

A-level PSYCHOLOGY 7182/1

Paper 1

Mark scheme

Specimen Material

Final Version

Mark schemes are prepared by the Lead Assessment Writer and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts: alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Assessment Writer.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of students' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Further copies of this mark scheme are available from aga.org.uk

Level of response marking instructions

Level of response mark schemes are broken down into two or four levels, each of which has a descriptor. The descriptor for the level shows the average performance for the level. There are two or four marks in each level.

Before you apply the mark scheme to a student's answer read through the answer and annotate it (as instructed) to show the qualities that are being looked for. You can then apply the mark scheme.

Step 1 Determine a level

Start at the lowest level of the mark scheme and use it as a ladder to see whether the answer meets the descriptor for that level. The descriptor for the level indicates the different qualities that might be seen in the student's answer for that level. If it meets the lowest level then go to the next one and decide if it meets this level, and so on, until you have a match between the level descriptor and the answer. With practice and familiarity you will find that for better answers you will be able to quickly skip through the lower levels of the mark scheme.

When assigning a level you should look at the overall quality of the answer and not look to pick holes in small and specific parts of the answer where the student has not performed quite as well as the rest. If the answer covers different aspects of different levels of the mark scheme you should use a best fit approach for defining the level and then use the variability of the response to help decide the mark within the level, ie if the response is predominantly level 3 with a small amount of level 4 material it would be placed in level 3 but be awarded a mark near the top of the level because of the level 4 content.

Step 2 Determine a mark

Once you have assigned a level you need to decide on the mark. The descriptors on how to allocate marks can help with this. The exemplar materials used during standardisation will help. There will be an answer in the standardising materials which will correspond with each level of the mark scheme. This answer will have been awarded a mark by the Lead Examiner. You can compare the student's answer with the example to determine if it is the same standard, better or worse than the example. You can then use this to allocate a mark for the answer based on the Lead Examiner's mark on the example.

You may well need to read back through the answer as you apply the mark scheme to clarify points and assure yourself that the level and the mark are appropriate.

Indicative content in the mark scheme is provided as a guide for examiners. It is not intended to be exhaustive and you must credit other valid points. Students do not have to cover all of the points mentioned in the indicative content to reach the highest level of the mark scheme.

An answer which does not contain anything of relevance to the question must be awarded no marks.

Examiners are required to assign each of the students' responses to the most appropriate level according to **its overall quality**, then allocate a single mark within the level. When deciding upon a mark in a level examiners should bear in mind the relative weightings of the assessment objectives (included for each question and summarised on page 20) and be careful not to over/under credit a particular skill. For example, in question 05 more weight should be given to AO3 than to AO1. This will be exemplified and reinforced as part of examiner training and standardisation.

Section A

Social influence

Which of the following terms best matches the statements below? Choose **one** term that matches **each** statement and write A, B, C, D or E in the box next to it. Use each letter once only.

[4 marks]

Marks for these questions: AO1 = 4

01.1 D

01.2 C

01.3 B

01.4 A

O2 Briefly outline and evaluate the findings of any one study of social influence.

[4 marks]

Marks for this question: AO1 = 2 and AO3 = 2

| Level | Marks | Description | | |
|-------|-------|--|--|--|
| 2 | 3–4 | Findings are clear and accurate. | | |
| | | Evaluation/analysis is clear and coherent. | | |
| | 1–2 | Findings are clear but there is no evaluation, or, findings and evaluation are | | |
| 1 | | both incomplete/partly accurate. | | |
| | | For 1 mark there is some detail of findings but no evaluation. | | |
| | 0 | No relevant content. | | |

AO1 Content

Outline of findings of any study of social influence, eg Asch, Milgram, Zimbardo but any study of social influence is acceptable. Accept detail of variations as well as original findings.

AO3 Content

Evaluation of findings, eg analysis of implication of findings; methodological issues such as validity.

Discuss **two** explanations of resistance to social influence. As part of your discussion, refer to the views expressed by Jack and Sarah in the conversation above.

