

**Zimmer Success Group**  
**Confidential Be-A-Nonsmoker<sup>SM</sup> Questionnaire**

---

Karl@Z-Success.com

Phone: 317-837-6060

Fax: 317-614-7627

**1A. Your success is our #1 priority. Help us to help you attain that success by filling out this questionnaire.**

**Full Name:** \_\_\_\_\_

**Address :** \_\_\_\_\_

\_\_\_\_\_

**Tel. Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**DOB:** \_\_\_/\_\_\_/\_\_\_ **Sex:** M / F **Marital Status:** \_\_\_ (M/D/S/W) **Spouse's name:** \_\_\_\_\_

**Children:** Y / N **Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

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

**Are you currently taking any medication? (Please list, use additional page if needed)**

\_\_\_\_\_

**Are you currently under the care of a Doctor?**      \_\_\_ Yes    \_\_\_ No

**Did your Doctor recommend that you stop smoking?**      \_\_\_ Yes    \_\_\_ No

**Doctor's Name, Address and Phone #** \_\_\_\_\_

\_\_\_\_\_

**It may be appropriate for us to notify your Doctor about this smoking cessation program. Do we have your permission to do so?**      \_\_\_ Yes    \_\_\_ No

**How many cigarettes do you smoke a day?** \_\_\_\_\_

**How many times have you tried to stop smoking?** \_\_\_\_\_

**What cigarette brand(s) do you smoke?** \_\_\_\_\_

**When did you start smoking (give date or age)?** \_\_\_\_\_

**Why did you start smoking?** \_\_\_\_\_

**What method(s) (if any) have you used to try to stop smoking before?** \_\_\_\_\_

\_\_\_\_\_

**What is your profession?** \_\_\_\_\_

**What is your favorite vacation destination?** \_\_\_\_\_

**Who referred you, or how did you hear about Be-A-Nonsmoker and Z-Success?** \_\_\_\_\_

\_\_\_\_\_

**Zimmer Success Group**  
**Confidential Be-A-Nonsmoker<sup>SM</sup> Questionnaire**

---

Karl@Z-Success.com

Phone: 317-837-6060

Fax: 317-614-7627

**1B. Please circle your selection after each question.**

1. How soon after waking do you smoke your first cigarette?
  - 3 Within 5 minutes
  - 2 6-30 minutes
  - 1 31-60 minutes
  
2. Do you find it difficult to abstain from smoking in places where it is forbidden e.g., church, library, restaurants, etc?
  - 1 Yes
  - 0 No
  
3. Which cigarette would you hate to give up?
  - 1 The very first one in the morning *or* the very last one before bed
  - 2 The very first one in the morning *and* the very last one before bed
  - 0 Any other
  
4. How many cigarettes a day do you smoke?
  - 0 10 or less
  - 1 11 to 20
  - 2 21 or more
  
5. Do you smoke more frequently in the morning than in the rest of the day?
  - 1 Yes
  - 2 No
  
6. Do you smoke even when (if) you are sick in bed for most of the day?
  - 2 Yes
  - 1 No

**Total Score:** \_\_\_\_\_

*Score:*

*0-2 = very low dependence; 3-4 = low dependence; 5 = medium dependence;  
6-7 = high dependence; 8+ = very high dependence.*

**Zimmer Success Group**  
**Confidential Be-A-Nonsmoker<sup>SM</sup> Questionnaire**

---

Karl@Z-Success.com

Phone: 317-837-6060

Fax: 317-614-7627

1C. Below each question, please check off those that apply.

1. Do you experience any of the following when you try to quit smoking?

\_\_\_\_\_ Dejected      \_\_\_\_\_ Unable to sleep      \_\_\_\_\_ Anxious  
\_\_\_\_\_ Depressed      \_\_\_\_\_ Irritable      \_\_\_\_\_ Unable to concentrate  
\_\_\_\_\_ Restless      \_\_\_\_\_ Appetite changes      \_\_\_\_\_ Dizziness/Headache  
\_\_\_\_\_ Excessive Sweating      \_\_\_\_\_ Other

2. Do you want to stop smoking for good?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

3. When do you want to stop smoking? \_\_\_\_\_

4. Do you live with someone who smokes?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

5. Do you work with people who smoke?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

6. Do you have close friends who smoke?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

7. Why do you want to stop smoking?

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

8. Why do you smoke? (What happens right before you have a craving?)

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

9. What is your main concern about quitting?

\_\_\_\_\_ Dealing with stress    \_\_\_\_\_ Loss of enjoyment    \_\_\_\_\_ Fear of failing  
\_\_\_\_\_ Cravings    \_\_\_\_\_ Weight gain    \_\_\_\_\_ Other (list below)

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

10. What do you like least about smoking?

\_\_\_\_\_

11. What do you like most about smoking?

\_\_\_\_\_

Please continue on next page...

**Zimmer Success Group**  
**Confidential Be-A-Nonsmoker<sup>SM</sup> Questionnaire**

---

Karl@Z-Success.com

Phone: 317-837-6060

Fax: 317-614-7627

**1D. Please answer “Yes” or “No” to the following:**

**1. I want to reduce my risk of serious disease, (e.g., lung cancer, heart disease).**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**2. I want to improve my present level of health.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**3. I want to reduce the second-hand smoke inhaled by others.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**4. I want to be a better example to children and young adults.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**5. I want the people I care about to worry less about my health.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**6. I want to stop feeling bad or guilty about the fact that I smoke.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**7. I want to improve my endurance and stamina.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**8. I want to experience the satisfaction of having quit.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**9. I want to stop having to deal with the inconvenience of smoking.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**10. I want to be able to deal with stress without smoking.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**11. I want to avoid the regret of getting seriously ill because of my smoking.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**12. I want to be able to relax and socialize without having to smoke.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Please continue on next page – almost finished.**

# Zimmer Success Group

## Confidential Be-A-Nonsmoker<sup>SM</sup> Questionnaire

---

Karl@Z-Success.com

Phone: 317-837-6060

Fax: 317-614-7627

1E. Hypnotism is most successful when the client is committed to following the appropriate instructions and suggestions of the hypnotist. It is, therefore, important for you to carefully consider and agree to each of the following:

1. The hypnotist is responsible for giving instructions that are appropriate for me. I understand that I am responsible for following those instructions and therefore, for my success.

2. I agree to follow the instructions and suggestions of the hypnotist.

3. I agree to pay Zimmer Success Group for their service in accordance to their policies, and I understand that Zimmer Success Group may withhold service should my account not be up-to-date.

4. I understand that it is important for my success to follow the program designed for me by Zimmer Success Group. I agree to keep my scheduled appointments and will call to cancel with greater than 24 hours notice (if at all possible). I understand that if I do not provide greater than 24 hours notice, Zimmer Success Group may charge a cancellation fee of 50% of the session fee, not to exceed \$100.

5. I understand that I may discontinue working with Zimmer Success Group at any time, for whatever reason. If I terminate my relationship with Zimmer Success Group, I will not be required to pay any balance owing for future sessions as long as my account is up-to-date.

6. I understand that Zimmer Success Group guarantees their service and that there is no "money-back" guarantee.

7. I understand that Zimmer Success Group is dedicated to my success and will continue to work with me until I am fully satisfied.

By signing below, you agree to all the terms and conditions stated.

I hereby affirm that I have read and understand this agreement. By signing below, I am acknowledging my agreement with each of the above statements. I also affirm that I have answered all questions truthfully and completely.

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

Return completed form via email, fax, or send to:  
Karl Zimmer III, CH  
Zimmer Success Group  
2680 East Main Street, Suite 210  
Plainfield, IN 46168