

A questionnaire about programming (Dehnadi test (version 1.1))

This questionnaire measures the way you think. There are no right or wrong answers.

First we collect some information about you.

After that the questions are designed to be partly familiar, partly unfamiliar. We want to see how you deal with that situation. Please answer carefully.

If you change your mind about an answer, you can go back and alter it, any time until you finish the questionnaire.

Background information about you

P1: Name

P2: Age

P3: Gender

| | |
|----------------------------|------------------------------|
| Male <input type="radio"/> | Female <input type="radio"/> |
|----------------------------|------------------------------|

P4: Previous qualifications (please list):

| | |
|-------------------|--|
| A level | |
| GCSE (or O level) | |
| Other | |

P5: Have you ever written a computer program in any programming language?

| | | |
|---------------------------|--------------------------|--------------------------------|
| Yes <input type="radio"/> | No <input type="radio"/> | Not Sure <input type="radio"/> |
|---------------------------|--------------------------|--------------------------------|

If your answer to
P5 was Yes

P6: In what programming language(s) have you written programs?

| | | |
|--------------------------------|---------------------------------------|----------------------------------|
| Basic <input type="checkbox"/> | C <input type="checkbox"/> | Java <input type="checkbox"/> |
| C++ <input type="checkbox"/> | Visual Basic <input type="checkbox"/> | Fortran <input type="checkbox"/> |
| Other <input type="checkbox"/> | | |

P7: This questionnaire comes as part of a programming course.

Did you study programming before the beginning of this course?

| | | |
|---------------------------|--------------------------|--------------------------------|
| Yes <input type="radio"/> | No <input type="radio"/> | Not Sure <input type="radio"/> |
|---------------------------|--------------------------|--------------------------------|

If your answer to
P7 was Yes

P8: What programming course(s) did you take?

| | |
|---------------|--|
| First course | |
| Second course | |
| Third course | |

P9: And did you pass or fail?

