



2 Mt. Auburn Street  
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617-923-3911

## THE ULTIMATE SMOKING CESSATION REGISTRATION

(Please Print Legibly)

Name:..... Date:.....

Address:.....

Employer:..... Occupation:.....

Work tel.:..... Home/cell tel.:.....

Date of birth:..... Age began smoking:.....

Average number of cigarettes/packs you currently smoke per day:.....

List any current medications and reasons: .....

I, (Signature) ..... agree to undergo

The Ultimate Smoking Cessation Program. Date: .....

Check any of the following that apply to you associated with what health benefits and life style gains you would hope to be able to achieve by stopping smoking. Fill in others in the space provided:

- I want to get rid of my shortness of breath.
- I want to get rid of my (circle) coughing or congestion.
- I am getting emphysema or the following respiratory condition: .....
- I want to be able to exercise again.
- I want to improve the smell of my (circle) breath, hair, clothes, car, (other).....
- I want to protect my family from secondary smoke.
- My doctor says I now have spots on my lungs.
- I want to save the money I waste on the habit
- I would like to be able to smell and taste my food again

List any other health benefits you would like to achieve by stopping smoking:  
.....  
.....

**NOTE: Prior to your first appointment you should make certain that you have adequate breakfast foods on hand at home (you cannot skip meals) and you should clean out your ash trays, car, etc. and be prepared to throw away all of your cigarettes prior to coming for your first smoking cessation session.**

## REASONS FOR LIVING AND LIFE GOALS

List and number (1,2,3, etc.) below the major reasons why you want to live a longer and healthier life: Be specific. List your major goals in life and what you would want to accomplish. For example, "I would like to be around when my grandchildren - John and Susan - graduate from college" or I would like to finally vacation in Italy or run the Boston marathon, etc.

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**Triggers** are the events and/or circumstances that occur during the day that cause you to think of or associate with having a cigarette. Check off as many of the triggers listed below that specifically apply to you and add any others in the space provided.

- |   |   |
|---|---|
| <input type="checkbox"/> When I first wake up                       | <input type="checkbox"/> When the phone rings         |
| <input type="checkbox"/> After I eat a meal                         | <input type="checkbox"/> With my coffee               |
| <input type="checkbox"/> When I am upset or stressed                | <input type="checkbox"/> When I am bored              |
| <input type="checkbox"/> When I get in my car                       | <input type="checkbox"/> When I take my break at work |
| <input type="checkbox"/> After sex                                  |   |
| <input type="checkbox"/> When I drink (name).....                   |   |
| <input type="checkbox"/> When I socialize at (places) .....         |   |
| <input type="checkbox"/> When I am with other smokers (names) ..... |   |

List and number (1,2,3) other Triggers: .....

.....

Circle your general stress level - (1) being no stress and (10) being extreme stress.

1      2      3      4      5      6      7      8      9      10

List at least 5 items that are currently worrying you or causing you stress.

1. ....
2. ....
3. ....
4. ....
5. ....

## DAILY ROUTINE INSTRUCTIONS

The daily routine you are requested to submit below will provide your hypnotherapist with the information he will need to design an effective program for you to be able to finally stop smoking. What you will essentially be asked to do is to provide a detailed description of what your best "guestimate" is as to what your daily routine would have been like for the 3+ days after your first smoking cessation appointment **as if you were continuing on as a smoker.**

In other words, your hypnotherapist will need a detailed understanding of what your normal routine is like as a smoker for those 3+ days so that he can design a program with your help as to what your alternative behaviors are going to be like as a non-smoker over those same 3+ days. Consequently, you should find the time to make out this questionnaire as close to the scheduled time of your first smoking cessation appointment as possible so that you will have a better idea of what your daily routine is going to be like on the 3+ days after your first session.

It is vital to the success of the new program that you provide as detailed a daily routine as you can about what you typically have for breakfast each day (or record if you skip this meal) as well as when and what you might eat for your other meals and snacks. If you have some doubts as to what you might be doing during a specific portion of any day, just provide several options as to what you think you might be doing. You should also provide and underline what "triggers" kick in that cause you to want to reach for a cigarette and place a large asterisk \* for each cigarette smoked during a specific time of the day. The schedule only lists times on the hour, but you can write in half hour times if applicable. **Please review the sample routine page provided at the end of this form before filling out your own daily routine.**

Begin by entering your 90-minute, first smoking cessation appointment time below and then start logging the rest of your daily routine afterward. PLEASE PRINT or write legibly.

**DAY 1 - Quit Smoking Day** (Circle day) – Mon Tue Wed Thur Fri Sat Sun

9:00 a.m. ....

