

# MARCIA PROCTOR HYPNOTHERAPY

*Marcia D. Proctor, CHT*

## SMOKING QUESTIONNAIRE

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ANSWER THIS AS **TRUTHFULLY** AS YOU CAN. DO YOU WANT TO STOP SMOKING?

YES!      Yes      Really like to      I guess so      Maybe      Not Sure      No

WHY DO YOU WANT TO STOP SMOKING? *(Mark all that apply)*

Self      Spouse      Health      Kids      Work      Money  
Parents      Fatigue      Breathing Issues

DO YOU BELIEVE THAT YOU CAN STOP SMOKING?

YES!      Yes      Really like to      I guess so      Maybe      Not Sure      No

HOW MANY YEARS WERE YOU A SMOKER?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 25 30 35 40 40+

HOW MANY TIMES HAVE YOU STOPPED SMOKING?

1 2 3 4 5 6 7 8 9 10 11 12 >12      DAYS      WEEKS      MONTHS      YEARS

What age did you start? What was it like to start smoking? \_\_\_\_\_

WHY DID YOU START SMOKING?

Angry      Cool      Peers      Relatives      Don't Know      Other: \_\_\_\_\_

HOW MUCH HAVE YOU SMOKED PER DAY?

1 - 10 cigarettes      1 - 1.5 pack(s)      2 packs      3 packs      4 packs      5 packs or more

WHAT TIME OF DAY HAVE YOU SMOKED MOSTLY?

Morning      Afternoon      Evening      Night      All the time

WHERE HAVE YOU SMOKED?

Bar      Home      Car      Work      On the phone      Garage      Outside

Other: \_\_\_\_\_

ON A SCALE OF 1 - 10, HOW MOTIVATED ARE YOU TO STOP SMOKING?

1 2 3 4 5 6 7 8 9 10      No Answer      Hedges

DOES ANYONE ELSE IN YOUR HOME SMOKE?      YES      NO

Spouse      Children      Parents      Roomate      Lover

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BEFORE WE START, WHAT DO YOU THINK STOPPING SMOKING WOULD DO TO YOUR RELATIONSHIPS?

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WHAT REALLY MOTIVATES YOU TO DO THINGS?

Aversion

Pain

Fear

Desire

Inner Feeling

Other People

WHAT IS GOING ON IN YOUR LIFE RIGHT NOW? IS THERE ANYTHING THAT WOULD STOP YOU FROM STOPPING SMOKING RIGHT NOW?

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ARE YOU TAKING ANY MEDICATIONS?      YES      NO

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DO YOU HAVE ANY HEALTH PROBLEMS?

Neck

Back

Lung

Heart

Head

Eye

Epilepsy

Headaches

WHICH OF THESE TERMS FITS YOU BEST?      Vigilant      Observant      Aggressive      Passive

WHICH OF THESE PHRASES FITS YOU BEST?      Follow the rules      Make up your own rules

ARE YOU READY TO STOP SMOKING TODAY?

YES!

Yes.

Yeah

Uh-huh

Well...

Yes... but \_\_\_\_\_

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ARE YOU WILLING TO DO IT ALL AT ONCE OR DO YOU THINK THAT YOU NEED HELP TO DO THIS GRADUALLY? IF SO, WHAT WOULD YOU NEED?

Motivation

Reasons

Beliefs

Progressive

Self Hypnosis

Audio/Video

Food

Weight

Reduce Desire

Vitamins

Have you ever been hypnotized?

Yes

No

Tried but it didn't work

Past Life Regression