

FOR OFFICIAL USE

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**X036/702**

NATIONAL  
QUALIFICATIONS  
2007

FRIDAY, 1 JUNE  
1.00 PM – 4.00 PM

TECHNOLOGICAL  
STUDIES  
ADVANCED HIGHER  
Worksheets for Questions 3, 4  
and 7  
Information Sheets for Questions  
7 and 8

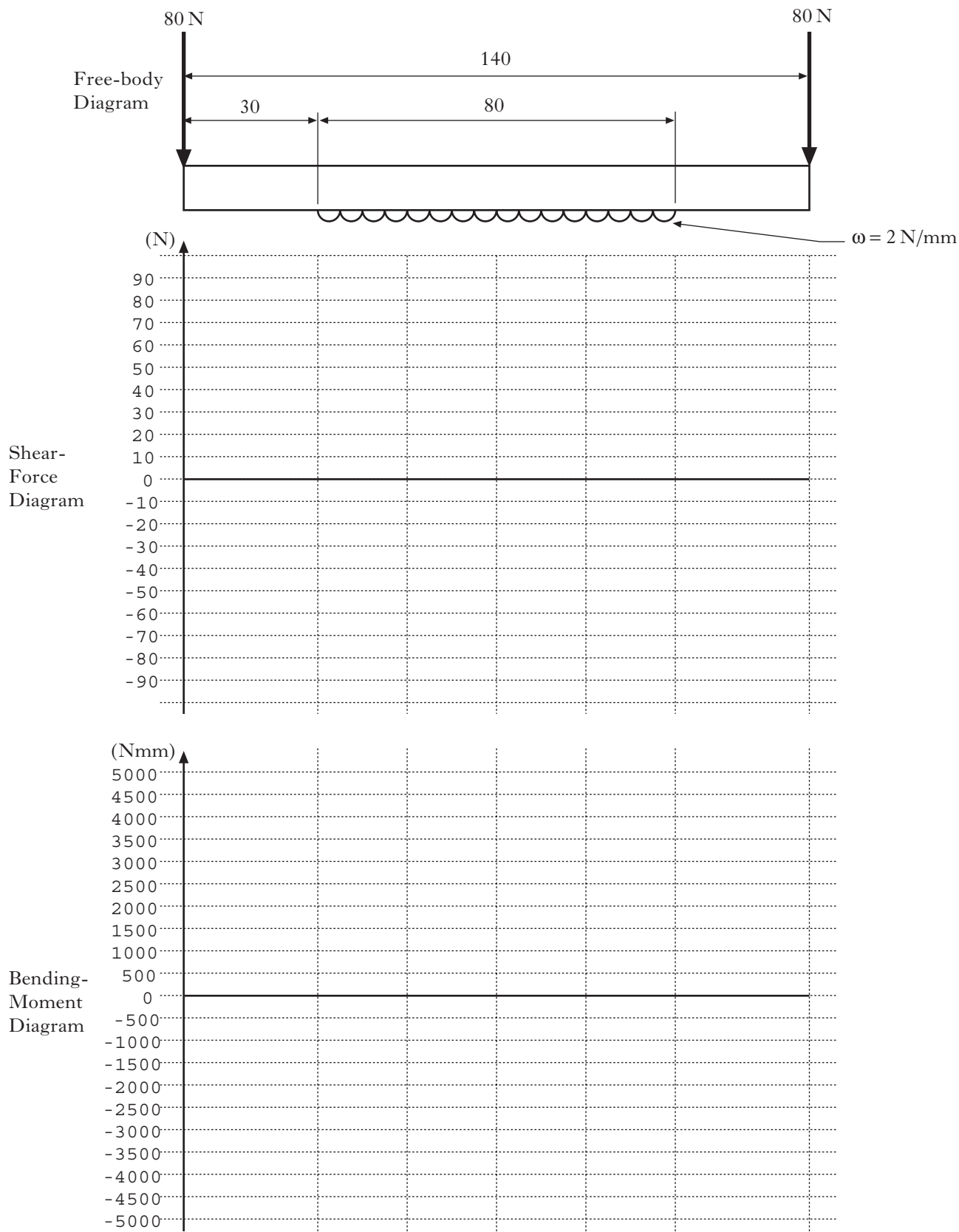
Fill in these boxes and read what is printed below.

