A) (B) ● (D) |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <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) ● (D) | 14) | ● (B) (C) (D) | 15) | (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"/> |

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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)

FOGLIO 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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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. (1) (2) (3) (●) (5) (6) (7) (8)

FOGLIO RISPOSTE

1)	(A) (B) (●) (D)	2)	(A) (B) (●) (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)	(●) (B) (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)	(●) (B) (C) (D)	8)	(A) (B) (●) (D)	9)	(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"/>
10)	(A) (●) (C) (D)	11)	(●) (B) (C) (D)	12)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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) (B) (C) (●)	15)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

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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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FOGLIO RISPOSTE

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| 1) <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"/> | 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"/> |
| 4) <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"/> | 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 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 type="radio"/> C <input checked="" 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 checked="" type="radio"/> B <input 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 type="radio"/> B <input checked="" 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 = ●

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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

FOGLIO 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 = ●

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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

FOGLIO 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 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 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 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 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 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 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"/>

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

FOGLIO 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 |
| 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 |
| 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 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 |
| 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 checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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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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 4
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FOGLIO RISPOSTE

1)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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

FOGLIO 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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) ● (8)

FOGLIO RISPOSTE

1)	(A) (B) ● (D)	2)	(A) ● (C) (D)	3)	(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"/>
4)	● (B) (C) (D)	5)	(A) ● (C) (D)	6)	● (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) ● (D)	8)	(A) ● (C) (D)	9)	(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"/>
10)	● (B) (C) (D)	11)	(A) (B) (C) ●	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) (B) (C) ●	14)	(A) (B) (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

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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)

FOGLIO RISPOSTE

1)	(A) (B) (C) (D)	2)	(A) (B) (C) (D)	3)	(A) (B) (C) (D)
	<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"/> <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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7)	(A) (B) (C) (D)	8)	(A) (B) (C) (D)	9)	(A) (B) (C) (D)
	<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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10)	(A) (B) (C) (D)	11)	(A) (B) (C) (D)	12)	(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 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 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"/>

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

FOGLIO 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 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 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO 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 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 checked="" type="radio"/> A	<input 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 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 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 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 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 type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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)
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 5)
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FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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NUMERO ISCRIZIONE «IDSTUDENTE»

PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO 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 = ●

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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)

FOGLIO RISPOSTE

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

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

FOGLIO 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 checked="" type="radio"/> D
<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"/>
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"/>
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"/>
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 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

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)

FOGLIO RISPOSTE

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

FOGLIO 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 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
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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 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 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 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:

Questionario n. 1 2 3 4 5 6 7 8

FOGLIO 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO RISPOSTE

- | | | |
|---|---|---|
| 1) <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"/> | 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 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"/> |
| 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 type="radio"/> C <input checked="" 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 type="radio"/> C <input checked="" 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 checked="" type="radio"/> C <input 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 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"/> |
| 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 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 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"/> | 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 =



NUMERO ISCRIZIONE «IDSTUDENTE»

PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO 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 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 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"/>	<input type="checkbox"/>		<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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

NON CORRETTO = ✗ ⊕ ⊖



NUMERO ISCRIZIONE «IDSTUDENTE»

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

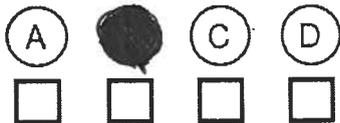
ANNERIRE IL NUMERO CORRISPONDENTE AL PROPRIO QUESTIONARIO CHE SI TROVA IN ALTO A DESTRA NEL FOGLIO DOMANDE:

Questionario n.

