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Confidential Quit Smoking Questionnaire

Name: _____ Date _____

General Information

List the most compelling reasons you have chosen to quit smoking today. Use affirmative language. For example: "I want to be able to breathe better;" "I want to be free from the hold that cigarettes have over me;" "I want to be able to hike in the woods without having to stop every 10 feet;" "I want to spend as much time with my grandchildren."

Remember the key word here is "compelling."

Chosen Quit Date:

List ALL activities associated with smoking and triggers. Make this list an exhaustive list. We will eliminate the triggers so that you will be free from any cravings surrounding these activities.

Do you need to consult your doctor prior to quitting? _____

When do you actually smoke the most? _____

What benefit do you currently receive from smoking? _____

Is there anything that you believe may deter you from breaking the smoking habit? _____

History

What age did you start smoking? _____ What was your preferred brand? _____

How many cigarettes per day were you smoking? _____

Other forms of tobacco used? _____

INSTRUCTIONS/REMINDER before you come in for your first appointment:

- 1) You must rid your home, your car, your office of all cigarettes, ashtrays, lighters, and paraphernalia before you come in for your first appointment. Throw the crap away!
- 2) No smoking AT LEAST 2 HOURS prior to your appointment. No exceptions.
- 3) Starting now – interrupt your usual smoking pattern by doing something different, for example drinking a glass of water instead of smoking, or taking a deep breath instead of lighting up. Do that at least 1-2x a day (or more!) before your first appointment. We call this a “pattern interrupt.”

Congratulations!