|                                                                                                                                                                                                                                                                  |                           |                      |                      |                      |                      |                      |                      |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Full name of centre                                                                                                                                                                                                                                              | Town                      |                      |                      |                      |                      |                      |                      |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>                                                                                                                                                                                                                                             | <input type="text"/>      |                      |                      |                      |                      |                      |                      |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Forename(s)                                                                                                                                                                                                                                                      | Surname                   |                      |                      |                      |                      |                      |                      |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>                                                                                                                                                                                                                                             | <input type="text"/>      |                      |                      |                      |                      |                      |                      |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Date of birth                                                                                                                                                                                                                                                    | Scottish candidate number | Number of seat       |                      |                      |                      |                      |                      |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Day   Month   Year                                                                                                                                                                                                                                               |                           |                      |                      |                      |                      |                      |                      |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                                                                                                                                                                                                                             | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>                                                                                                                                                                                                                                             | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                                                                                                                                                                                                                                                                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |

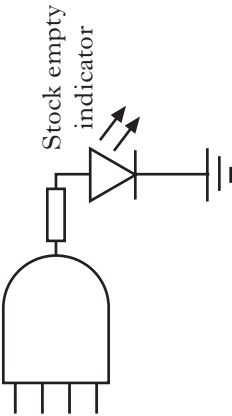
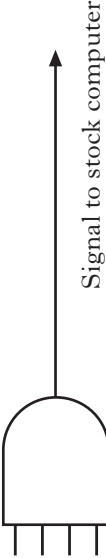
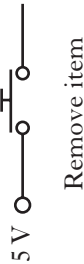
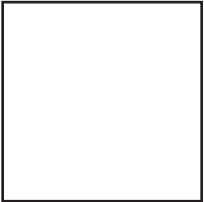
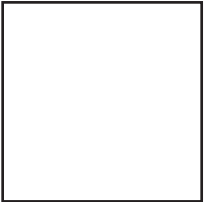
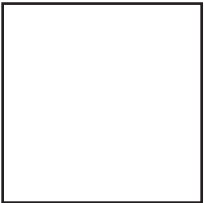
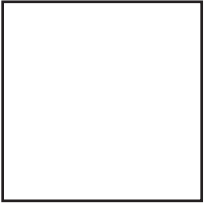
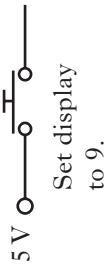
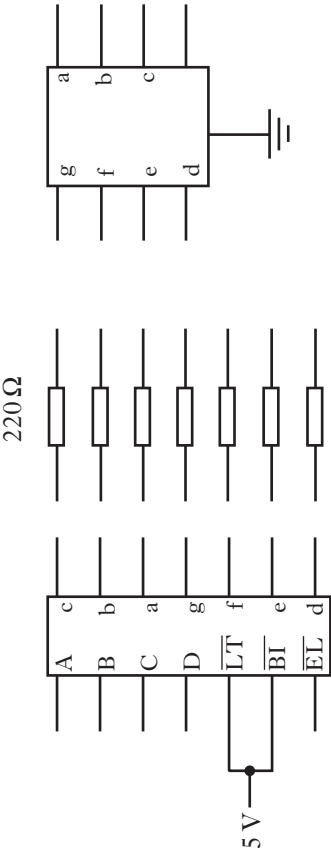
To be inserted inside the front cover of the candidate's answer book and returned with it.

