

ANSWER SHEET FOR THE QUIZ ON THE **3MS TEST**

Name: _____, _____
Last First

Institution: _____ Tel.: (_____) _____
area code Ext: _____

Date: ____/____/20____
MM DD YY

Quiz Form: _____ Start time: _____:_____
A or B HH MM

FOR EACH ITEM, READ ALL FOUR ALTERNATIVES FIRST, THEN SELECT THE BEST ONE. WRITE IN YOUR CHOICE (A, B, C, OR D) ABOVE THE ITEM NUMBER.

ITEM _____ _____ _____ _____ _____ _____
1 2 3 4 5 6

ITEM _____ _____ _____ _____ _____ _____
7 8 9 10 11 12

ITEM _____ _____ _____ _____ _____ _____
13 14 15 16 17 18

ITEM _____ _____ _____ _____ _____ _____
19 20 21 22 23 24

**PLEASE RETURN QUIZ BOOKLET
WITH THIS ANSWER SHEET.**

End time: _____:_____
HH MM