10:00 a.m. ....

11:00 a.m. ....

12:00 noon .....

1:00 p.m. ....

2:00 p.m. ....

3:00 p.m. ....

4:00 p.m. ....

5:00 p.m. ....

6:00 p.m. ....

7:00 p.m. ....

8:00 p.m. ....

9:00 p.m. ....

10:00 p.m. ....  
11:00 p.m. ....  
12:00 Midnight .....

**Day 2** – (Circle day) – Mon Tue Wed Thur Fri Sat Sun

5:00 a.m. ....  
6:00 a.m. ....  
7:00 a.m. ....  
8:00 a.m. ....  
9:00 a.m. ....  
10:00 a.m. ....  
11:00 a.m. ....  
12:00 noon .....

1:00 p.m. ....  
2:00 p.m. ....  
3:00 p.m. ....  
4:00 p.m. ....  
5:00 p.m. ....  
6:00 p.m. ....  
7:00 p.m. ....  
8:00 p.m. ....  
9:00 p.m. ....  
10:00 p.m. ....  
11:00 p.m. ....  
12:00 Midnight .....

**Day 3** – (Circle day) – Mon Tue Wed Thur Fri Sat Sun

5:00 a.m. ....  
6:00 a.m. ....  
7:00 a.m. ....  
8:00 a.m. ...., page 4 of 6

9:00 a.m. ....  
10:00 a.m. ....  
11:00 a.m. ....  
12:00 noon ....  
1:00 p.m. ....  
2:00 p.m. ....  
3:00 p.m. ....  
4:00 p.m. ....  
5:00 p.m. ....  
6:00 p.m. ....  
7:00 p.m. ....  
8:00 p.m. ....  
9:00 p.m. ....  
10:00 p.m. ....  
11:00 p.m. ....  
12:00 Midnight .....

**Day 4** – (Circle day) – Mon Tue Wed Thur Fri Sat Sun

5:00 a.m. ....  
6:00 a.m. ....  
7:00 a.m. ....  
8:00 a.m. ....  
9:00 a.m. ....  
10:00 a.m. ....  
11:00 a.m. ....  
12:00 noon ....  
1:00 p.m. ....  
2:00 p.m. ....  
3:00 p.m. ....  
4:00 p.m. ....



## SMOKING ROUTINE SAMPLE PAGE (For a 1 ½ pack per day habit)

Underline Triggers (activities or things that cause you to think of or associate with having a cigarette)

Mark a "\*" for each cigarette you smoke.

5:00 a.m. ....

6:00 a.m. Wake at 6:30 a.m., go to bathroom, put on coffee. (wrote in 6:30 here)

7:00 a.m. Shower, put on make-up (or shave) brush teeth, get dressed

8:00 a.m. I don't usually have a breakfast. Sit, watch TV news, coffee and \* \* \*

Write in 8:30 a.m. Leave for work in car \* \* (2 \* means smoke 2 cigarettes and underlining "leave for work" means getting in the car is a trigger)

9:00 a.m. Get to work, read e-mails, make calls, review for 10:30 meeting

10:00 a.m. Take a break, get a coffee + donut from cafeteria, then step outside \*

11:00 a.m. 10:30 to 12 noon meeting.

12:00 noon Step outside before lunch \*. Then cafeteria lunch - chicken sandwich, soup or salad and soda. Then after lunch outside \* \* (underline after a meal as a trigger and 2 \* for 2 cigarettes)

1:00 p.m. Make calls, work on computer, etc.

2:00 p.m. Take break, 2:30 get potato chips and Coke from vending machine then step outside \* \* (note that actually identified type of snack and soda)

3:00 p.m. Same work tasks, calls, computer, etc.

4:00 p.m. 4:30 Leave work get in car \* \* \* drive to happy hour at Donovan's pub.

5:00 p.m. Socialize and beers with Bill, Susan, friends. Step outside 2 - 3 times for \* \* \*

6:00 p.m. 6:30 p.m. get in car to drive home \* \* \*(underline "get in car" as trigger)

7:00 p.m. Make dinner \* - probably fish or chicken, potato and vegetable, glass of wine. After meal \* \* (underline "after meal" as a trigger)

8:00 p.m. Watch a DVD \* \* \* (3 \* = smoke approx. 3 cigarettes)

9:00 p.m. If phone rings \* \* (underline talking on phone as a trigger)

10:00 p.m. Put on pajamas for bed, brush teeth, read a little in bed.

11:00 p.m. Go to sleep.

12:00 Midnight If wake during the night to go to bathroom I may \*