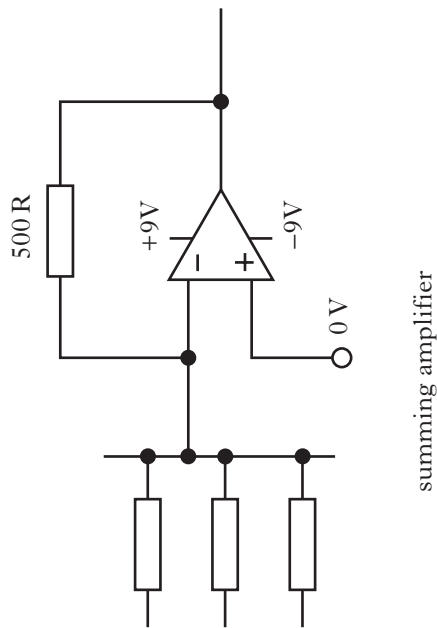
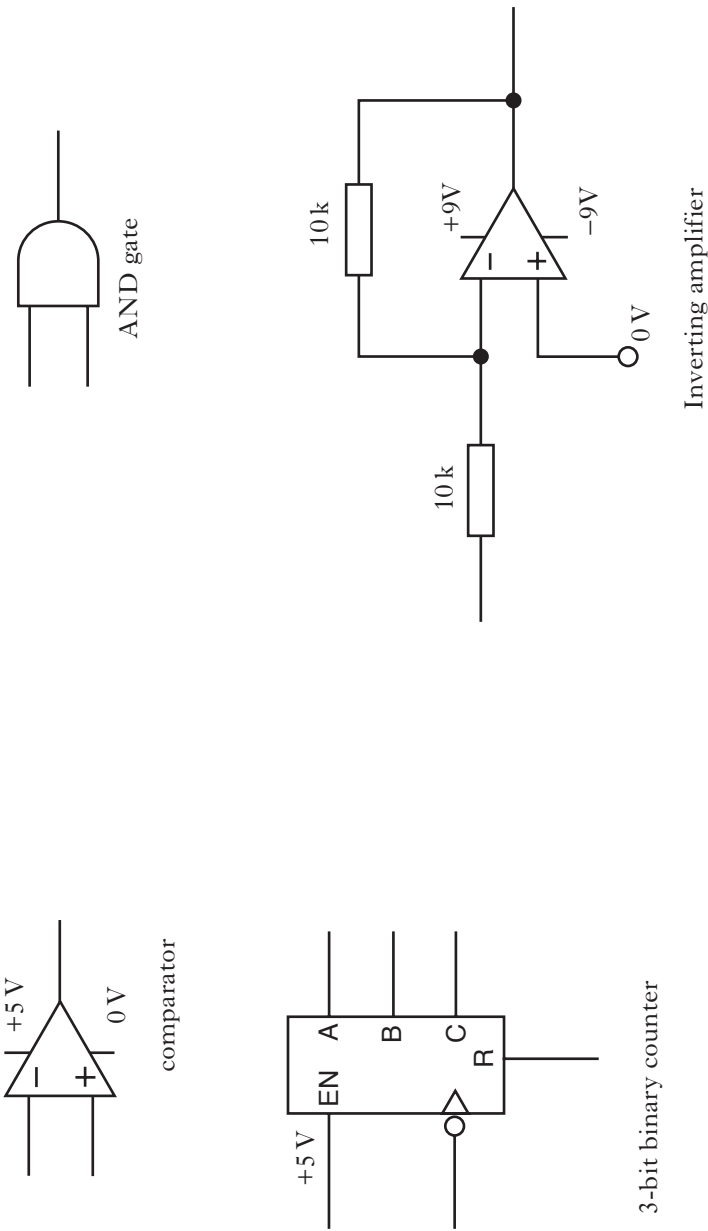


