



INTUITIVE HYPNOSIS

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Fear of Flying

Name _____ Date _____

1. How long ago did you first experience a fear of flying? Please describe.

2. Are you able to fly now, even though it is difficult for you?

3. Which of the following symptoms do you experience when you anticipate or actually participate in air travel?

Accelerated heart rate

Nausea

Pressure across your chest

Tingling in the hands

Shortness of breath

Other – please describe

Shakiness/jitteriness

Sweaty face, palms, or other areas

Chills

Fog brain

4. What have you done to diminish or eliminate these symptoms in the past? (medication, alcohol, cancel flight, etc.)

5. Do you have an upcoming flight that you are preparing for?

- Yes No

If yes, when are you leaving and where are you going?

6. Do you typically travel alone or with others? Please describe.

- Alone With others

7. Do you experience anxiety in other areas of life? If yes, please describe.

- Yes No

8. What else can you tell me about your experience with air travel that will help me help you?