| | | | |
|---------------|-----------------------|-----------------------|-----------------------|
| | Pass | Fail | Can't remember |
| First course | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Second course | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Third course | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| <p>1. Read the following statements and tick the box next to the correct answer in the next column.</p> <pre>int a=10; int b=20; a=b;</pre> | <p>The new values of a and b</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>a=20</td><td>b=0</td></tr> <tr><td><input type="checkbox"/></td><td>a=20</td><td>b=20</td></tr> <tr><td><input type="checkbox"/></td><td>a=0</td><td>b=30</td></tr> <tr><td><input type="checkbox"/></td><td>a=10</td><td>b=10</td></tr> <tr><td><input type="checkbox"/></td><td>a=10</td><td>b=30</td></tr> <tr><td><input type="checkbox"/></td><td>a=10</td><td>b=20</td></tr> <tr><td><input type="checkbox"/></td><td>a=30</td><td>b=20</td></tr> <tr><td><input type="checkbox"/></td><td>a=20</td><td>b=10</td></tr> <tr><td><input type="checkbox"/></td><td>a=0</td><td>b=10</td></tr> <tr><td><input type="checkbox"/></td><td>a=30</td><td>b=0</td></tr> </table> <p>Any other values for a and b</p> <table border="0"> <tr><td>a=</td><td>b=</td></tr> <tr><td>a=</td><td>b=</td></tr> <tr><td>a=</td><td>b=</td></tr> </table> | <input type="checkbox"/> | a=20 | b=0 | <input type="checkbox"/> | a=20 | b=20 | <input type="checkbox"/> | a=0 | b=30 | <input type="checkbox"/> | a=10 | b=10 | <input type="checkbox"/> | a=10 | b=30 | <input type="checkbox"/> | a=10 | b=20 | <input type="checkbox"/> | a=30 | b=20 | <input type="checkbox"/> | a=20 | b=10 | <input type="checkbox"/> | a=0 | b=10 | <input type="checkbox"/> | a=30 | b=0 | a= | b= | a= | b= | a= | b= | <p>Use this column for your rough notes please</p> |
| <input type="checkbox"/> | a=20 | b=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=20 | b=20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=40 | b=70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| a= | b= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>3. Read the following statements and tick the box next to the correct answer in the next column.</p> <pre>int big=10; int small=20; big=small;</pre> | <p>The new values of big and small</p> <table> <tr><td><input type="checkbox"/></td><td>big=0</td><td>small=30</td></tr> <tr><td><input type="checkbox"/></td><td>big=0</td><td>small=10</td></tr> <tr><td><input type="checkbox"/></td><td>big=20</td><td>small=0</td></tr> <tr><td><input type="checkbox"/></td><td>big=10</td><td>small=20</td></tr> <tr><td><input type="checkbox"/></td><td>big=30</td><td>small=20</td></tr> <tr><td><input type="checkbox"/></td><td>big=20</td><td>small=20</td></tr> <tr><td><input type="checkbox"/></td><td>big=10</td><td>small=10</td></tr> <tr><td><input type="checkbox"/></td><td>big=20</td><td>small=10</td></tr> <tr><td><input type="checkbox"/></td><td>big=30</td><td>small=0</td></tr> <tr><td><input type="checkbox"/></td><td>big=10</td><td>small=30</td></tr> </table> <p>Any other values for big and small</p> <table> <tr><td>big=</td><td>small=</td></tr> <tr><td>big=</td><td>small=</td></tr> <tr><td>big=</td><td>small=</td></tr> </table> | <input type="checkbox"/> | big=0 | small=30 | <input type="checkbox"/> | big=0 | small=10 | <input type="checkbox"/> | big=20 | small=0 | <input type="checkbox"/> | big=10 | small=20 | <input type="checkbox"/> | big=30 | small=20 | <input type="checkbox"/> | big=20 | small=20 | <input type="checkbox"/> | big=10 | small=10 | <input type="checkbox"/> | big=20 | small=10 | <input type="checkbox"/> | big=30 | small=0 | <input type="checkbox"/> | big=10 | small=30 | big= | small= | big= | small= | big= | small= | <p>Use this column for your rough notes please</p> |
| <input type="checkbox"/> | big=0 | small=30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | big=0 | small=10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | big=20 | small=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=10 | b=20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=30 | b=50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=20 | b=20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=40 | b=30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=30 | b=30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=0 | b=30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=70 | b=70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=110 | b=70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=70 | b=100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=7 | b=5 | c=3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=3 | b=12 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=7 | b=7 | c=7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=8 | b=15 | c=12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=0 | b=0 | c=5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=9 | b=6 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=11 | b=15 | c=14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=9 | b=5 | c=6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=14 | b=6 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=0 | c=20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=9 | b=9 | c=9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=9 | b=6 | c=5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=5 | b=6 | c=9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=6 | b=6 | c=6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=9 | b=6 | c=9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=15 | b=14 | c=11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=20 | b=15 | c=14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|--------------------------|------|------|------|--------------------------|-----|------|------|--------------------------|------|-----|------|--------------------------|------|------|------|--------------------------|------|------|------|--------------------------|------|------|------|--------------------------|------|------|------|--------------------------|------|-----|------|--------------------------|-----|-----|------|--------------------------|-----|------|-----|--------------------------|-----|-----|------|--------------------------|------|------|-----|--------------------------|-----|-----|-----|--------------------------|-----|------|------|--------------------------|-----|------|-----|--------------------------|------|------|------|----|----|----|----|----|----|----|----|----|----|----|----|--|
| <div>9. Read the following statements and tick the box next to the correct answer in the next column.</div> <div><pre>int a=14; int b=20; int c=3; c=b; a=c; b=a;</pre></div> | <div>The new values of a, b and c</div> <table><tr><td><input type="checkbox"/></td><td>a=14</td><td>b=14</td><td>c=14</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=20</td><td>c=14</td></tr><tr><td><input type="checkbox"/></td><td>a=23</td><td>b=0</td><td>c=14</td></tr><tr><td><input type="checkbox"/></td><td>a=20</td><td>b=20</td><td>c=20</td></tr><tr><td><input type="checkbox"/></td><td>a=37</td><td>b=23</td><td>c=17</td></tr><tr><td><input type="checkbox"/></td><td>a=17</td><td>b=34</td><td>c=23</td></tr><tr><td><input type="checkbox"/></td><td>a=34</td><td>b=23</td><td>c=17</td></tr><tr><td><input type="checkbox"/></td><td>a=20</td><td>b=3</td><td>c=14</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=0</td><td>c=14</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=20</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=3</td><td>c=14</td></tr><tr><td><input type="checkbox"/></td><td>a=14</td><td>b=20</td><td>c=3</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=3</td><td>c=3</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=14</td><td>c=20</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=37</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=37</td><td>b=57</td><td>c=23</td></tr></table> <div>Any other values for a, b and c</div> <table><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr></table> | <input type="checkbox"/> | a=14 | b=14 | c=14 | <input type="checkbox"/> | a=3 | b=20 | c=14 | <input type="checkbox"/> | a=23 | b=0 | c=14 | <input type="checkbox"/> | a=20 | b=20 | c=20 | <input type="checkbox"/> | a=37 | b=23 | c=17 | <input type="checkbox"/> | a=17 | b=34 | c=23 | <input type="checkbox"/> | a=34 | b=23 | c=17 | <input type="checkbox"/> | a=20 | b=3 | c=14 | <input type="checkbox"/> | a=3 | b=0 | c=14 | <input type="checkbox"/> | a=0 | b=20 | c=0 | <input type="checkbox"/> | a=3 | b=3 | c=14 | <input type="checkbox"/> | a=14 | b=20 | c=3 | <input type="checkbox"/> | a=3 | b=3 | c=3 | <input type="checkbox"/> | a=3 | b=14 | c=20 | <input type="checkbox"/> | a=0 | b=37 | c=0 | <input type="checkbox"/> | a=37 | b=57 | c=23 | a= | b= | c= | a= | b= | c= | a= | b= | c= | a= | b= | c= | <div>Use this column for your rough notes please</div> |
| <input type="checkbox"/> | a=14 | b=14 | c=14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=23 | b=0 | c=14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=20 | b=20 | c=20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=37 | b=23 | c=17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=17 | b=34 | c=23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=34 | b=23 | c=17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=20 | b=3 | c=14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=14 | b=20 | c=3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=3 | b=3 | c=3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=3 | b=14 | c=20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=37 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=37 | b=57 | c=23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|--|--|--------------------------|------|------|------|--------------------------|------|------|------|--------------------------|------|------|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|------|--------------------------|------|------|------|--------------------------|-----|-----|------|--------------------------|-----|-----|-----|--------------------------|-----|------|------|--------------------------|-----|-----|-----|--------------------------|-----|------|-----|--------------------------|-----|-----|------|--------------------------|------|-----|-----|--------------------------|------|-----|-----|--------------------------|------|-----|------|--------------------------|-----|-----|------|----|----|----|----|----|----|----|----|----|----|----|----|--|