[16 marks]

Marks for this question: AO1 = 6, AO2 = 4 and AO3 = 6

| Level | Marks | Description | | | | | |
|-------|--|--|--|--|--|--|--|
| 4 | 13–16 | Knowledge of two explanations is accurate and generally well detailed. Discussion is thorough and effective. Application to the stem is appropriate and links between theory and stem content are explained. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking. | | | | | |
| 3 | 9–12 | Knowledge of two explanations is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. Application to the stem is appropriate although links to theory are not always explained. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places. | | | | | |
| 2 | 5–8 | Knowledge of two explanations is present but is vague/inaccurate or one explanation only is present. Focus is mainly on description. Any discussion is only partly effective. Application to the stem is partial. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions. | | | | | |
| 1 | Knowledge of explanation(s) is limited. Discussion is limited, poorly focus absent. Application is limited or absent. The answer as a whole lacks clar has many inaccuracies and is poorly organised. Specialist terminology eit absent or inappropriately used. | | | | | | |
| | 0 | No relevant content. | | | | | |

AO1 Content

Knowledge/description of two explanations of resistance to social influence (usually those named on the specification and implied in stem):

- locus of control people with an internal locus of control more likely to resist pressure to conform and less likely to obey than those with an external locus of control; people with an internal locus of control believe they control own circumstances; less concerned with social approval. Credit measurement of locus of control (Rotter, 1966)
- social support defiance/non-conformity more likely if others are seen to resist influence; seeing others disobey/not conform gives observer confidence to do so; description of forms of social support – disobedient role models (obedience), having an ally (conformity); explanation of why these produce resistance, eg breaks unanimity of group in conformity situations, challenges legitimacy of authority figure.

Credit other acceptable explanations of disobedience/defiance and non-conformity, eg:

• being in an autonomous state; previous experience; gender; culture; high level of moral reasoning; reactance/the 'boomerang effect'.

Credit also the inverse of factors usually used to explain conformity and obedience, eg (lack of) uniform; (increased) distance between participant and victim/authority figure; (reduced) group size; (lack of) ambiguity of task.

Credit knowledge of relevant evidence, eg Gamson et al (1982), Schurz (1985), Feldman and Scheibe (1972), Milgram (1963), Asch (1951).

AO2 Possible application:

- Jack suggests that dispositional factors in resisting social influence are more important
- Sarah indicates that situational factors are more powerful
- 'strong personality' could be read as having an internal locus of control that makes someone better able to resist social influence
- 'what other people are doing at the time' relates to whether 'they' are seen to be conforming/obeying, suggesting social support is influential in resisting social influence.

AO3 Possible discussion points:

- commentary on two explanations of resistance to social influence
- use of evidence to support/illustrate the influence of the explanations chosen, eg specific studies of defiance/non-conformity and/or variations of Asch`s and/or Milgram`s basic experiments that demonstrated increased resistance
- use of real-world examples to illustrate the explanations
- other social psychological concepts/processes used to support discussion of the explanations, eg influence of social support may be explained by reduced normative pressure, minority influence
- comparison/analysis of the relative power of the explanations
- discussion/analysis of different forms of resistance, eg independent behaviour vs anti-conformity.

Credit other relevant discussion points.

Only credit evaluation of the methodology used in studies when made relevant to discussion of the explanations.

Section B

Memory

04.1 What is the most appropriate measure of central tendency for calculating the average of the scores, from **Table 1**, in each of the **two** groups? Justify your answer.

[2 marks]

Marks for this question: AO2 = 2

1 mark for naming the mean.

Plus

1 mark for justification: the mean is the most sensitive method as it takes all the scores in each data set into account **OR** there are no anomalous results/outliers/freak scores in either set of scores, so the mean will not be distorted.

04.2 Calculate the measure of central tendency you have identified in your answer to **question 04.1** for **Group A** and **Group B**. Show your calculations for each group.

[4 marks]

Marks for this question: AO2 = 4

Full credit can be awarded for answers based on the mean or the median. A maximum of **2 marks** can be awarded for answers based on the mode.

