



*Essential Balance*  
Holistic Wellness Center

## **SMOKING CESSATION QUESTIONNAIRE**

On a scale of 1 to 10, where is your commitment level to becoming a non-smoker?

Why now?

How many cigarettes a day did you smoke before coming in?

How many cigarettes did you REALLY enjoy in a day?

What brand did you smoke?

Why did you start smoking initially?

What do you like about smoking?

When do you NOT smoke (e.g. on a long flight, when I sleep, at the movies)?

How have you tried to quit in the past?

How many times?

Described each time.

How long did you quit?

Why did you start smoking again?

Does your partner/spouse smoke?

Do you have children/grandchildren?

If Yes, do any of them smoke?

What do you think will happen to you if you continue to smoke? 5, 10, 20 yrs?

What do you feel is standing in the way of becoming a non-smoker?

What do you fear most about quitting smoking?

Besides smoking, what is your favorite relaxing activity?

What other things did you do around the time you started smoking that you've outgrown and wouldn't consider doing dare consider doing now?

Have you ever been in an abusive relationship (romantic, business, friend, family, etc.) or do you know anyone who is/has been?

What do you do for a living?

Have you ever been hypnotized before?

If yes, were you hypnotized to stop smoking?

If yes, what happened?