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### Quit Smoking Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Please fill out this form. This information will be very useful as we custom design your hypnosis sessions just for you.

1. When did you start smoking? \_\_\_\_\_
2. How long have you been smoking? \_\_\_\_\_
3. Have you ever 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 level of 0 to 10? \_\_\_\_\_
6. What caused you to start smoking again? \_\_\_\_\_
7. What is your level of commitment now on a level of 0 to 10? \_\_\_\_\_
8. What has been your greatest challenge when you have attempted to quit smoking in the past?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Is there a specific reason why you choose now as a time to quit smoking?  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you decided and is it your intention to stop smoking today? \_\_\_\_\_

Thank you for completing this form.