

# 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? \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

Do you enjoy your work? \_\_\_\_\_

Do you feel stressed? \_\_\_\_\_ Why? \_\_\_\_\_

Do you exercise? \_\_\_\_\_ How often? \_\_\_\_\_

What type of exercise? \_\_\_\_\_

Have you been hypnotized before? \_\_\_\_\_ Please explain: \_\_\_\_\_

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

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

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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.**

**FOR OFFICE USE**

DATE 3 MO \_\_\_\_\_ 6 MO \_\_\_\_\_

PHONE

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Please circle the number that reflects how you feel about the following statements

	Not at all		Somewhat		Above Average		Strongly Agree			
I have high self-esteem / self-confidence	1	2	3	4	5	6	7	8	9	10
My stress level is	1	2	3	4	5	6	7	8	9	10
I am satisfied with my weight	1	2	3	4	5	6	7	8	9	10
I am satisfied with my income	1	2	3	4	5	6	7	8	9	10
I am satisfied with my life	1	2	3	4	5	6	7	8	9	10
I am interested in a healthy, life-style change	1	2	3	4	5	6	7	8	9	10
I set goals	1	2	3	4	5	6	7	8	9	10
I procrastinate	1	2	3	4	5	6	7	8	9	10
I become angry often	1	2	3	4	5	6	7	8	9	10
I have panic or anxiety attacks	1	2	3	4	5	6	7	8	9	10
I am a positive minded person	1	2	3	4	5	6	7	8	9	10

Hypnosis can help you improve the quality of your life. Please circle the areas that you would like to discuss changing.

Improve Confidence

Become Healthier Physically

End Procrastination

Other: \_\_\_\_\_

Lower Anxiety and Stress

Make More Money

Change Limiting Beliefs and Negative Self-talk

Communication / Public Speaking

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!**

Mindy Ash is a legal alternative/healthcare/wellness provider; not a licensed physician.