



**Board Certified Hypnotist**

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**Certified Forensic Hypnotist**

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**Certified By**

National Guild  
of Hypnotists  
PATH Foundation  
American Board of  
Hypnotherapy

**Speciality Certifications**

Complementary  
Medical Hypnotism  
Hypnosis for  
Pain Management  
Hypnotic Anesthesia  
Hypnosis for  
Fibromyalgia  
Syndrome  
Hypnosis for  
Irritable Bowel  
Syndrome  
Abuse & Critical  
Illness Recovery  
Addictions Recovery  
Grief, Depression  
and Post Traumatic  
Stress Recovery  
Hypnotherapy  
for Children  
Childbirth Assistance

**Stop Smoking Questionnaire**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out this form. This information will be very useful in designing customized hypnosis sessions for you.

1. When did you start smoking? \_\_\_\_\_
2. How long have you been smoking? \_\_\_\_\_
3. Have you ever tried to quite before? \_\_\_\_\_
4. What is the longest period of time that you have stopped smoking?  
\_\_\_\_\_
5. What was your level of commitment on a scale of 0 to 10? \_\_\_\_\_
6. What caused you to start smoking again? \_\_\_\_\_
7. What is your level of commitment now on a scale 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 chose 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.**

Member of

