

|                                                                                     |                                                                 |                                                                                     |                                                                  |                                                                                       |                                                                    |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|
|     | <input type="checkbox"/> HAIR<br><input type="checkbox"/> MOUTH |    | <input type="checkbox"/> HAND<br><input type="checkbox"/> FINGER |    | <input type="checkbox"/> HEAD<br><input type="checkbox"/> HAIR     |
|   | <input type="checkbox"/> KNEE<br><input type="checkbox"/> TOE   |   | <input type="checkbox"/> HEAD<br><input type="checkbox"/> NECK   |   | <input type="checkbox"/> ARM<br><input type="checkbox"/> SHOULDER  |
|   | <input type="checkbox"/> HAND<br><input type="checkbox"/> EYE   |  | <input type="checkbox"/> FINGER<br><input type="checkbox"/> TOE  |  | <input type="checkbox"/> HEAD<br><input type="checkbox"/> HAND     |
|  | <input type="checkbox"/> ARM<br><input type="checkbox"/> LEG    |  | <input type="checkbox"/> EAR<br><input type="checkbox"/> EYE     |  | <input type="checkbox"/> FOOT<br><input type="checkbox"/> TOE      |
|   | <input type="checkbox"/> NECK<br><input type="checkbox"/> KNEE  |  | <input type="checkbox"/> ARM<br><input type="checkbox"/> LEG     |  | <input type="checkbox"/> SHOULDER<br><input type="checkbox"/> NOSE |