

[illegible]

Option 1 ☐

Option 2 ☐

Option 3 ☒

Option 4 ☐

Option 5 ☐

Section B: Test Section 2

	Option 1	Option 2	Option 3	Option 4	Option 5
Sub question 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sub question 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sub question 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>