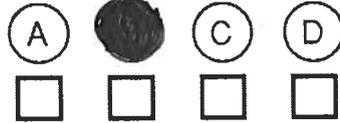


RISPOSTE

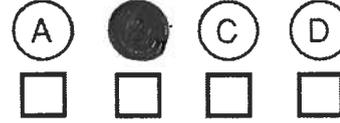
1)



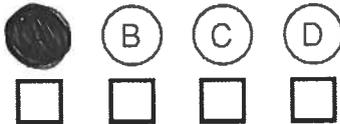
2)



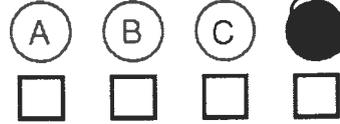
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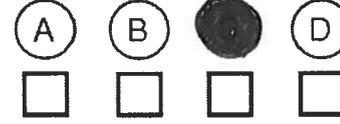
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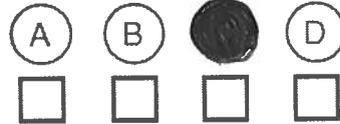
5)



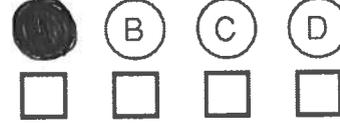
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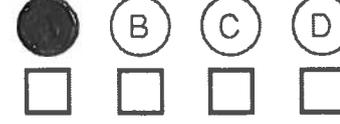
7)



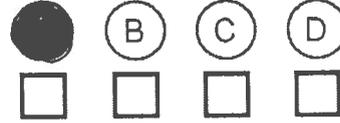
8)



9)



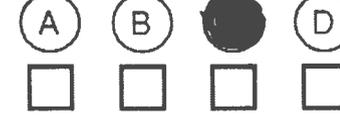
10)



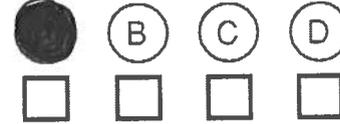
11)



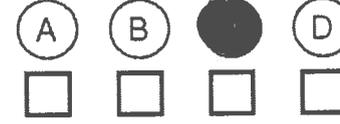
12)



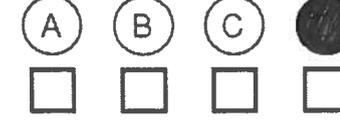
13)



14)



15)



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

FOGLIO 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 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 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO RISPOSTE

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| 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 type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
<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
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| 4) <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
<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
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<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
<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
<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
<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
<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
<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 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

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

1)	<input checked="" 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 type="radio"/> B	<input 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO RISPOSTE

1)	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	2)	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	3)	<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"/>			
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 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"/> 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"/>	
10)	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	11)	<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"/>	<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 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 checked="" 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

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

1)	●	(B)	(C)	(D)	2)	(A)	(B)	(C)	●	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)	●	(D)	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)	●	(C)	(D)	11)	(A)	(B)	●	(D)	12)	●	(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)	●	(D)	14)	(A)	●	(C)	(D)	15)	(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"/>

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

FOGLIO RISPOSTE

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|---|---|---|
| 1) <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"/> | 2) <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"/> | 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"/> |
| 4) <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"/> | 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 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 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"/> | 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"/> |
| 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 type="radio"/> C <input checked="" 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 type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
<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
<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)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

1)	(A) (B) (5) (D)	2)	(5) (B) (C) (D)	3)	(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"/>
4)	(A) (5) (C) (D)	5)	(A) (B) (C) (D)	6)	(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"/>
7)	(A) (B) (C) (D)	8)	(A) (5) (C) (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) (B) (5) (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) (5) (C) (D)	14)	(5) (B) (C) (D)	15)	(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"/>

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)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

1) <input checked="" type="radio"/> <input type="radio"/> B <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 type="radio"/> C <input checked="" type="radio"/>
<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) <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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 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 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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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)

FOGLIO RISPOSTE

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

FOGLIO 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 checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
<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
<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 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"/> |
| 7) <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"/> | 8) <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"/> | 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"/> |
| 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 checked="" 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 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 type="radio"/> B <input checked="" 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. (1) (2) (3) (4) (5) (6) (7) (8)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

FOGLIO 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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)

FOGLIO 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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) ● (8)

FOGLIO RISPOSTE

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

FOGLIO 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 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 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 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 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 checked="" 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

FOGLIO 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 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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 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 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 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

FOGLIO 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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

FOGLIO 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 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 |
| | <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) | <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 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 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 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 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 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"/> |

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)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO 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"/> |
| 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 |
| <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"/> |
| 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 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 checked="" 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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FOGLIO 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 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 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"/> | <input type="checkbox"/> | | <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 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 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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 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"/> |

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

FOGLIO 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 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 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"/> |
| 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 |
| <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 type="radio"/> C <input checked="" 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 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 |
| <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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FOGLIO 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 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 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 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 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 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 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.

