

Mock 2 Verbal Reasoning – Answer Sheet

Candidate's Name:

DATE OF TEST

Day

Month

Year

School Name:

DATE OF BIRTH

Day

Month

Year

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

Examples and Practice Questions

A	Example	1	Practice	2	Practice
	A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input checked="" type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

B	Example	3	Practice	4	Practice
	A <input checked="" type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

C	Example	5	Practice	6	Practice
	A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input checked="" type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

D	Example	7	Practice	8	Practice
	A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>
	B <input checked="" type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Test Questions

1	A <input type="checkbox"/>	
	B <input type="checkbox"/>	
	C <input type="checkbox"/>	
	D <input type="checkbox"/>	
	E <input type="checkbox"/>	

2	A <input type="checkbox"/>	
	B <input type="checkbox"/>	
	C <input type="checkbox"/>	
	D <input type="checkbox"/>	
	E <input type="checkbox"/>	

3	A <input type="checkbox"/>	
	B <input type="checkbox"/>	
	C <input type="checkbox"/>	
	D <input type="checkbox"/>	
	E <input type="checkbox"/>	

4	A <input type="checkbox"/>	
	B <input type="checkbox"/>	
	C <input type="checkbox"/>	
	D <input type="checkbox"/>	
	E <input type="checkbox"/>	

5	A <input type="checkbox"/>	
	B <input type="checkbox"/>	
	C <input type="checkbox"/>	
	D <input type="checkbox"/>	
	E <input type="checkbox"/>	

6	A <input type="checkbox"/>	
	B <input type="checkbox"/>	
	C <input type="checkbox"/>	
	D <input type="checkbox"/>	
	E <input type="checkbox"/>	

7	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
8	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
9	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
10	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
11	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
12	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
13	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
14	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
15	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
16	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
17	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
18	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
19	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
20	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
21	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
22	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
23	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
24	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
25	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
26	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
27	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
28	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
29	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
30	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
31	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	
32	A ☐	
	B ☐	
	C ☐	
	D ☐	
	E ☐	