



## GreenMountainHypnosis

### **Confidential Smoking Assessment**

*Please complete this form before your first session*

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

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

#### **What is your current level of Nicotine Dependency?**

*Please complete The Fagerstrom Test for Nicotine Dependence: a revision of the Fagerstrom Tolerance Questionnaire. The results of this short 6 question quiz will help determine the best strategies for helping you quit such as social supports, exercise programs, and so on.*

1. How soon after waking do you have your first cigarette?\*

  - a. Within 5 minutes
  - b. 6-30 minutes
  - c. 31-60 minutes

2. Do you find it difficult to keep from smoking in places where it is not allowed?\*

  - a. Yes
  - b. No

3. Which cigarette would you most hate to give up?\*

  - a. The first one in the morning
  - b. Any other

4. How many cigarettes a day do you smoke?\*

  - a. 10 or less
  - b. 11-20
  - c. 21-30
  - d. 31 or more

5. Do you smoke more frequently in the morning than in the rest of the day?\*

  - a. Yes
  - b. No

6. Do you smoke even when you are sick in bed for most of the day?\*

  - a. Yes
  - b. No

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### **What did Cigarettes, Smokeless Tobacco, Cigars, or Vape do for you?**

*Please complete the "Why Do I Smoke?" Quiz. You were not dependent on nicotine when you started using tobacco. There were specific reasons why you started, and there are specific reasons - socially, spiritually, psychologically and physically – that you have continued to use. Understanding these reasons will help create a more effective structure and support system for staying tobacco-free.*

*"Why Did I Smoke?\*" Please check all that apply...*

- I smoked to keep myself from slowing down.
- Handling a cigarette was part of the enjoyment of smoking it.
- Smoking seemed pleasant and relaxing.
- I lit up a cigarette whenever I felt angry about something.
- When I ran out of cigarettes, it was near-torture until I could get more.
- I smoked automatically, without even being aware of it.
- I smoked when people around me were smoking.
- I smoked to perk myself up.
- Part of my enjoyment from smoking was preparing to light up.
- I got pleasure from smoking.
- Whenever I felt uncomfortable or upset, I lit up a cigarette.
- Whenever I was not smoking a cigarette, I was very much aware of the fact.
- I have often lit up a cigarette when one was still burning in the ashtray.
- I used to smoke cigarettes with friends when I was having a good time.
- When I used to smoke, part of the enjoyment was watching the smoke as I exhaled.
- I used to want a cigarette most often when I was comfortable and relaxed.
- I used to smoke whenever I was "blue" and wanted to take my mind off what's bothering me.
- I used to get a real hunger for a cigarette when I hadn't had one in a while.
- I've found a cigarette in my mouth and haven't remembered it was there.
- I always smoked when I was out with friends at a party, bar, etc.
- I always smoked cigarettes to get a lift.

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**What obstacles might hinder you from staying Tobacco-Free?**

*Please complete the Nongard Nicotine Relapse Indicator Checklist. We all have situational or emotional 'triggers' that can set off our urges to smoke or dip, puff, or chew. Recognizing these triggers will help us build strategies for successfully avoiding or confronting the challenges ahead.*

Potential Roadblocks *Please check all that apply...*

- I drink alcoholic beverages more than 3 times per week.
- I live with a cigarette smoker.
- Others smoke in my work environment.
- I smoke more than 40 cigarettes per day (or 1 can of dip per day).
- This is my first attempt to quit smoking or using smokeless tobacco.
- I am facing stressful life events beyond my control at this time.
- I would rather risk the damage from smoking or using smokeless tobacco than gain weight.
- I like smoking and do not want to quit, even though it will be good for me.
- I have tried to quit several times and fear I won't succeed this time.
- People won't like me if I don't smoke.
- I will be dull and boring if I quit smoking.
- If I can cut down to only a few cigarettes a day I will be happy.

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# GreenMountainHypnosis

**What activities do you associate with using tobacco?**

*Please list all activities, places, and people you associate with using tobacco.*

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**Why have you decided to stop smoking now?**

*Please list all the reasons you have decided to become free from tobacco forever.*

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**How will you spend your savings?**

How much money do you currently spend on tobacco in a year? \_\_\_\_\_

Thinking about how much money you spend on tobacco in a year, imagine that one year from now, someone hands you that much money. What will you buy with it?

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*“I understand it is my responsibility to complete this process as recommended. By signing this form, I confirm that all information is true to the best of my knowledge.*

\_\_\_\_\_  
Client Name *(Please Print)*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date