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FOGLIO 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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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 3
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FOGLIO RISPOSTE

1)	<input checked="" 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 checked="" type="radio"/>	<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 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 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 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 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)

FOGLIO RISPOSTE

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

FOGLIO 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 checked="" 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"/> 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 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 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 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 checked="" 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 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

FOGLIO 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 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"/>	<input type="checkbox"/>		<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 checked="" type="radio"/>	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
	<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 checked="" 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

FOGLIO 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 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 checked="" 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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 =

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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

FOGLIO 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 |
| <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 |
| <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 type="radio"/> C <input checked="" type="radio"/> D |
| <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 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 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. (1) (2) (3) (4) (5) ● (7) (8)

FOGLIO RISPOSTE

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

FOGLIO 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 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"/> 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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:

Questionario n. 1 2 3 4 5 6 7 8

FOGLIO 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 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"/> 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 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 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 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"/>

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

FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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

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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)

FOGLIO RISPOSTE

- | | | | | | |
|-----|---|-----|---|-----|---|
| 1) | (A) (B) (4) (D) | 2) | (A) (B) (4) (D) | 3) | (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"/> |
| 4) | (A) (4) (C) (D) | 5) | (A) (4) (C) (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) | (A) (4) (C) (D) | 8) | (A) (B) (4) (D) | 9) | (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"/> |
| 10) | (A) (4) (C) (D) | 11) | (A) (4) (C) (D) | 12) | (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"/> |
| 13) | (4) (B) (C) (D) | 14) | (A) (B) (C) (4) | 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 = ●

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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)

FOGLIO 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 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 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 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 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 type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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. 1 2 3 4 5 6 7 8

FOGLIO RISPOSTE

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|---|---|---|
| 1) <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"/> | 2) <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"/> | 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"/> |
| 4) <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"/> | 5) <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"/> | 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
<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
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| 10) <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"/> | 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 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"/> |
| 13) <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"/> | 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 =

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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

FOGLIO 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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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FOGLIO 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

FOGLIO 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 checked="" 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 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 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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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
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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"/>

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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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FOGLIO 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 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 checked="" type="radio"/>	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 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
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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 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 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

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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

FOGLIO 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 type="radio"/> D
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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
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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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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 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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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

FOGLIO RISPOSTE

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| 1) <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:

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FOGLIO 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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
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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 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 type="radio"/> C	<input checked="" type="radio"/>	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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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 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 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 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 8

FOGLIO 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 =

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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

FOGLIO 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 checked="" type="radio"/> A <input 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 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 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 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

FOGLIO 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"/> | <input type="checkbox"/> | | <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 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 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 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 checked="" type="radio"/> | <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

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

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)

FOGLIO RISPOSTE

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|-----|---|-----|---|-----|---|
| 1) | (A) (B) ● (D) | 2) | (A) ● (C) (D) | 3) | (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"/> |
| 4) | ● (B) (C) (D) | 5) | (A) (B) (C) ● | 6) | ● (B) (C) (D) |
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| 7) | (A) (B) ● (D) | 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) ● (C) (D) | 11) | ● (B) (C) (D) | 12) | ● (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) ● (D) | 14) | ● (B) (C) (D) | 15) | (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"/> |

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)

FOGLIO 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 type="checkbox"/>		<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)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

1)	<input 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 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 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 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
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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 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"/>

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) ● (3) (4) (5) (6) (7) (8)

FOGLIO RISPOSTE

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

FOGLIO 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 type="radio"/> C	<input checked="" type="radio"/>	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 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 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 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. 2 3 4 5 6 7 8