WORKSHEET Q3



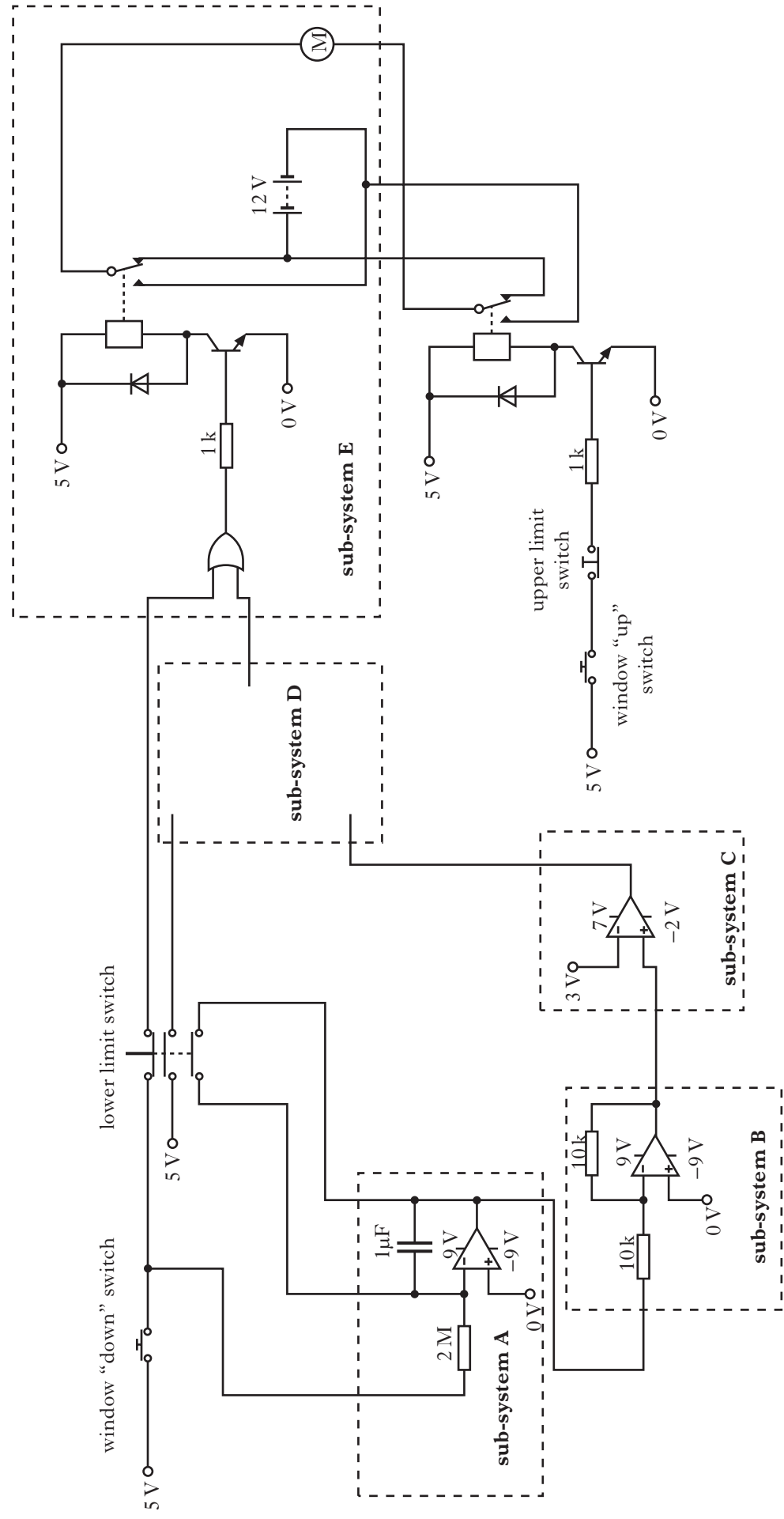
|                                  |   |    |    |    |    |     |     |
|----------------------------------|---|----|----|----|----|-----|-----|
| Distance from left-hand end (mm) | 0 | 30 | 50 | 70 | 90 | 110 | 140 |
| Bending moment (Nmm)             |   |    |    |    |    |     |     |





●  
—  
Analogue voltage from  
strain-gauge circuit

● A  
● B  
● C  
MSB



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