



the flow center
HYPNOSIS. LIFE FLOWS AGAIN.

SMOKING CESSATION PROGRAM QUESTIONNAIRE

Name _____

How long have you smoked? _____ How many packs a day? _____
What time of day do you smoke? Morning/Afternoon/Evening/All Day
Have you ever stopped before: Yes / No If Yes, longest period without smoking? _____
Why did you start again? _____
Why do you want to quit smoking? _____
What do you fear when you stop? _____
Why do you think hypnosis will help you? _____
Do you have or have you ever had a problem with alcohol, marijuana, etc? Yes/ No.

In order to understand why you smoke and how its use affects you, please answer the following questions:

- | | |
|--|--------|
| 1. Is it extremely difficult for you to go half a day without smoking? | Yes No |
| 2. Do you experience an intense recurring hunger for cigarettes? | Yes No |
| 3. Do you feel a need to smoke a certain number of cigarettes each day? | Yes No |
| 4. Do you often find yourself smoking with other behaviors when you weren't aware of deciding to do so? | Yes No |
| 5. Do you link your smoking with other behaviors; like drinking coffee, talking on the phone, drinking alcohol, etc. | Yes No |
| 6. Do you sometimes go a whole day without smoking? | Yes No |
| 7. Do you smoke more after having an argument with someone? | Yes No |
| 8. Is smoking one of your most important pleasures in life? | Yes No |
| 9. Does the thought of never again having a cigarette make you feel unhappy? | Yes No |



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Most smokers feel a little unsure about becoming a non-smoker. They want to quit, but they also want to go on smoking forever. The important fact for you to know about the unsure feeling you may have is that it is not necessary to get totally rid of the desire to smoke before you stop. Often the desire to smoke will only go away after one has become a non-smoker. However, it is important for you to recognize and know that you wish to stop smoking more than you wish to continue.

Making two lists below will help you assess and strengthen your own motivation in becoming a non-smoker. Be as honest and thorough as possible when making these two lists. Make each list as long as you can. Take your time in thinking about the reasons for wanting to become a non-smoker and your reasons for wanting to continue to smoke. Be fair to both sides of the issue.

After you have **completed the two lists, go back and circle the most important items in each column. Finally put a star next to the one** reason that is most important overall to you (**just one star, not one for each list**).

Why I want to become a non-smoker

Why I want to be a smoker