FOGLIO 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 |
| 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 |
| 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 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 |
| 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 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) ● (8)

FOGLIO RISPOSTE

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

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)

FOGLIO RISPOSTE

1)	(A) (B) (C) ●	2)	(A) (B) ● (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)	● (B) (C) (D)	5)	(A) (B) (C) ●	6)	(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"/>
7)	(A) ● (C) (D)	8)	(A) (B) ● (D)	9)	(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"/>
10)	(A) (B) ● (D)	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)	● (B) (C) (D)	14)	(A) (B) (C) ●	15)	● (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) (●) (6) (7) (8)

FOGLIO RISPOSTE

- | | | | | | |
|-----|---|-----|---|-----|---|
| 1) | (●) (B) (C) (D) | 2) | (●) (B) (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) (●) (D) | 6) | (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"/> |
| 7) | (A) (B) (●) (D) | 8) | (A) (B) (C) (●) | 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) (●) (C) (D) | 11) | (A) (B) (●) (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) | (●) (B) (C) (D) | 15) | (●) (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

FOGLIO 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 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 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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 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 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 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 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)

FOGLIO RISPOSTE

1)	(A) (B) (C) (3)	2)	(A) (B) (3) (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) (3) (C) (D)	5)	(A) (B) (3) (D)	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)	(3) (B) (C) (D)	8)	(A) (3) (C) (D)	9)	(A) (B) (C) (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"/>
10)	(A) (B) (C) (3)	11)	(3) (B) (C) (D)	12)	(A) (3) (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) (3) (D)	14)	(A) (3) (C) (D)	15)	(A) (3) (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 = ●

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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

FOGLIO 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 |
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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 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 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 =

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

FOGLIO RISPOSTE

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| 1) <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.

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FOGLIO 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 type="radio"/> C <input checked="" 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 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 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"/> <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 checked="" type="radio"/> <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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FOGLIO 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 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 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 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 type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D |
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| 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 |
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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 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 6 7 8

FOGLIO RISPOSTE

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| 1) <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"/> | 2) <input type="radio"/> A <input checked="" 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

FOGLIO 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
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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 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

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)

FOGLIO RISPOSTE

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

FOGLIO 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 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 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 checked="" 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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 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 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"/> |

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
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FOGLIO 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 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 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 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 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 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 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"/> |

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

FOGLIO RISPOSTE

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|--|--|--|
| 1) <input checked="" type="radio"/> <input type="radio"/> B <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 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 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 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 |
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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 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

FOGLIO 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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 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 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)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

1)	(A) (B) (C) (D)	2)	(A) (B) (C) (D)	3)	(A) (B) (C) (D)
	<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"/> <input type="checkbox"/>
4)	(A) (B) (C) (D)	5)	(A) (B) (C) (D)	6)	(A) (B) (C) (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 checked="" 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) (D)
	<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"/> <input type="checkbox"/>
10)	(A) (B) (C) (D)	11)	(A) (B) (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 checked="" 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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

CORRETTO = ●

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NUMERO ISCRIZIONE 114795

PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO 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)

FOGLIO RISPOSTE

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

FOGLIO 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 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 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 checked="" 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 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 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 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

FOGLIO 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 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 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 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 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 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 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

FOGLIO 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 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 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 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 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 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 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"/>

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

FOGLIO RISPOSTE

- | | | |
|---|---|---|
| 1) <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"/> | 2) <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"/> | 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"/> |
| 4) <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"/> | 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 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 checked="" type="radio"/> C <input type="radio"/> D
<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
<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
<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
<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
<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
<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
<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)

FOGLIO 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 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 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 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 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 |
| 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 |

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)

FOGLIO RISPOSTE

- | | | | | | |
|-----|---|-----|---|-----|---|
| 1) | (A) (B) (4) (D) | 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) | (A) (4) (C) (D) | 5) | (4) (B) (C) (D) | 6) | (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"/> |
| 7) | (4) (B) (C) (D) | 8) | (A) (B) (4) (D) | 9) | (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"/> |
| 10) | (A) (4) (C) (D) | 11) | (A) (4) (C) (D) | 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) | (4) (B) (C) (D) | 14) | (A) (B) (C) (4) | 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 = (4)

