



Smoking Questionnaire

Please take a moment and think about this positive healthy decision you are making, your motivations for stopping smoking, what is really important to you and how you want to be as a Non-Smoker. Just by completing this simple questionnaire and bringing it to your Hypnosis Session, you are making your success even easier!

1. How old were you when you started smoking? _____
2. Did you think it would make you feel: grown-up, macho, part of the "in-crowd" or were you rebelling, being independent? (Circle your answers and add any other reasons.)
3. Did you ever quit? Yes/no. How? Cold turkey, patch, gum, other _____ (Circle)
4. When? _____ How long did you stay off? _____
5. What did you learn from this relapse?
6. How much do you smoke now? # Packs _____ # Cigarettes _____
7. **What do you like about smoking?** Relaxation, a break, stress-relief, concentration, it's a friend, the smell, something to do with my hands, it's just a habit. (Circle and add others.)
8. **What activities do you associate most with smoking?** Waking up, coffee, after meals, phone, driving, TV/computer, breaks, relaxing, alcohol, partying. (Circle and add others.)
9. **Where do you smoke?** Indoors, porch, outside, work, driving. (Circle and add others.)

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10. **Do any feelings trigger your smoking?** Stress, frustration, boredom, loneliness, anger, sadness, need to concentrate, wanting to be like the others. (Circle and add others.)

11. Does anyone in your household smoke? Who?

12. Does anyone nag you about quitting? Who?

13. **Who supports you in quitting?**

14. **"I want to stop smoking because _____"**

15. **What do you dislike about smoking?** (Circle and add others.)

Health problems/worries: lung disease, shortness of breath, cough, cancer, heart, blood pressure, low energy, medications, oxygen, Doctor's concerns, wrinkles, early death.

Being a social outcast, concern about what others think, negatively influencing others.
Who?

Cost

Being controlled/ addicted

Smell on self/clothes/car/house

Sight of ashtrays/cigarette butts/burns

16. **If you could imagine seeing yourself as a smoker**, what do you notice that you don't like?

17. What would you say to this smoker?

18. What would people who care about you say?

19. How does this smoker feel physically? Smell like?

20. How does this smoker feel about being a smoker?

21. **Imagine that you are now a Non-Smoker.** How do you want to be? (In positive words).

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22. How do you want your health to be—specifically?

Your medications, your Doctor's comments?

Your energy level?

The quality of your life?

23. What could you do with the money you save?

24. As you imagine yourself as a Non-Smoker (or a role model), what do you like about your appearance?

25. What would you say to yourself, this successful Non-Smoker?

26. What might others say to encourage and congratulate you?

27. How would you be feeling physically as a Non-Smoker?

Smell like?

28. How would you be feeling emotionally about yourself and your success?

29. Review your answers in question #7. How can you give yourself these positive benefits without smoking? (Examples—other ways to relax, take a break, activities ...)

30. Review questions #8 and 9. How can you change each of your triggers for smoking? (Develop a very specific plan for success.)

Circle specific plans-- get rid of remaining cigarettes and ash-trays, ask others to smoke outside, do something different when I wake up, change where I drink coffee, use phone in a different place, clean the car, get up after meals or brush teeth, change where and how I take a break, avoid alcohol or drink in a non-smoking place, have something else to put in my mouth (water, gum, fruits and vegetables, pretzels, low-calorie substitutions...)

31. Review question #10. How can you take care of these feelings in more positive healthy ways?

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32. As you think about being a Non-Smoker, having changed any triggers and taken positive care of your feelings, do you have any objections to being a Non-Smoker?

Any fears?

Any concerns that would create resistance? (Examples—weight, stress, others...)

33. Any stop-smoking aids you will be using? (Prescription medication, patch, gum, lozenge.)

34. What positive feeling would most help you in becoming a Non-Smoker? Confidence, determination, calm, relaxation, caring about myself, caring about others...

35. Think about a time when you had this positive feeling and it helped you meet a challenge. When was this?

So . . . as you think about all your personal reasons to become Smoke-Free... a much healthier Non-Smoker, Clean-Air Breather... and the fact that you have already successfully met challenges in your life and grown and changed... get ready for the next step! Simply bring this completed questionnaire to your Hypnosis Session and Expect Success!

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