

Practice Query Grid Sheet

Name:

(a)

| | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Field: | | | | | | | |
| Table: | | | | | | | |
| Total: | | | | | | | |
| Sort: | | | | | | | |
| Show: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criteria: | | | | | | | |
| Or: | | | | | | | |
| | | | | | | | |

(b)

| | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Field: | | | | | | | |
| Table: | | | | | | | |
| Total: | | | | | | | |
| Sort: | | | | | | | |
| Show: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criteria: | | | | | | | |
| Or: | | | | | | | |
| | | | | | | | |

Parts (c)-(d) on other side.

Practice Query Grid Sheet

(c)

| | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Field: | | | | | | | |
| Table: | | | | | | | |
| Total: | | | | | | | |
| Sort: | | | | | | | |
| Show: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criteria: | | | | | | | |
| Or: | | | | | | | |
| | | | | | | | |

(d)

| | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Field: | | | | | | | |
| Table: | | | | | | | |
| Total: | | | | | | | |
| Sort: | | | | | | | |
| Show: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criteria: | | | | | | | |
| Or: | | | | | | | |
| | | | | | | | |

(e)

| | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Field: | | | | | | | |
| Table: | | | | | | | |
| Total: | | | | | | | |
| Sort: | | | | | | | |
| Show: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criteria: | | | | | | | |
| Or: | | | | | | | |
| | | | | | | | |