

Stop Smoking Questionnaire

Your responses to the following questions will enable your hypnotist to construct an effective program to help you to quit smoking. All information is private and confidential.

Please return this form to the office prior to your appointment date.

Name.....Date.....

How many cigarettes do you smoke a day (approx) 1-5 6-10 10-15 16-20 20-30 31+

Where do you smoke most of your cigarettes?

Are you usually in company with other smokers or alone when you smoke? In company Alone

Do you live with anyone else who smokes? Yes No

Do any of your work colleagues smoke? Yes No

Do you smoke at work? Yes No

Do you smoke after meals? Yes No

Do you smoke more in social situations? Yes No

Do you suffer from breathing difficulties? Yes No

Do you suffer from colds, coughs and/or flu? Yes No

Are you health conscious? Yes No

Has any member of your family died through smoking related illnesses? Yes No

Would you describe your health as: Excellent Good Fair Poor

Have you stopped smoking before? Yes No

If yes, how long did you stop smoking for?.....

What method did you use? (Please circle) Nicotine Patches Chewing Gum Hypnotherapy Willpower

Other:

What prompted you to start smoking again?.....

What emotions do you associate with the reason why you started smoking? i.e. guilt, comfort, punishment, contentment, stress, peer-pressure, etc.

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Where and when do you have the first cigarette of the day

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Do you have any major stresses in your life at present? If yes, briefly describe below

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.....

What benefit does smoking have for you?.....

Take a minute and imagine it is one year from today and you have gone one full year without smoking. What are at least three benefits you enjoy from being a successful non-smoker?

1) (most important).....

2).....

3).....

Identifying behavior patterns

Thinking about the reasons or situations why and when you smoke now, please circle the three which most apply to you from the following list, or substitute for your own.

I smoke more when I am:

Stressed	Angry	Lonely
Bored	Upset	Talking on the telephone
Driving	Relaxing	Socializing
After lovemaking	Thinking	Nervous
Irritable	To escape pressure	Talking
Walking	After meals	Happy

Use your three responses to complete the following type of sentence:*

* These should be practical and achievable substitutes. Examples are:

Instead of smoking when I'm lonely I telephone a friend / go for a walk / talk to the dog

Instead of smoking when I'm walking I enjoy the fresh air / enjoy the view / take deep breaths

Instead of smoking when I'm in company I feel proud I'm a non smoker

1. Instead of smoking whenI now

2. Instead of smoking whenI now

3. Instead of smoking whenI now

or use the space below to complete your own affirmations

.....
.....
.....

Think about your goal date for stopping smoking.

If you are an 'all or nothing' type of personality you may be better of stopping smoking straight away (i.e. after one session of hypnotherapy). However, if you have any stress in your life, or prefer to cut down before quitting, decide on a date and write it in the space provided.

I pledge to myself that I will stop smoking on

Now sign this as a commitment to yourself