



PRAXIS POINT Assessments

In order to develop the best program for your success, we need to understand three specific things about you and your tobacco use.

1.) 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, social supports, exercise programs, and so on.

Question	Answer	Score (circle one)
1. How soon after waking do you have your first cigarette?	<input type="radio"/> Within 5 minutes	3
	<input type="radio"/> 6-30 minutes	2
	<input type="radio"/> 31-60 minutes	1
2. Do you find it difficult to abstain from smoking in places where it is forbidden?	<input type="radio"/> Yes	1
	<input type="radio"/> No	0
3. Which cigarette would you hate to give up?	<input type="radio"/> The first on in the morning	1
	<input type="radio"/> Any other	0
4. How many cigarettes a day do you smoke?	<input type="radio"/> 10 or less	0
	<input type="radio"/> 11-20	1
	<input type="radio"/> 21-30	2
	<input type="radio"/> 31 or more	3
5. Do you smoke more frequently in the morning than in the rest of the day?	<input type="radio"/> Yes	1
	<input type="radio"/> No	0
	<input type="radio"/>	
6. Do you smoke even though you are sick in bed for most of the day?	<input type="radio"/> Yes	1
	<input type="radio"/> No	0

2.) **What do cigarettes, smokeless tobacco, or cigars do for you?**

Please complete the "*Why Do I Smoke?*" Quiz.

We were not dependent on nicotine when we started using tobacco. There were specific reasons why we started, and there are specific reasons - socially, spiritually, psychologically and physically – that we have continued to use. Understanding these reasons will help create a more effective structure and support system for staying tobacco free.

- A. I smoke to keep myself from slowing down.
- B. Handling a cigarette is part of the enjoyment of smoking it.
- C. Smoking is pleasant and relaxing.
- D. I light up a cigarette when I feel angry about something.
- E. When I am out of cigarettes, it's near-torture until I can get more.
- F. I smoke automatically, without even being aware of it.
- G. I smoke when people around me are smoking.
- H. I smoke to perk myself up.
- I. Part of my enjoyment from smoking is preparing to light up.
- J. I get pleasure from smoking.
- K. When I feel uncomfortable or upset, I light up a cigarette.
- L. When I'm not smoking a cigarette, I'm very much aware of the fact.
- M. I often light up a cigarette when one is still burning in the ashtray.
- N. I smoke cigarettes with friends when I am having a good time.
- O. When I smoke, part of the enjoyment is watching the smoke as I exhale.
- P. I want a cigarette most often when I am comfortable and relaxed.
- Q. I smoke when I am "blue" and want to take my mind off what's bothering me.
- R. I get a real hunger for a cigarette when I haven't had one in a while.
- S. I've found a cigarette in my mouth and haven't remembered it was there.
- T. I always smoke when I am out with friends at a party, bar, etc.
- U. I always smoke cigarettes to get a lift.

3.) What obstacles may impede your ability to stay tobacco free?

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 build strategies for successfully avoiding or confronting the challenges ahead.

Checkmark or write YES next to any of the following statements that may apply to you:

- _____ 1.) I drink alcoholic beverages more than 3 times per week.
- _____ 2.) I live with a cigarette smoker.
- _____ 3.) Others smoke in my work environment.
- _____ 4.) I smoke more than 40 cigarettes per day (or 1 can of dip per day).
- _____ 5.) This is my first attempt to quit smoking or smokeless tobacco.
- _____ 6.) I am facing stressful life events beyond my control at this time.
- _____ 7.) I would rather risk the damage from smoking or using smokeless tobacco than gain 10 pounds of weight.
- _____ 8.) I like smoking and do not want to quit, even though it will be good for me.
- _____ 9.) I have tried to quit several times and fear I won't succeed this time.
- _____ 10.) People won't like me if I don't smoke.
- _____ 11.) I will be dull and boring if I quit smoking.
- _____ 12.) If I can cut down to only a few cigarettes a day I will be happy.

Informed Consent (non-therapeutic hypnosis):

Please print your name in the first space, then sign, print and date below to indicate that you understand what you have read.

I, _____, agree to engage in the process on non-therapeutic hypnosis. I understand that I will have all choices at all times and can start and end the process at anytime, even during my session. The services I render are held out to the public as non-therapeutic hypnotism, defined as the learning of self-hypnosis to induce positive thinking, create commitment to change and to learn the techniques of self-hypnosis to produce self-control over physical experiences and emotional awareness. I do not represent my services as any form of health care or psychotherapy, and I may make no health benefit claims for my services.

I agree to continue medication as prescribed by my attending physicians and understand that hypnotherapy is not a substitute for medical care. I understand a hypnotist neither diagnosis nor treats any medical or mental health condition, instead offering tools of self-discovery and awareness to compliment any medical treatment prescribed by a physician. If any medical symptoms progress or become acute I agree to seek medical attention from a licensed healthcare provider. In the event of a medical emergency or if I feel suicidal, I will call 911 or other emergency help. I understand that the methods of hypnosis include relaxation, breath work, creative visualization, positive affirmation, self-awareness development and other techniques and may produce physical and emotional responses. I agree to inform my hypnotist of any adverse feelings or experiences related to this process, at the time of my awareness of them. I have been informed as to the limits of hypnosis effectiveness and offered referral to other providers of alternative approaches to problem solving. I am over age 18, and consent to hypnosis services offered by Michael Longshore.

Signature: _____

Print Name: _____

Date: _____