

«Life style»

(Questionnaire 3)

Identification

Mr. Ms.

Last name: _____

First name: _____

Address: _____

Postal code: _____

Tel.: Home: () _____

Office: () _____

Cellular: () _____

E-mail address: _____

Choose a report

Selection Profile

Sales & Marketing Selection

Management & Supervision Selection

Development Profile

Performance Profile

Q1

Q1 + Q2

Q1 + Q2

Q1 + Q2

Q1 + Q2 + Q3

Language: English

French

Other product/s: _____
(specify)

Applicant (company): _____

Person to contact: _____
(please print name)

Invoice to: _____

Telephone: () _____

(postal code)

Fax: () _____

Signature: _____

E-mail address: _____



ProfileSoft

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In voluntary answering this questionnaire, I am disclosing and conveying information that may be considered personal within the meaning of the law. I understand that the responsibility of «ProfileSoft» consists of processing the answers provided herein, for the purpose of assessing potential.

I hereby give my consent to allowing «ProfileSoft», its employees, management staff and representatives to have and process this personal information in order to evaluate potential, and I authorize them to forward the results, as the case may be,

Check off the appropriate box:

to my present employer
to a potential employer

Signature _____

Name (please print name) _____

Date _____



«Life Style» (Questionnaire 3)

Here are some statements used to describe life style. Read each one and rate to what extent they apply to you.

- Answer **every** question.
- Choose **one number only** for each statement.
- Answer spontaneously, based on your first impression, and once you have written answers, do not change them.



I describe myself as someone who...