Using the Mean

- For 4 marks, the mean is accurately calculated for both conditions (Group A = 5.6, Group B = 12.5) and calculations are included for both groups, ie totals in both conditions divided by 10 (number of scores).
- For 3 marks, there are two correct means and one set of calculations or vice versa.
- For 2 marks, there are two correct means and no calculations, OR one correct mean with calculations OR two sets of calculations but no correct mean.
- For 1 mark, there is one correct mean or one set of calculations.

Using the Median

- **For 4 marks**, answers for each condition are correct (Group A = 5.5, Group B = 12.5) and for each condition scores are arranged in ascending order with middle values indicated.
- For 3 marks, there is one correct median and two sets of scores correctly arranged as calculations, or vice versa.
- For 2 marks, there are two correct medians and no calculations, or one correct median and one set of scores correctly arranged as calculations.

• For 1 mark, there is one correct median or one set of scores correctly arranged as calculations.

Using the Mode

- For 2 marks, there are correct modes for each group (Group A = 4, Group B = 11 and 14).
- For 1 mark, there is one correct mode.

04.3 In **Stage 3** of the experiment, several participants in **Group A**, the 'similar' condition, recalled words from the **Stage 2** list rather than the **Stage 1** list.

Use your knowledge of forgetting to explain why this may have occurred.

[2 marks]

Marks for this question: AO2 = 2

1 mark for stating that this is due to retroactive interference.

Plus

1 mark for either of the following explanation/elaboration points:

- because the material is similar in both conditions
- new/recently learnt/acquired information has disrupted/interfered with/affected the recall of old/previously learnt/acquired information
- response competition has occurred.

05 Describe **and** evaluate the working memory model of memory.

[16 marks]

Marks for this question: AO1 = 6 and AO3 = 10

| Level | Marks | Description | | | |
|-------|-------|--|--|--|--|
| 4 | 13–16 | Knowledge of components and functioning of model is accurate and generally well detailed. Evaluation is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking. | | | |
| 3 | 9–12 | Knowledge of components of model is evident and there is some reference to function of model. There are occasional inaccuracies. Evaluation is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places. | | | |
| 2 | 5–8 | Knowledge of some components of model is present. Focus is mainly on description. Any evaluation is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions. | | | |
| 1 | 1–4 | Knowledge of model is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used. | | | |
| | 0 | No relevant content. | | | |

AO1 Content:

- version of STM which sees this store as an active processor
- description of central executive and 'slave systems' visuo-spatial scratch/sketch pad; phonological store/loop; articulatory loop/control process; primary acoustic store; episodic buffer (versions vary not all of slave systems need to be present for full marks)
- information concerning capacity and coding of each store
- allocation of resources/divided attention/dual-task performance.

AO3 Possible evaluation points:

- strengths include: explains how cognitive processes interact; memory is active rather than
 passive; provides explanation/treatments for processing deficits; highlights different memory
 tasks that STM can deal with by identifying separate components; explains results of dual
 task studies
- limitations include: vague, untestable nature of the central executive; supported by highly controlled lab studies which may undermine the validity of the model
- use of evidence to support or refute the model
- · credit other relevant evaluative points.

Only credit evaluation of the methodology used in studies when made relevant to discussion of the model.

Section C

Attachment

Name **three** stages in the development of attachments identified by Schaffer.

[3 marks]

Marks for this question: AO1 = 3

Discriminate (1)
Multiple (1)
Pre-attachment (1)

Name the attachment type demonstrated by **each** of the children in the conversation above by writing the attachment type next to the name below.