NON CORRETTO = (X) (✓) (⊖)



PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO 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)

FOGLIO RISPOSTE

1)	(A) (B) (C) (D)	2)	(A) (B) (C) (D)	3)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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) (●) (C) (D)	6)	(●) (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) (●) (C) (D)	8)	(A) (B) (C) (●)	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) (●) (C) (D)	11)	(A) (B) (C) (●)	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) (●) (C) (D)	14)	(A) (B) (●) (D)	15)	(●) (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)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

- | | | |
|---|---|---|
| 1) <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
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| 7) <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
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<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
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| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
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<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
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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

FOGLIO 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 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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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
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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
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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

FOGLIO 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)

FOGLIO 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 7 8

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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 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 8

FOGLIO RISPOSTE

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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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FOGLIO RISPOSTE

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Questionario n. 1 2 3 4 5 6 7 8

FOGLIO 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
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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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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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FOGLIO 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 checked="" type="radio"/>	<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"/>
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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 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 checked="" type="radio"/>	<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 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 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

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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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FOGLIO 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 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 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 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 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

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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)

FOGLIO RISPOSTE

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

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FOGLIO RISPOSTE

1)	<input checked="" 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 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"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 checked="" type="radio"/> D	15)	<input checked="" 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 checked="" 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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FOGLIO 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 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 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"/> |
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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 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 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:

Questionario n.

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FOGLIO 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 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 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 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 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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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)  (3) (4) (5) (6) (7) (8)

FOGLIO 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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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FOGLIO 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 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 checked="" type="radio"/>	<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"/>	<input type="checkbox"/>		<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 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 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

FOGLIO RISPOSTE

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|---|---|---|
| 1) <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"/> | 2) <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"/> | 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"/> |
| 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 checked="" 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 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"/> | 8) <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"/> | 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 type="radio"/> C <input checked="" 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 checked="" type="radio"/> B <input 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 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"/> |

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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FOGLIO 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 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
	<input 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"/>
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 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"/> 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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"/>

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)

FOGLIO RISPOSTE

1)	●	(B)	(C)	(D)	2)	(A)	(B)	(C)	●	3)	(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"/>
4)	(A)	●	(C)	(D)	5)	(A)	(B)	(C)	●	6)	(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"/>
7)	(A)	(B)	●	(D)	8)	●	(B)	(C)	(D)	9)	(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"/>
10)	●	(B)	(C)	(D)	11)	(A)	(B)	●	(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)	●	(B)	(C)	(D)	14)	(A)	●	(C)	(D)	15)	(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"/>

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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FOGLIO 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 type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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 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 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)

FOGLIO RISPOSTE

1)	(A) (B) (C) (D)	2)	(A) (B) (C) (D)	3)	(A) (B) (C) (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 type="checkbox"/> <input checked="" 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 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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> <input checked="" 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 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 = ●

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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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FOGLIO 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 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 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 checked="" 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 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 type="radio"/> B	<input checked="" 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 checked="" 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 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"/>

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

FOGLIO 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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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FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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. 2 3 4 5 6 7 8

FOGLIO RISPOSTE

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|---|--|---|
| 1) <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"/> | 2) <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"/> | 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"/> |
| 4) <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"/> | 5) <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"/> | 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"/> |
| 7) <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"/> | 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 checked="" type="radio"/> B <input type="radio"/> C <input 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 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 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"/> | 14) <input checked="" 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"/> | 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

FOGLIO 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 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 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 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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 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 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 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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FOGLIO 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 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 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
	<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 checked="" type="radio"/>	<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 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 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

FOGLIO 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 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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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
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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 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) (●) (6) (7) (8)

