



**John Kravitz, M.A., Certified Hypnotherapist**  
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Type your answers to the questions below directly into the form and either email to [John@walnutcreek-therapist.com](mailto:John@walnutcreek-therapist.com) prior to your appointment or print and bring with you to your appointment. If you prefer, you may print and handwrite your responses.

Date:

Name:

- How long have you been smoking?
- Have you ever tried to stop before? How did it go?
- If you have tried to stop before, what seems to have induced you to start again?

- What times of the day do you smoke the most? Are there any especially challenging times?
- How many cigarettes do you smoke per day?
- Are you around other smokers? If yes, when and where?
- Do you live with any smokers? If so, will they support you?
- What are your reasons for wanting to stop?
- On a scale of one to ten, with ten being the greatest, how much do you want to stop?
- What would you like to do instead of smoke? (Kinds of exercise, special food to eat, relaxation, etc.)

