



# INTUITIVE HYPNOSIS

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## Tobacco Cessation

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

1. How old were you when you first tried tobacco products? Please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Did either of your parents use tobacco when you were growing up?

Yes  No

3. How much do you smoke or chew each day? \_\_\_\_\_

What is the weekly cost? \_\_\_\_\_

4. Do you see tobacco as your friend?  Yes  No

If yes, please name 3 traits you value in your human friends.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

5. Do you live with anyone that uses tobacco?  Yes  No

6. Have you tried to quit before?

Yes  No

7. What methods did you use? \_\_\_\_\_

Were you successful for any length of time at all? Please describe.

Yes     No

\_\_\_\_\_  
\_\_\_\_\_

8. Under what situations do you enjoy using tobacco? \_\_\_\_\_

\_\_\_\_\_

What are your 3 favorites?

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

9. Where do you typically smoke/chew? \_\_\_\_\_

\_\_\_\_\_

10. Please identify the top 10 benefits to you personally, to stop using tobacco products.

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

(5) \_\_\_\_\_ (6) \_\_\_\_\_

(7) \_\_\_\_\_ (8) \_\_\_\_\_

(9) \_\_\_\_\_ (10) \_\_\_\_\_

11. Select ONE:

I am absolutely committed to giving up tobacco; today is the day.

I wish I could quit today.