

Stop Smoking Questionnaire

Your success is our #1 priority

Please print clearly. Please bring to your appointment with you.

Date: _____ Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell: _____ Email: _____

Marital Status: _____ Sex: _____ College Degree: _____

Occupation: _____

How did you hear about us? Please circle all that apply TV Radio Ad in newspaper Internet Referred by Dr. or friend

How much do you smoke? _____ per day. What age did you start smoking? _____

What other methods have you tried to help you stop smoking? _____

Is your smoking making you physically uncomfortable? _____

Are you embarrassed by your smoking? _____

Do you feel your smoking controls you? _____ Does your smoking limit your activities? _____

Is successfully quitting a top priority? _____

What new activities will you become involved in after you quit smoking? _____

Do family members smoke? _____ Does your family support your stop-smoking efforts? _____

Is your family excited about your quitting smoking with hypnosis? _____

Do you feel tired and out of energy? _____

Can you remember when you did not smoke? _____

What do you remember about not smoking? _____

Has smoking caused you any pain or suffering yet? (Describe emotional or physical)

Do you drink alcoholic beverages? _____ How often? _____ How much? _____

Do you enjoy your work? _____

Do you feel stressed? _____ Why? _____

Do you exercise? _____ How often? _____

What type of exercise _____

Please circle and list below your top three reasons for wanting to become a non-smoker. Feel free to provide an explanation in the space below.

Controlled by Cigarettes – Expense of Smoking –Children/Grandchildren – Health Reasons – Breathing – Fear of Dying – Pressure from Others – Inconvenience – Smell – Anti-Social – Premature Aging- Colds & Coughing – Sexual Libido

Please list three things in your life that you love to do. Or three accomplishments that cause you to feel great!

Do you have plans for all the money you will be saving now that you are going to be smoke-free? Current Weight _____ Desired Weight _____

Please come into your hypnosis session appointment with a clear head (free from alcohol and recreational drugs) If you take pain killers please use the minimal amount.

Please bring this with you to your appointment and come to your appointment feeling excited about hypnosis and enthusiastic about becoming a non-smoker. **BECAUSE...**

What we expect tends to be realized so expect success!