

## Smoking Cessation Questionnaire

**Your responses to the following questions will enable your therapist to construct an effective program to help you to quit smoking. All information is private and confidential.**

Please circle or delete where appropriate

How many cigarettes do you smoke a day (approximately) 1-5: 6-10: 10-15: 16-20: 20-30: 31+

How long does it take to smoke one? \_\_\_\_\_

How many cigarettes do you really enjoy \_\_\_\_\_

Where do you smoke most of your cigarettes? \_\_\_\_\_

Are you usually in company with other smokers or alone when you smoke? \_\_\_\_\_

Do you live with anyone else who smokes?.... Yes: No:

Do any of your work colleagues smoke? Yes: No:

Do you smoke at work? Yes: No:

Have you stopped smoking before? .....Yes: No:.

If yes, how long did you stop smoking \_\_\_\_\_

What method did you use? (Please circle) Nicotine Patches: Chewing Gum: Hypnotherapy: Willpower:  
Medication:

What prompted you to start  
smoking? \_\_\_\_\_  
\_\_\_\_\_

What emotions do you associate with the reason why you started smoking? i.e. guilt, comfort, punishment,  
contentment, stress, peer-pressure, etc.

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Where and when do you have the first cigarette of the day?

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Do you smoke after meals? Yes No

Do you smoke more in social situations? Yes No

Do you have any major stresses in your life at present? .If yes, briefly describe below:

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Do you suffer from breathing difficulties? \_\_\_\_\_

Do you suffer from frequent colds, coughs and/or flu? Yes No

Do you exercise? \_\_\_\_\_ Frequency \_\_\_\_\_

Would you describe your health as: Excellent: Good: Fair: Poor:

Has any member of your family died through smoking related illnesses?

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What benefit does smoking have for you? \_\_\_\_\_

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Why do you want to stop smoking?

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**Identifying behavior patterns**

Thinking about the reasons or situations why and when you smoke now, please **list the three** which most apply to you from the following list, or substitute for your own.

I smoke more when I am:

- |                  |                    |                      |
|------------------|--------------------|----------------------|
| Stressed         | Angry              | Lonely               |
| Bored            | Upset              | Talking on telephone |
| Driving          | Relaxing           | Socializing          |
| After lovemaking | Thinking           | Nervous              |
| Irritable        | To escape pressure | Talking              |
| Walking          | After meals        | Happy                |

**Use your three responses to complete the following type of sentence:\***

*\* These should be practical and achievable substitutes. Examples are:*

*Instead of smoking when I'm lonely, I telephone a friend / go for a walk / talk to the dog*

*Instead of smoking when I'm walking, I enjoy the fresh air / enjoy the view / take deep breaths*

*Instead of smoking when I'm out with friends, I concentrate on the people I'm with and feel proud that I'm a non smoker.*

1. Instead of smoking when .....I now

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2. Instead of smoking when .....I now

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3. Instead of smoking when .....I now

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Or use the space below to complete your own affirmations

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**Think about your goal date for stopping smoking.**

If you are an 'all or nothing' type of personality you may be better off stopping smoking straight away (i.e. after one session of hypnotherapy). However, if you have any stress in your life, or prefer to cut down before quitting, decide on a date and write it in the space provided.

I pledge to myself that I will stop smoking on \_\_\_\_\_

Now sign this as a commitment to yourself \_\_\_\_\_