

Linda Black

Quit Smoking Program

QUESTIONNAIRE

(Please print and complete this form then bring it with you to your session)

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

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

Post code.....Home phone.....Mobile.....

Email.....

Occupation.....

Current medications if any.....

.....

Any medical condition I should be aware of? (eg epilepsy, high or low blood pressure, headaches etc)

.....

What hobbies/enjoyable activities do you have.....

What are you good at (skills/talents etc).....

.....

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

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

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

When and for how long did you stop.....

Why did you start smoking again.....

How long have you seriously been thinking of quitting this time.....

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

(you may fill this in on the day of your session with me)

Have you experienced hypnosis before.....

In a word, how will you feel when you 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 reasons.....

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 whenever I want: food to occupy my hands comfort relaxation companionship

Any other reason.....

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

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

List the **disadvantages** of you becoming a non smoker

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

I WILL PERMANENTLY STOP SMOKING ON/...../..... (date of hypnosis appointment)

Signed.....Date.....

How did you hear of this quit smoking program?.....