| <div>10. Read the following statements and tick the box next to the correct answer in the next column.</div> <div><pre>int a=3; int b=10; int c=2; b=a; c=b; a=c;</pre></div> | <div>The new values of a, b and c</div> <table><tr><td><input type="checkbox"/></td><td>a=13</td><td>b=12</td><td>c=15</td></tr><tr><td><input type="checkbox"/></td><td>a=10</td><td>b=10</td><td>c=10</td></tr><tr><td><input type="checkbox"/></td><td>a=13</td><td>b=12</td><td>c=5</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=2</td><td>c=2</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=2</td><td>c=13</td></tr><tr><td><input type="checkbox"/></td><td>a=18</td><td>b=13</td><td>c=15</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=2</td><td>c=10</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=0</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=5</td><td>b=13</td><td>c=12</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=3</td><td>c=3</td></tr><tr><td><input type="checkbox"/></td><td>a=3</td><td>b=10</td><td>c=2</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=2</td><td>c=10</td></tr><tr><td><input type="checkbox"/></td><td>a=15</td><td>b=0</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=10</td><td>b=2</td><td>c=3</td></tr><tr><td><input type="checkbox"/></td><td>a=10</td><td>b=2</td><td>c=10</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=3</td><td>c=10</td></tr></table> <div>Any other values for a, b and c</div> <table><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr></table> | <input type="checkbox"/> | a=13 | b=12 | c=15 | <input type="checkbox"/> | a=10 | b=10 | c=10 | <input type="checkbox"/> | a=13 | b=12 | c=5 | <input type="checkbox"/> | a=2 | b=2 | c=2 | <input type="checkbox"/> | a=0 | b=2 | c=13 | <input type="checkbox"/> | a=18 | b=13 | c=15 | <input type="checkbox"/> | a=3 | b=2 | c=10 | <input type="checkbox"/> | a=3 | b=0 | c=0 | <input type="checkbox"/> | a=5 | b=13 | c=12 | <input type="checkbox"/> | a=3 | b=3 | c=3 | <input type="checkbox"/> | a=3 | b=10 | c=2 | <input type="checkbox"/> | a=0 | b=2 | c=10 | <input type="checkbox"/> | a=15 | b=0 | c=0 | <input type="checkbox"/> | a=10 | b=2 | c=3 | <input type="checkbox"/> | a=10 | b=2 | c=10 | <input type="checkbox"/> | a=2 | b=3 | c=10 | a= | b= | c= | a= | b= | c= | a= | b= | c= | a= | b= | c= | <div>Use this column for your rough notes please</div> |
| <input type="checkbox"/> | a=13 | b=12 | c=15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=10 | b=10 | c=10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=13 | b=12 | c=5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=2 | b=2 | c=2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=2 | c=13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=18 | b=13 | c=15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=3 | b=2 | c=10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=3 | b=0 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=5 | b=13 | c=12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=3 | b=3 | c=3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=3 | b=10 | c=2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=2 | c=10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=15 | b=0 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=10 | b=2 | c=3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=10 | b=2 | c=10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| <div>11. Read the following statements and tick the box next to the correct answer in the next column.</div> <div><pre>int a=0; int b=1; int c=2; b=a; a=c; c=b;</pre></div> | <div>The new values of a, b and c</div> <table><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=2</td><td>c=2</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=1</td><td>c=3</td></tr><tr><td><input type="checkbox"/></td><td>a=1</td><td>b=4</td><td>c=3</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=0</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=3</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=0</td><td>c=1</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=0</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=1</td><td>b=2</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=1</td><td>b=3</td><td>c=2</td></tr><tr><td><input type="checkbox"/></td><td>a=1</td><td>b=1</td><td>c=1</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=1</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=1</td><td>c=2</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=1</td><td>c=0</td></tr></table> <div>Any other values for a, b and c</div> <table><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr></table> | <input type="checkbox"/> | a=2 | b=2 | c=2 | <input type="checkbox"/> | a=2 | b=1 | c=3 | <input type="checkbox"/> | a=1 | b=4 | c=3 | <input type="checkbox"/> | a=2 | b=0 | c=0 | <input type="checkbox"/> | a=0 | b=3 | c=0 | <input type="checkbox"/> | a=2 | b=0 | c=1 | <input type="checkbox"/> | a=0 | b=0 | c=0 | <input type="checkbox"/> | a=1 | b=2 | c=0 | <input type="checkbox"/> | a=1 | b=3 | c=2 | <input type="checkbox"/> | a=1 | b=1 | c=1 | <input type="checkbox"/> | a=2 | b=1 | c=0 | <input type="checkbox"/> | a=0 | b=1 | c=2 | <input type="checkbox"/> | a=0 | b=1 | c=0 | a= | b= | c= | a= | b= | c= | a= | b= | c= | a= | b= | c= | <div>Use this column for your rough notes please</div> |
