

Sláinte Solutions
Stop Smoking Questionnaire

Name _____ Date _____

Please fill out this form. This information will be very useful as we custom design your
hypnosis session 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.