FOGLIO RISPOSTE

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|-----|---|-----|---|-----|---|
| 1) | (●) (B) (C) (D) | 2) | (A) (●) (C) (D) | 3) | (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"/> |
| 4) | (A) (B) (●) (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) (●) (D) | 8) | (A) (B) (C) (●) | 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) | (●) (B) (C) (D) | 11) | (A) (B) (C) (●) | 12) | (A) (●) (C) (D) |
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| 13) | (A) (B) (●) (D) | 14) | (A) (B) (●) (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 = ●

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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

FOGLIO 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 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 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 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 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 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. 1 2 3 4 5 6 8

FOGLIO 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 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"/> 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 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 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 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 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) ●

FOGLIO RISPOSTE

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|-----|---|-----|---|-----|---|
| 1) | (A) ● (C) (D) | 2) | (A) ● (C) (D) | 3) | (A) (B) ● (D) |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <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) ● | 5) | (A) (B) ● (D) | 6) | (A) (B) ● (D) |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <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) ● (C) (D) | 8) | (A) (B) (C) ● | 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) (B) ● (D) |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <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) ● (C) (D) | 14) | (A) (B) (C) ● | 15) | ● (B) (C) (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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FOGLIO 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
	<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"/>
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 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 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 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

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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

FOGLIO RISPOSTE

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|---|---|---|
| 1) <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"/> | 2) <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"/> | 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"/> |
| 4) <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"/> | 5) <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"/> | 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"/> |
| 7) <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"/> | 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
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| 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
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<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
<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
<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
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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

FOGLIO RISPOSTE

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| 1) <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"/> | 2) <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"/> | 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 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"/> | 5) <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"/> | 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 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 type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
<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
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| 10) <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"/> |
| 13) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
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<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
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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

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

Questionario n.

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FOGLIO 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 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 type="radio"/> C <input checked="" type="radio"/>	5)	<input checked="" type="radio"/> <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"/>
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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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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 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 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"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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
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FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO 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 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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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 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 checked="" type="radio"/> C	<input type="radio"/> D
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Questionario n. 1 2 3 4 5 6 7 8

FOGLIO RISPOSTE

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

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Questionario n. 2 3 4 5 6 7 8

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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

FOGLIO 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 checked="" 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 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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 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 |
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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 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 8

FOGLIO 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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
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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) (●) (5) (6) (7) (8)

FOGLIO RISPOSTE

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

FOGLIO RISPOSTE

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

FOGLIO 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 checked="" 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 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 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 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 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 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 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:

Questionario n. 1 2 3 4 5 6 8

FOGLIO 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 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 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 |
| | <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"/> |
| 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 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 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 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 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"/> |

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

FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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) ● (8)

FOGLIO RISPOSTE

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

FOGLIO 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 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 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 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 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 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 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"/>

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

FOGLIO RISPOSTE

1) <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"/>	2) <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"/>	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"/>
4) <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"/>	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 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 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 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"/>	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"/>
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 checked="" 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 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"/>
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 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"/>

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

FOGLIO RISPOSTE

1) <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"/>	2) <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"/>	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 checked="" type="radio"/> B <input 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 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 type="radio"/> D <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 <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 <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 <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 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"/>	14) <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"/>	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. 1 2 3 4 5 6 7 8

FOGLIO 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 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 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 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 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 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 6 7 8

FOGLIO 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 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 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 |
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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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FOGLIO RISPOSTE

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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 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 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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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)

FOGLIO 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 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 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
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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 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 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 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

FOGLIO 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 checked="" type="radio"/> C	<input type="radio"/> 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 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 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 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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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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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

FOGLIO RISPOSTE

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| 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 checked="" type="radio"/> | <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

FOGLIO 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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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 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

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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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FOGLIO RISPOSTE

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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 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 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 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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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)

FOGLIO RISPOSTE

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

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

FOGLIO 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 type="checkbox"/>	<input type="checkbox"/>		<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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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

FOGLIO 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 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"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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"/>

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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 3
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FOGLIO 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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"/>

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.



FOGLIO 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.