| <input type="checkbox"/> | a=2 | b=2 | c=2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=2 | b=1 | c=3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=1 | b=4 | c=3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=2 | b=0 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=3 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=2 | b=0 | c=1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=0 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=1 | b=2 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=1 | b=3 | c=2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=1 | b=1 | c=1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | a=0 | b=1 | c=2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=1 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|--------------------------|------|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|------|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|------|------|------|--------------------------|-----|-----|-----|--------------------------|-----|------|------|--------------------------|------|------|------|--------------------------|-----|-----|-----|--------------------------|------|-----|-----|--------------------------|-----|-----|-----|--------------------------|-----|-----|-----|--------------------------|------|-----|------|--------------------------|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| <div>12. Read the following statements and tick the box next to the correct answer in the next column.</div> <div><pre>int a=2; int b=4; int c=8; a=c; c=b; b=a;</pre></div> | <div>The new values of a, b and c</div> <table><tr><td><input type="checkbox"/></td><td>a=4</td><td>b=8</td><td>c=2</td></tr><tr><td><input type="checkbox"/></td><td>a=4</td><td>b=4</td><td>c=4</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=4</td><td>c=8</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=10</td><td>c=4</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=2</td><td>c=2</td></tr><tr><td><input type="checkbox"/></td><td>a=0</td><td>b=8</td><td>c=4</td></tr><tr><td><input type="checkbox"/></td><td>a=10</td><td>b=14</td><td>c=12</td></tr><tr><td><input type="checkbox"/></td><td>a=8</td><td>b=8</td><td>c=4</td></tr><tr><td><input type="checkbox"/></td><td>a=6</td><td>b=12</td><td>c=10</td></tr><tr><td><input type="checkbox"/></td><td>a=16</td><td>b=14</td><td>c=10</td></tr><tr><td><input type="checkbox"/></td><td>a=8</td><td>b=2</td><td>c=4</td></tr><tr><td><input type="checkbox"/></td><td>a=14</td><td>b=0</td><td>c=0</td></tr><tr><td><input type="checkbox"/></td><td>a=8</td><td>b=8</td><td>c=8</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=8</td><td>c=4</td></tr><tr><td><input type="checkbox"/></td><td>a=10</td><td>b=6</td><td>c=12</td></tr><tr><td><input type="checkbox"/></td><td>a=2</td><td>b=0</td><td>c=0</td></tr></table> <div>Any other values for a, b and c</div> <table><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr><tr><td>a=</td><td>b=</td><td>c=</td></tr></table> | <input type="checkbox"/> | a=4 | b=8 | c=2 | <input type="checkbox"/> | a=4 | b=4 | c=4 | <input type="checkbox"/> | a=2 | b=4 | c=8 | <input type="checkbox"/> | a=0 | b=10 | c=4 | <input type="checkbox"/> | a=2 | b=2 | c=2 | <input type="checkbox"/> | a=0 | b=8 | c=4 | <input type="checkbox"/> | a=10 | b=14 | c=12 | <input type="checkbox"/> | a=8 | b=8 | c=4 | <input type="checkbox"/> | a=6 | b=12 | c=10 | <input type="checkbox"/> | a=16 | b=14 | c=10 | <input type="checkbox"/> | a=8 | b=2 | c=4 | <input type="checkbox"/> | a=14 | b=0 | c=0 | <input type="checkbox"/> | a=8 | b=8 | c=8 | <input type="checkbox"/> | a=2 | b=8 | c=4 | <input type="checkbox"/> | a=10 | b=6 | c=12 | <input type="checkbox"/> | a=2 | b=0 | c=0 | a= | b= | c= | a= | b= | c= | a= | b= | c= | a= | b= | c= | <div>Use this column for your rough notes please</div> |
| <input type="checkbox"/> | a=4 | b=8 | c=2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=4 | b=4 | c=4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=2 | b=4 | c=8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=10 | c=4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=2 | b=2 | c=2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=0 | b=8 | c=4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=10 | b=14 | c=12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=8 | b=8 | c=4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=6 | b=12 | c=10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=16 | b=14 | c=10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=8 | b=2 | c=4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=14 | b=0 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=8 | b=8 | c=8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=2 | b=8 | c=4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=10 | b=6 | c=12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | a=2 | b=0 | c=0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a= | b= | c= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

You've reached the end of the questionnaire.

If you want to make any comments, please leave them in the box below.

Thank you for answering the questionnaire. Your answers will be analysed later.