[3 marks]

Marks for this question: AO2 = 3

Max = Securely attached/type B (1)

Jessica = Insecure/Anxious-resistant/ambivalent/type C (1)

William = Insecure/Anxious-avoidant/type A (1)

| 08 | Briefly evaluate learning theory as an explanation of attachment. | |
|----|---|-----------|
| | | [4 marks] |

Marks for this question: AO3 = 4

| Level | Marks | Description | | | |
|-------|-------|--|--|--|--|
| 2 | 3–4 | Evaluation is relevant, well explained and focused on attachment, rather than generic criticism of learning theory. The answer is generally coherent with effective use of specialist terminology. | | | |
| 1 | 1–2 | Evaluation is relevant although there is limited explanation and/or limited focus on attachment. Specialist terminology is not always used appropriately. Award one mark for answers consisting of a single point briefly stated or muddled. | | | |
| | 0 | No relevant content. | | | |

Possible evaluation points:

- strengths: plausible and scientific as founded in established theory, ie likely that association between the provision of needs and the person providing those needs can lead to strong attachments; reinforcers clearly delineated
- limitations: reductionist the focus on basic processes (S-R links, reinforcement) too simplistic to explain complex attachment behaviours; environmentally deterministic such that early learning determines later attachment behaviours; theory founded in animal research and problems of inferring on the basis of animal studies
- evidence used to support or refute the explanation: Schaffer and Emerson more than half
 of infants were not attached to the person primarily involved in their physical care; Harlow –
 rhesus monkeys attach for contact comfort rather than food; sensitive responsiveness may
 be more influential in forming attachments (Ainsworth); infants are active seekers of
 stimulation, not passive responders (Schaffer)
- comparison with alternative explanations, eg Bowlby's theory.

Credit other relevant evaluation points.

Methodological evaluation of evidence must be linked to the explanation to gain credit.

09 Explain what is meant by 'event sampling'.

[2 marks]

Marks for this question: AO1 = 2

1 mark each for any two of the following points:

- observers/researchers decide on a specific event relevant to the investigation
- relevant event is recorded every time it happens
- in this investigation this may be every time a child in the playground is approached by/talks to/plays with another.

Students may refer to the investigation described in their answer, though this is not required by the question.

The investigation in **question 09** is an example of a 'naturalistic observation'.

Briefly discuss how observational research might be improved by conducting observations in a controlled environment.

[4 marks]

Marks for this question: AO3 = 4

| Level | Marks | Description | | | | |
|-------|-------|--|--|--|--|--|
| 2 | 3–4 | Discussion is relevant, well developed and well explained, with focus on improvements to be had by using controlled observation. The answer is generally coherent with effective use of specialist terminology. | | | | |
| 1 | 1–2 | Discussion is relevant although there is limited explanation/development and/or limited focus on the issue of improvement. Specialist terminology is not always used appropriately. Award one mark for answers consisting of a single point briefly stated or muddled. | | | | |
| | 0 | No relevant content. | | | | |

Possible content:

- controlled environment affords the opportunity for control of extraneous variables
- examples of extraneous variables that might be controlled and how/why they could affect the outcome of a study if not controlled
- exclusion of extraneous variables allows for greater inference about cause and effect
- exclusion of extraneous variables means researcher can replicate the observation to check for reliability of the effect.

Credit other relevant discussion points.

11 Discuss research into the influence of early attachment on adult relationships.

[8 marks]

Marks for this question: AO1 = 4 and AO3 = 4

| Level | Marks | Description |
|-------|-------|---|
| 4 | 7–8 | Knowledge of research is accurate and generally well detailed. Discussion is effective. The answer is clear, coherent and focused on influence of early attachment on adult relationships. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking. |
| 3 | 5–6 | Knowledge of research is evident and there is some reference to influence of early attachment on adult relationships. There are occasional inaccuracies. There is some effective discussion. The answer is mostly clear and organised. Specialist terminology mostly used effectively. |
| 2 | 3–4 | Knowledge of research is present although links to adult relationships are limited. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions. |
| 1 | 1–2 | Knowledge of research is limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used. |
| | 0 | No relevant content. |

The term 'research' may include theories/explanations and/or studies.

AO1 Content:

- Bowlby's internal working model early attachment provides blueprint/prototype for later (adult) attachment; formation of mental representation/schema of first attachment relationship; affects later relationships and own success as a parent
- adult attachment interview (Main et al) continuity between early attachment type and adult classification/behaviours – credit knowledge of procedure and coding system (insecure-dismissing, autonomous-secure, insecure-preoccupied, unresolved)
- knowledge of studies that support or refute the relationship, eg Hazan and Schaffer; Quinton; Harlow; Freud and Dann; Koluchova.

