



## Tranquil Tones Hypnosis

Please fill out this form and bring with you to your first session.  
This information will be helpful in guiding both you and the  
hypnotherapist in the direction needed.

### STOP SMOKING QUESTIONNAIRE

Name \_\_\_\_\_

Date \_\_\_\_\_

1. When did you start smoking? \_\_\_\_\_
2. How long have you been smoking? \_\_\_\_\_
3. Have you tried to quit before? \_\_\_\_\_
4. What is the longest period of time that you have stopped smoking? \_\_\_\_\_
5. What was your level of commitment on a scale of 1 to 10 \_\_\_\_\_  
(1 being not committed and 10 is very committed)
6. What caused you to start smoking again? \_\_\_\_\_
7. What is your level of commitment now, on a scale of 1 to 10? \_\_\_\_\_
8. What has been your greatest challenge when you have attempted to quit smoking?  
\_\_\_\_\_
9. Is there a specific reason why you have chosen this point in time to quit smoking?  
\_\_\_\_\_
10. Have you decided and is it your intention to stop smoking today? \_\_\_\_\_