

Hypnosis Columbia LLC
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STOP SMOKING QUESTIONNAIRE

Name _____

General Information:

Are there any other smokers in your household? _____

Are cigarettes your "friend"? _____

Is it your time to put them down? _____

Reasons for Quitting:

List **all** your reasons for becoming a non-smoker? _____

Other Benefits for Quitting:

What benefits will you gain by becoming a non-smoker (be specific)? _____

My health will be improved because: _____

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I will save \$_____per month and \$_____per year as a non-smoker.

Make a list of all the activities that you associate with smoking. For example: first thing in the morning with coffee, after a meal, when my wife and I argue, etc. You might make notes during the day of what you were doing just before you lit up, or that made you want a cigarette. THIS MUST BE THOROUGH!

When is the urge to smoke the strongest?

History:

Age starting smoking? _____

How many cigarettes per day are you currently smoking? _____

NAME _____

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Brand Preferred? _____

Other forms of tobacco used? _____

When do you smoke the most? _____

Have you tried to quit smoking before? _____

By what means? _____

How many times? _____

If quit before, why did you resume smoking? What were the circumstances? _____

Other concerns:

What would deter you from breaking the smoking habit? _____

Are you concerned about weight gain? _____

Please do not smoke for at least 4 hours before your first appointment.

NAME _____