



PDF Fill-In Answer Sheet for Postpartum Health and Happiness Exam

Name: _____ Date: _____
(As you would like it to appear on your certificate)

Billing Address: Apt./Ste. _____

City: _____ State: _____ Zip Code: _____

Country: _____

E-mail: _____

Occupation: _____

Phone: _____ Fax: _____

There is only one correct answer for each question. Select the best possible answer. Choose the correct letter (A/B/C/D) for your answers to the multiple choice questions or the correct option for True/False questions (A or B). Type the letter answer in next to the corresponding number. For example, if you think #1 is answer A, type an A on the line next to number 1.

- | | | | |
|-----------|-----------|-----------|-----------|
| 1) _____ | 16) _____ | 31) _____ | 46) _____ |
| 2) _____ | 17) _____ | 32) _____ | 47) _____ |
| 3) _____ | 18) _____ | 33) _____ | 48) _____ |
| 4) _____ | 19) _____ | 34) _____ | 49) _____ |
| 5) _____ | 20) _____ | 35) _____ | 50) _____ |
| 6) _____ | 21) _____ | 36) _____ | |
| 7) _____ | 22) _____ | 37) _____ | |
| 8) _____ | 23) _____ | 38) _____ | |
| 9) _____ | 24) _____ | 39) _____ | |
| 10) _____ | 25) _____ | 40) _____ | |
| 11) _____ | 26) _____ | 41) _____ | |
| 12) _____ | 27) _____ | 42) _____ | |
| 13) _____ | 28) _____ | 43) _____ | |
| 14) _____ | 29) _____ | 44) _____ | |
| 15) _____ | 30) _____ | 45) _____ | |

E-mail Complete Exam To:
info@inhealthandhappiness.com or Fax: 760.727.8369