

# «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

- Q1
- Q1 + Q2
- Q1 + Q2
- Q1 + Q2
- Q1 + Q2 + Q3

Language: English

French

#### Sales & Marketing Selection

#### Management & Supervision Selection

#### Development Profile

#### Performance Profile

Other product/s: \_\_\_\_\_  
(specify)

Applicant (company): \_\_\_\_\_

Person to contact: \_\_\_\_\_  
(please print name)

Invoice to: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_

\_\_\_\_\_  
(postal code)

Fax: (      ) \_\_\_\_\_

Signature: \_\_\_\_\_



**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

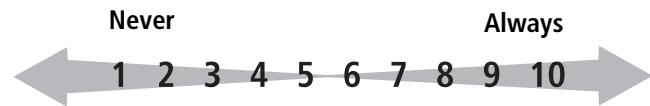


## «LYFE STYLE»

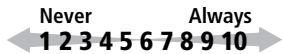
(Questionnaire 3)

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