

THE HITCHIN HYPNOTHERAPY PRACTICE

QUITTING SMOKING INTERVIEW QUESTIONNAIRE

For those completing this by hand or on computer, please insert spaces to adequately accommodate your responses.

Today's date.....

Name in full.....

Age

Sex

Full Postal address

Profession/trade.....

Employment status.....

Fears/Phobias.....

Mental wellness history if relevant?

Do you suffer from epilepsy?

Do you take any medication and if so, what for?.....

What's your general state of health?.....

Do you have breathing difficulties, and if so do you use an inhaler?.....

Questions about smoking....

1. Would you explain why you are seeking help?
2. How committed are you to giving up smoking? Out of 10
3. If not 10, why not?
4. What would make it 10/10 committed to give up smoking?
5. How many cigarettes do you smoke a day?
6. What age did you start?
7. Can you explain why you think you started smoking in the first place?
8. What do you think the reason is, that you smoke now, and what do you get from it?
9. When do you like to smoke?
10. Which cigarettes do you enjoy?
11. Why do you want to stop smoking?

12. What frightens you about smoking?
13. Do you know anyone who has died of ill health directly or indirectly associated with smoking?
14. What is important in your life at the present time, really important?
15. What life qualities are important to you?
16. How long do you want to live?
17. Whose responsibility is your health?
18. What benefits will you gain from being a non-smoker?
19. What will you do with the money you save?
20. Have you ever been hypnotised before? What was the outcome?
21. What has stopped you quitting up to now?
22. Explain what you see as your strengths
23. What do you enjoy doing when you have 'spare' time?
24. What's life like for you being a smoker?
25. What's your smoking pattern like?
26. Where do you like to smoke?
27. How do you feel when you smoke?
28. How do you feel after you smoke?
29. What is the sequence of events of your smoking?
30. How do family members, friends and peers view your smoking habit?
31. What do you want to happen when you come for hypnosis?
32. When do you NOT want to smoke?
33. What stopping smoking strategies have you tried already and with what success?
34. What doesn't work well for you when trying to give up?
35. What 'clues' can you find to help you to quit?
36. What will your future look like as a non-smoker?
37. What skills can we draw upon to help you to quit?
38. How will you feel about yourself when you have quit?
39. How will you know when you have succeeded in quitting?
40. What has prevented you from quitting so far?
41. What, do you think, might go wrong?
42. Have you ever been to a clinical hypnotherapist before to quit smoking? What happened if so?
43. Imagine when you go to sleep tonight a miracle happens and you are completely free from your smoking habit. As you were asleep when it happened, you didn't know about the miracle. When you wake what will be the first signs for you that a miracle has happened? What about the next clue, and others during the day, the coming week, months.... What about when you are at work?

Thank you for this information which will be stored confidentially in a personal file created to hold your information and the work we do together.



Karen Kelsey

Clinical Hypnotherapist and Life & Wellness Coach