



SMOKING QUESTIONNAIRE

1)	Do you want to stop smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
2)	Are you willing to stop smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
3)	How old were you when you started smoking?
4)	<p>Did you think smoking would make you feel:</p> <p><input type="checkbox"/> Grown-Up <input type="checkbox"/> Macho <input type="checkbox"/> Popular <input type="checkbox"/> Rebellious <input type="checkbox"/> Independent</p> <p>List any other reasons:</p>
5)	<p>Have you ever quit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How? <input type="checkbox"/> Cold Turkey <input type="checkbox"/> Patch <input type="checkbox"/> Gum <input type="checkbox"/> Other (<i>explain</i>)</p> <p>When? _____</p> <p>For how long? _____</p> <p>Was it hard or easy to stop? <input type="checkbox"/> Hard <input type="checkbox"/> Easy <input type="checkbox"/> Moderate</p> <p>What made you start again?</p> <p>What did you learn from this relapse?</p>
6)	<p>How much to you smoke now in one day? #Packs _____ # Cigarettes _____</p> <p>Do you smoke them all the way down? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you put them out and re-light later? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
7)	Do you smoke automatically without even being aware of it? <input type="checkbox"/> Yes <input type="checkbox"/> No
8)	<p>Do you often find a cigarette in your mouth and not remember putting it there?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
9)	Do you smoke to stimulate or perk yourself up? <input type="checkbox"/> Yes <input type="checkbox"/> No
10)	<p>Do you get a real gnawing hunger for a cigarette when you haven't had one recently?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
11)	<p>When you run out of cigarettes do you find it almost unbearable until you get some?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

12)	Do you smoke at work as a means of getting away for a few moments? <input type="checkbox"/> Yes <input type="checkbox"/> No
13)	Do you smoke at home as a means of getting away for a few moments? <input type="checkbox"/> Yes <input type="checkbox"/> No
14)	Are there times you can go many hours without smoking and it does not bother you? <input type="checkbox"/> Yes <input type="checkbox"/> No
15)	Is handling or watching the smoke part of the enjoyment? <input type="checkbox"/> Yes <input type="checkbox"/> No
16)	<p>What do you like about smoking?</p> <p><input type="checkbox"/> Relaxation <input type="checkbox"/> Stress Relief <input type="checkbox"/> A Break <input type="checkbox"/> Concentration <input type="checkbox"/> The Smell</p> <p><input type="checkbox"/> It's a Friend <input type="checkbox"/> Just a Habit <input type="checkbox"/> Keep Hands Busy</p> <p>List any other reasons:</p>
17)	<p>What activities do you associate most with smoking?</p> <p><input type="checkbox"/> Waking Up <input type="checkbox"/> Coffee <input type="checkbox"/> After Meals <input type="checkbox"/> Phone <input type="checkbox"/> Driving</p> <p><input type="checkbox"/> TV/Computer <input type="checkbox"/> Breaks <input type="checkbox"/> Relaxing <input type="checkbox"/> Alcohol <input type="checkbox"/> Partying</p> <p>List any other activities:</p>
18)	<p>Where do you smoke?</p> <p><input type="checkbox"/> Indoors <input type="checkbox"/> Porch <input type="checkbox"/> Outside <input type="checkbox"/> Work <input type="checkbox"/> Driving</p> <p>List any other places:</p>
19)	<p>What feelings trigger your smoking?</p> <p><input type="checkbox"/> Stress <input type="checkbox"/> Frustration <input type="checkbox"/> Boredom <input type="checkbox"/> Loneliness <input type="checkbox"/> Anger</p> <p><input type="checkbox"/> Sadness <input type="checkbox"/> Need to Concentrate <input type="checkbox"/> Nervousness <input type="checkbox"/> Anxiety <input type="checkbox"/> To be like others</p> <p>List any other feelings:</p>
20)	Does anyone in your household smoke? Who?
21)	Does anyone nag you about quitting? Who?

22) Who supports you in quitting?

"I want to stop smoking because _____

23)

_____."

What do you dislike about smoking?

Health Problems Shortness of Breath Lung Disease Cough

Cancer Heart Blood Pressure Low Energy Medications

Oxygen Doctor's Concerns Wrinkles Early Death

24) Being Social Outcast Concerned about what others think

Negatively Influencing Others Who? _____

Cost Being Controlled/Addicted Smell on self/clothes/car/house

Sight of ashtrays/cigarette butts/burns

List any other dislikes:

If you could imagine yourself smoking, what would you notice that you don't like?

25)

What would you say to this smoker?

26)

What would people who care about you say?

27)

How does this smoker feel physically?

28)

Smell like?

29)	How does this smoker feel about being a smoker?
30)	Imagine that you are now a Non-Smoker. How do you want to be? <i>(in positive words)</i>
31)	How do you want your health to be – specifically? Your medications, your Doctor’s comments? Your energy level? The quality of your life?
32)	What could you do with the money you save?
33)	As you imagine yourself a Non-Smoker what do you like about your appearance?
34)	What would you say to yourself, this successful Non-Smoker?
35)	What might others say to encourage and congratulate you?
36)	How would you be feeling physically as a Non-Smoker? Smell like?
37)	How would you be feeling emotionally about yourself and your success?

38)	Review your answers in questions #16. How can you give yourself these positive benefits without smoking? (<i>Examples – other ways to relax, take a break, activities...</i>)
39)	<p>Review questions #17 and #18. How can you change each of your triggers for smoking? (Develop a very specific plan for success)</p> <p> <input type="checkbox"/> Get rid of remaining cigarettes and ashtrays <input type="checkbox"/> Ask others to smoke outside <input type="checkbox"/> Do something different when I wake up <input type="checkbox"/> Change where I drink coffee <input type="checkbox"/> Use the phone in a different place <input type="checkbox"/> Get up after meals or brush teeth <input type="checkbox"/> Clean the car <input type="checkbox"/> Change where and how I take a break <input type="checkbox"/> Avoid alcohol or drink in a non-smoking place <input type="checkbox"/> Have something to hold in my hand <input type="checkbox"/> Have something to put in my mouth (<i>water, gum, fruits and vegetables, pretzels...</i>) </p> <p>List any other plans:</p>
40)	Review question #19. How can you take care of these feelings in more positive and healthy ways?
41)	<p>As you think about being a Non-Smoker, having changed any triggers and taken positive care of your feelings, do you have any objections to being a Non-Smoker?</p> <p>Any fears?</p> <p>Any concerns that may create resistance? (<i>Examples – weight, stress, others...</i>)</p>
42)	Any stop-smoking aids you will be using? (<i>Prescriptions, medication, patch, gum, lozenge...</i>)

43)

What positive feeling would most help you in becoming a Non-Smoker?

Confidence Determination Calm Relaxation Success

Caring about myself Caring about others Independence

Inspiration to Others Who? _____

List any other feelings:

44)

Think about a time when you had this positive feeling and it helped you meet a challenge. When was this?

As you continue to think about all your personal reasons to live a smoke-free life, as a much healthier permanent Non-Smoker and Breather-of-Clean-Air, and the fact that you have already successfully overcome challenges in your life and have proven your ability to grow and change, get ready for the next step! Just bring this completed questionnaire to your hypnotherapy session and *expect success!*

I look forward to working with you and thank you for your interest in hypnosis and my hypnotherapy services. Please feel free to contact me with any questions or requests.

Be well and live how you want to be remembered,

Brenda Witherspoon
Hypnotherapist & Psychic Medium