FOGLIO 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 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 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 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 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 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. 1 2 3 4 5 6 7 8

FOGLIO 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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"/>

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

FOGLIO RISPOSTE

1)	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO 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 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 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 checked="" 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 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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 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 checked="" 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

FOGLIO RISPOSTE

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| 1) | <input type="radio"/> A | <input type="radio"/> B | <input checked="" type="radio"/> | <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 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 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 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 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 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)

FOGLIO RISPOSTE

1)	(A) (B) (C) (D)	2)	(A) (B) (C) (D)	3)	(A) (B) (C) (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 checked="" 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 checked="" type="checkbox"/> <input 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"/>
7)	(A) (B) (C) (D)	8)	(A) (B) (C) (D)	9)	(A) (B) (C) (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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10)	(A) (B) (C) (D)	11)	(A) (B) (C) (D)	12)	(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 checked="" type="checkbox"/> <input 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 checked="" 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 type="checkbox"/> <input checked="" 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)

FOGLIO RISPOSTE

1)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<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 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 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 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"/>
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 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 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 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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) (●) (5) (6) (7) (8)

FOGLIO RISPOSTE

1)	(A) (B) (●) (D)	2)	(A) (B) (●) (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) (●) (C) (D)	6)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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)	(●) (B) (C) (D)	8)	(A) (●) (C) (D)	9)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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)	(●) (B) (C) (D)	12)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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) (●) (C) (D)	14)	(●) (B) (C) (D)	15)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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)

FOGLIO RISPOSTE

1)	(A) (B) (8) (D)	2)	(A) (B) (C) (8)	3)	(8) (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)	(8) (B) (C) (D)	5)	(A) (B) (8) (D)	6)	(A) (8) (C) (D)
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7)	(A) (8) (C) (D)	8)	(A) (B) (8) (D)	9)	(A) (8) (C) (D)
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13)	(A) (B) (C) (8)	14)	(A) (B) (8) (D)	15)	(8) (B) (C) (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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FOGLIO 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 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 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 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 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 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 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"/>

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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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FOGLIO 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 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 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 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 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 checked="" 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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"/>

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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 8

FOGLIO 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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.



FOGLIO 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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 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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FOGLIO 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 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 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 checked="" 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 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 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 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

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

FOGLIO 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 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 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 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 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 checked="" 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 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 type="checkbox"/>		<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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FOGLIO 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 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 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 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
	<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"/>	<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 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) (●) (6) (7) (8)

FOGLIO RISPOSTE

1)	●	(B)	(C)	(D)	2)	(A)	●	(C)	(D)	3)	(A)	(B)	(C)	●
	□	□	□	□		□	□	□	□		□	□	□	□
4)	(A)	(B)	●	(D)	5)	(A)	●	(C)	(D)	6)	●	(B)	(C)	(D)
	□	□	□	□		□	□	□	□		□	□	□	□
7)	(A)	(B)	●	(D)	8)	(A)	(B)	(C)	●	9)	●	(B)	(C)	(D)
	□	□	□	□		□	□	□	□		□	□	□	□
10)	(A)	●	(C)	(D)	11)	(A)	●	(C)	(D)	12)	(A)	(B)	(C)	●
	□	□	□	□		□	□	□	□		□	□	□	□
13)	(A)	(B)	●	(D)	14)	●	(B)	(C)	(D)	15)	(A)	●	(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

FOGLIO 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
	<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 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 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 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"/>	<input type="checkbox"/>		<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 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 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"/>

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

FOGLIO 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 type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 checked="" type="radio"/>	<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)

FOGLIO RISPOSTE

1)	(A) (B) (C) (D)	2)	(A) (B) (C) (D)	3)	(A) (B) (C) (D)
	<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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4)	(A) (B) (C) (D)	5)	(A) (B) (C) (D)	6)	(A) (B) (C) (D)
	<input checked="" 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 checked="" 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) (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 type="checkbox"/> <input checked="" type="checkbox"/>
10)	(A) (B) (C) (D)	11)	(A) (B) (C) (D)	12)	(A) (B) (C) (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 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 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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 3

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 6
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 8

FOGLIO 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 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 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 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 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 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 checked="" 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 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"/>