Credit other relevant research.

Note that the emphasis must be on adult relationships, ie with partners and/or own children.

AO3 Possible discussion points:

- discussion of theory, eg Bowlby's IWM and issue of determinism; negative implications of assumption that the relationship is cause and effect
- discussion of underpinning evidence re measuring adult attachment type and/or methodological evaluation of studies that demonstrate a relationship and how this affects the conclusions to be drawn, eg difficulty of establishing cause and effect between early attachment history and adult relationships
- counter-evidence, eg to suggest that children can recover from deprivation/privation and form effective adult relationships
- · ethical issues, eg associated with use of adult attachment interview
- use of evidence to support or refute the relationship.

Credit other relevant discussion points.

Section D

Psychopathology

Which two of the following are examples of Jahoda's criteria for 'ideal mental health'? Shade two boxes only. For each answer completely fill in the circle alongside the appropriate answer.

[2 marks]

Marks for this question: AO1 = 2

B and E.

Apart from 'deviation from ideal mental health', outline **three** definitions of abnormality. Refer to the article above in your answer.

[6 marks]

Marks for this question: AO1 = 3 and AO2 = 3

1 mark for each correct outline, plus 1 mark for linking each outline appropriately to the stem.

Definitions must be outlined rather than simply stated/identified for credit.

AO1 Outline:

- statistical infrequency/deviation from statistical norms abnormal behaviour is that which is rare/uncommon/anomalous
- deviation from social norms abnormal behaviour is that which goes against/contravenes unwritten rules/expectations (in a given society/culture)
- failure to function adequately abnormal behaviour is that which causes personal distress/anguish **OR** inability to cope with everyday life/maladaptiveness.

AO2 Application to stem:

- statistical infrequency 'approximately 1 in 1000 people...'
- deviation from social norms 'most of us are able to throw away the things we don't need on a daily basis...'
- failure to function adequately 'difficulty parting with items and possessions...leads to severe anxiety' **OR** 'affects living or work spaces'.

Suggest how the behavioural approach might be used to explain Kirsty's phobia of balloons.

[4 marks]

Marks for this question: AO2 = 4

| Level | Marks | Description | | |
|-------|-------|---|--|--|
| 2 | 3–4 | Knowledge of relevant aspects of the behavioural approach is clear and mostly accurate. The material is used appropriately to explain Kirsty's phobia of balloons. The answer is generally coherent with effective use of behaviourist terminology. | | |
| 1 | 1–2 | Knowledge of aspects of the behavioural approach is evident although not always explicitly related to the acquisition of phobias. Links to Kirsty's phobia are not always effective. The answer lacks accuracy and detail. Use of behaviourist terminology is either absent or inappropriate. | | |
| | 0 | No relevant content. | | |

Credit features of classical and/or operant conditioning (the 'two process model') applied to Kirsty's phobia of balloons.

Possible content:

- Kirsty's phobia has developed through classical conditioning she has formed an association between the neutral stimulus (balloon) and the response of fear
- the conditioned response is triggered every time she sees a balloon (or hears similar noises)
- her phobia has generalised to situations where balloons might be present, such as parties and weddings, and to similar noises, 'banging' and 'popping'
- her phobia is maintained through operant conditioning the relief she feels when avoiding balloons becomes reinforcing.

Credit other relevant features of conditioning applied to Kirsty's phobia.

15.1 Outline the type of relationship shown in **Figure 1** above and suggest why it would not be appropriate for the researchers to conclude that better sleep improves mood.

[2 marks]

Marks for this question: AO3 = 2

Award 1 mark for outline of a positive correlation/as one variable increases, so does the other.

and

1 mark – It would not be appropriate because correlation only shows a relationship between the two variables, not cause.

