



## ***Intuitive Hypnosis***

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### **Tobacco Use Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

1. How old were you when you first tried tobacco products? \_\_\_\_\_
2. Does one or both of your parents smoke or chew? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What brand do you smoke/chew? \_\_\_\_\_
4. How much do you smoke/chew per day on average? \_\_\_\_\_
5. Do you see tobacco products as your "friend?" Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you smoke/chew in the house? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does your spouse/partner/roommate smoke/chew? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Have you tried to quit before? Yes \_\_\_\_\_ No \_\_\_\_\_
9. If yes, were you successful? Yes \_\_\_\_\_ No \_\_\_\_\_
10. For how long? \_\_\_\_\_
11. What situations trigger your desire to use tobacco? \_\_\_\_\_  
\_\_\_\_\_
12. Where do you typically smoke/chew? \_\_\_\_\_  
\_\_\_\_\_
13. How much money do you spend on tobacco products in a week? \_\_\_\_\_

***More questions on back...***

14. Identify 10 benefits, to you personally, to stop using tobacco products.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

15. Have you decided to quit using tobacco products, or do you wish you could quit using tobacco products? \_\_\_\_\_

16. Anything else you want to tell me about your smoking/chewing habit? \_\_\_\_\_

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