Never	Always
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10	Eats more than 4 eggs/week
1 2 3 4 5 6 7 8 9 10	Has a Danish or donuts for breakfast
1 2 3 4 5 6 7 8 9 10	Skips a meal
1 2 3 4 5 6 7 8 9 10	Salts food before tasting it
1 2 3 4 5 6 7 8 9 10	Eats fresh, uncooked fruits and vegetables
1 2 3 4 5 6 7 8 9 10	Exercises vigorously 3 or 4 times/week
1 2 3 4 5 6 7 8 9 10	Gets fit before undertaking a strenuous sport
1 2 3 4 5 6 7 8 9 10	Regularly practices self-examination to detect signs of illness
1 2 3 4 5 6 7 8 9 10	Suffers from headaches, neck or backaches
1 2 3 4 5 6 7 8 9 10	Takes more than 2 alcoholic drinks per day
1 2 3 4 5 6 7 8 9 10	Drives close to the posted speed limit
1 2 3 4 5 6 7 8 9 10	Keeps physically fit
1 2 3 4 5 6 7 8 9 10	Eats red meat more than 4 times a week
1 2 3 4 5 6 7 8 9 10	Eats sweet desserts more than once a week
1 2 3 4 5 6 7 8 9 10	Snacks frequently in the evening
1 2 3 4 5 6 7 8 9 10	Adds salt to food preparation
1 2 3 4 5 6 7 8 9 10	Eats high-fibre cereals
1 2 3 4 5 6 7 8 9 10	Monitors the intensity of exercise (pulse rate)
1 2 3 4 5 6 7 8 9 10	Considers physical activity to be fun
1 2 3 4 5 6 7 8 9 10	Watches his/her weight
1 2 3 4 5 6 7 8 9 10	Has trouble sleeping
1 2 3 4 5 6 7 8 9 10	Gets little satisfaction from social activities
1 2 3 4 5 6 7 8 9 10	Works harder but reaps less results
1 2 3 4 5 6 7 8 9 10	Drives after drinking alcohol or taking medication
1 2 3 4 5 6 7 8 9 10	Often eats dairy products
1 2 3 4 5 6 7 8 9 10	Consumes sweetened drinks more than once a week
1 2 3 4 5 6 7 8 9 10	Eats quickly
1 2 3 4 5 6 7 8 9 10	Eats prepared, frozen or fast food
1 2 3 4 5 6 7 8 9 10	Eats whole-wheat or rye bread
1 2 3 4 5 6 7 8 9 10	Exercises to strengthen muscles
1 2 3 4 5 6 7 8 9 10	Does warm-ups before exercising
1 2 3 4 5 6 7 8 9 10	Seeks medical help when necessary
1 2 3 4 5 6 7 8 9 10	Is prone to minor illnesses (colds, flu ...)
1 2 3 4 5 6 7 8 9 10	Quarrels often
1 2 3 4 5 6 7 8 9 10	Keeps an adequate distance from others when driving
1 2 3 4 5 6 7 8 9 10	Uses stimulants or tranquillizers
1 2 3 4 5 6 7 8 9 10	Avoids overeating
1 2 3 4 5 6 7 8 9 10	Eats visible fat on meat
1 2 3 4 5 6 7 8 9 10	Snacks on candy
1 2 3 4 5 6 7 8 9 10	Takes more than one helping of food at mealtimes
1 2 3 4 5 6 7 8 9 10	Eats deli meats more than twice a week
1 2 3 4 5 6 7 8 9 10	Eats bran or oatmeal muffins
1 2 3 4 5 6 7 8 9 10	Exercises even in times of stress
1 2 3 4 5 6 7 8 9 10	Ensures safety before buying equipment
1 2 3 4 5 6 7 8 9 10	Takes care of dental hygiene
1 2 3 4 5 6 7 8 9 10	Feels tired and run-down
1 2 3 4 5 6 7 8 9 10	Forgets meetings, deadlines or personal belongings
1 2 3 4 5 6 7 8 9 10	Maintains car in good condition
1 2 3 4 5 6 7 8 9 10	Drinks more than 5 caffeine drinks per day
1 2 3 4 5 6 7 8 9 10	Eats fried foods more than 3 times a week
1 2 3 4 5 6 7 8 9 10	Prepares alcoholic drinks with mixers
1 2 3 4 5 6 7 8 9 10	Eats when lonely or bored
1 2 3 4 5 6 7 8 9 10	Eats at fast food restaurants more than once a week
1 2 3 4 5 6 7 8 9 10	Puts time aside on agenda for exercising
1 2 3 4 5 6 7 8 9 10	Avoids strenuous exercise
1 2 3 4 5 6 7 8 9 10	Takes care of eyesight
1 2 3 4 5 6 7 8 9 10	Suffers from stomach aches
1 2 3 4 5 6 7 8 9 10	Drives with seatbelt fastened
1 2 3 4 5 6 7 8 9 10	Copes well with stress
1 2 3 4 5 6 7 8 9 10	Eats organ meats (liver ...) more than once a week
1 2 3 4 5 6 7 8 9 10	Does other activities while eating (watch TV ...)
1 2 3 4 5 6 7 8 9 10	Snacks on salty foods (chips ...)
1 2 3 4 5 6 7 8 9 10	Chooses hotels with sports facilities
1 2 3 4 5 6 7 8 9 10	Exercises beyond his/her limits
1 2 3 4 5 6 7 8 9 10	Discusses personal problems with friends
1 2 3 4 5 6 7 8 9 10	Never loses anything
1 2 3 4 5 6 7 8 9 10	Is easily understood in conversation
1 2 3 4 5 6 7 8 9 10	Gets what he/she deserves
1 2 3 4 5 6 7 8 9 10	Relaxes easily
1 2 3 4 5 6 7 8 9 10	Is relaxed and sleeps soundly
1 2 3 4 5 6 7 8 9 10	Is physically fit and has a good appetite
1 2 3 4 5 6 7 8 9 10	Is prone to headaches and backaches
1 2 3 4 5 6 7 8 9 10	Doubts his/her abilities
1 2 3 4 5 6 7 8 9 10	Is anxious, exhausted and tired
1 2 3 4 5 6 7 8 9 10	Is nervous without apparent reason