

## PART 1

### QUESTIONS 1-5

You will hear five short conversations.

You will hear each conversation twice.

There is one question for each conversation.

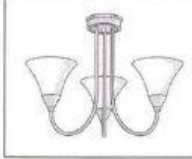
For questions 1-5, put a tick (✓) under the right answer.

Example:

0 How many people were at the meeting?

|                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| 3                        | 13                       | 30                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

1 What must the man turn off?

|                                                                                   |                                                                                   |                                                                                   |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|  |  |  |
| <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          |

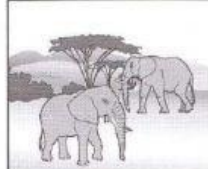
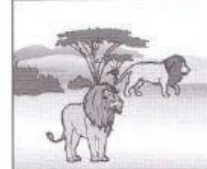
2 Where's the girl's pen?

|                                                                                    |                                                                                    |                                                                                    |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|  |  |  |
| <input type="checkbox"/>                                                           | <input type="checkbox"/>                                                           | <input type="checkbox"/>                                                           |

3 What will the boy do this evening?

|                                                                                    |                                                                                     |                                                                                     |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |
| <input type="checkbox"/>                                                           | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                            |

4 What animals did they see on their holiday?

|                                                                                    |                                                                                     |                                                                                     |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |
| <input type="checkbox"/>                                                           | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                            |

5 What does the man want to buy?

|                                                                                     |                                                                                      |                                                                                      |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  |  |  |
| <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                             |