15.2 Outline **one** way in which the researchers should have dealt with ethical issues in this study.

[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear, coherent outline of an appropriate way of dealing with a relevant ethical issue.

1 mark for a vague/muddled or incomplete outline of an appropriate way of dealing with a relevant ethical issue.

0 marks if the ethical issue is irrelevant or the way is inappropriate.

Relevant issues would include:

- asking for consent
- preferably written and on more than one occasion
- offering the right to withdraw from the study
- maintaining confidentiality
- treating with respect.
- **15.3** Explain how this study could be modified by checking the sleep questionnaire for test-retest ability.

[4 marks]

Marks for this question: AO3 = 4

Award **one mark** for each of the relevant points below:

- the same participants would complete the sleep questionnaire on more than one occasion
- each participants' scores from the first occasion should be correlated with his/her results
 from the later occasion to be shown on a scattergraph to describe the correlation, with
 scores from the first test plotted on one axis and the scores from the second test plotted on
 the other axis
- the strength of the correlation should then be assessed using either a Spearman's rho test (or a Pearson's r test)
- the degree of reliability is then determined by comparing the correlation with the statistical table to determine the extent of correlation there should be a (strong) positive correlation between the two sets of scores.

Outline cognitive behaviour therapy as a treatment for depression.

[4 marks]

Marks for this question: AO1 = 4

| Level | Marks | Description | | | |
|-------|-------|---|--|--|--|
| 2 | 3–4 | Outline of cognitive behaviour therapy is clear and mostly accurate. Aspects of the therapy are appropriately linked to the treatment of depression. The answer is generally coherent with effective use of specialist terminology. | | | |
| 1 | 1–2 | Outline of cognitive behaviour therapy is evident although not always explicitly or effectively linked to treatment of depression. The answer lacks accuracy and detail. Use of specialist terminology is either absent or inappropriate. | | | |
| | 0 | No relevant content. | | | |

AO1 Possible Content:

- general rationale of therapy to challenge negative thought/negative triad
- identification of negative thoughts 'thought catching'
- hypothesis testing; patient as 'scientist'
- data gathering through 'homework', eg diary keeping
- reinforcement of positive thoughts; cognitive restructuring
- rational confrontation as in Ellis's REBT.

Credit other relevant aspects of cognitive behaviour therapy.

Assessment Objective Grid

| | AO1 | AO2 | AO3 | Total |
|------------------|-----|-----|-----|-------|
| Social influence | | | | |
| 01.1 | 1 | | | 1 |
| 01.2 | 1 | | | 1 |
| 01.3 | 1 | | | 1 |
| 01.4 | 1 | | | 1 |
| 02 | 2 | | 2 | 4 |
| 03 | 6 | 4 | 6 | 16 |
| Total | 12 | 4 | 8 | 24 |

| Memory | | | | |
|--------|---|------------|----|----|
| 04.1 | | 2 RM/Maths | | 2 |
| 04.2 | | 4 RM/Maths | | 4 |
| 04.3 | | 2 | | 2 |
| 05 | 6 | | 10 | 16 |
| Total | 6 | 8 | 10 | 24 |

| Attachment | | | | |
|------------|------|---|------|----|
| 06 | 3 | | | 3 |
| 07 | | 3 | | 3 |
| 08 | | | 4 | 4 |
| 09 | 2 RM | | | 2 |
| 10 | | | 4 RM | 4 |
| 11 | 4 | | 4 | 8 |
| Total | 9 | 3 | 12 | 24 |

| Psychopathology | | | | |
|-----------------|---|---|------------|----|
| 12 | 2 | | | 2 |
| 13 | 3 | 3 | | 6 |
| 14 | | 4 | | 4 |
| 15.1 | | | 2 RM/Maths | 2 |
| 15.2 | | | 2 | 2 |
| 15.3 | | | 4 RM/Maths | 4 |
| 16 | 4 | | | 4 |
| Total | 9 | 7 | 8 | 24 |

| Paper Total | 36 | 22 | 38 | 96 |
|-------------|----|----|----|----|

Research Methods = 18 marks Maths = 12 marks

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