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

FOGLIO 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 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 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 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 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 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 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 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

FOGLIO RISPOSTE

1)	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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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FOGLIO 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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"/>

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)

FOGLIO RISPOSTE

1)	●	(B)	(C)	(D)	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)	(B)	●	(D)	5)	(A)	(B)	●	(D)	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)	●	(D)	8)	(A)	(B)	(C)	●	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)	●	(C)	(D)	11)	●	(B)	(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)	●	(B)	(C)	(D)	15)	●	(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 = ●

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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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 3
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 7

FOGLIO 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 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 checked="" type="radio"/>	<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"/>	<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"/>
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 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 checked="" 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 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.

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FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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
	<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"/>	<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 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

FOGLIO 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 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 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 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 |
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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 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 type="radio"/> C <input checked="" type="radio"/> | 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) (●) (6) (7) (8)

FOGLIO RISPOSTE

1)	(●)	(B)	(C)	(D)	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)	(B)	(●)	(D)	5)	(A)	(B)	(●)	(D)	6)	(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"/>
7)	(A)	(B)	(●)	(D)	8)	(A)	(B)	(C)	(●)	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)	(●)	(C)	(D)	11)	(A)	(B)	(C)	(●)	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)	(●)	(B)	(C)	(D)	15)	(●)	(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

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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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FOGLIO 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 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 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 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 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 type="radio"/> C	<input checked="" type="radio"/>	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

FOGLIO 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 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"/> 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 8

FOGLIO 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"/> <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 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 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"/> <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 type="radio"/> B <input type="radio"/> C <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

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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

FOGLIO 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

FOGLIO 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 type="radio"/> D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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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PER RISPONDERE ANNERIRE COMPLETAMENTE LE CASELLE

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Questionario n. 1 2 3 4 5 6 7 8

FOGLIO RISPOSTE

1)	<input 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
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FOGLIO 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 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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PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO 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 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
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FOGLIO 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 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 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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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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FOGLIO RISPOSTE

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

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FOGLIO RISPOSTE

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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 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 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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PRIMA DI INZIARE A RISPONDERE ALLE DOMANDE, INDICARE IL NUMERO 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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FOGLIO 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 checked="" type="radio"/>	<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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FOGLIO 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:

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

FOGLIO 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 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"/>
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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 type="radio"/> D
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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 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

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

FOGLIO RISPOSTE

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| 1) <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

FOGLIO 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
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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 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
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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 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
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ANMERIRE 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

FOGLIO 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 |
| 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 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 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 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 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.

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FOGLIO 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 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 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 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 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 checked="" 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 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 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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Questionario n. (1) (2) (3) (4) (5) (6) (7) (8)

FOGLIO RISPOSTE

1)	(A) (B) (C) (6)	2)	(6) (B) (C) (D)	3)	(A) (B) (C) (6)
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Questionario n.

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FOGLIO 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <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 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 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 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 type="radio"/> C | <input checked="" type="radio"/> | 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

FOGLIO RISPOSTE

1) <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"/>	2) <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"/>	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 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"/>	5) <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"/>	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"/>
7) <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"/>	8) <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"/>	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"/>
10) <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"/>	11) <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"/>	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"/>
13) <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"/>	14) <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"/>	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"/>

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

FOGLIO 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 checked="" 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 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 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 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 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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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.



FOGLIO RISPOSTE

1) 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) (●) (5) (6) (7) (8)

FOGLIO RISPOSTE

1)	(A) (B) (C) (●)	2)	(A) (B) (●) (D)	3)	(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"/>
4)	(●) (B) (C) (D)	5)	(A) (●) (C) (D)	6)	(●) (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) (●) (C) (D)	8)	(A) (●) (C) (D)	9)	(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"/>
10)	(A) (B) (●) (D)	11)	(●) (B) (C) (D)	12)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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)	(●) (B) (C) (D)	14)	(A) (B) (C) (●)	15)	(A) (B) (●) (D)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<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 = ~~☒~~ ☑ ⊖