



## QUESTIONNAIRE

( Please print this form, complete and bring this with you to your hypnosis session )

Name.....Age.....

Address.....Suburb.....

Post Code.....Home Ph.....Mobile.....

Email Address.....@.....

Occupation.....

Current medications (if any).....

Any medical condition I should be aware of? (e.g. epilepsy, blood pressure, headaches etc).....

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What hobbies or enjoyable pastimes do you have?.....

What are you good at? (skills etc).....

How many cigarettes do you smoke per day?.....How long have you been smoking?.....

How much do you spend on cigarettes per week .....At what age did you start?.....

Have you tried to give up in the past?..... What methods did you use?.....

When and for how long? .....

Why did you start smoking again?.....

How long have you seriously been thinking about quitting?.....

When did you have your last cigarette? Time ..... Date.....

(You may fill this line in on the day you have your next session)

Have you experienced Hypnosis before? .....

In a word, how will you feel when you have quit smoking? .....

**Think carefully about the following statements and circle the appropriate response(s)**

**I smoke when I am feeling:** stressed , angry, uncomfortable, lonely, insecure, ignored, unhappy, bored. Any other reason?.....

**I smoke:** in the car, after meals, watching TV, at social events, when drinking, in work breaks, on the phone. Any other place or time?.....

**I smoke when ever I want :** food, to occupy your hands , comfort, relaxation, companionship, Any other reason? .....

List in order of priority the advantages to **you** of becoming a non smoker.

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List the disadvantages for you of becoming a non smoker

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Name of your “Crisis Companion” .....

List in order of importance to you, the persons who will be most pleased when you quit smoking

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I WILL PERMANENTLY STOP SMOKING on ...../...../..... (Date of hypnosis appointment)

Signed..... DATE.....

How did you hear if this Quit Smoking Program?.....