



Client Questionnaire

As your Certified Clinical Hypnotherapist, it is important for me to understand who you are, what you value, and how you approach life. This questionnaire was developed with a variety of “pondering”-type inquiries designed to promote exploration about what you really want out of life and your time with me.

Thank you!

Name:	
Address:	
Phone Number:	
Email:	
Family Situation (Marital status/ history, number and age of children, etc.):	
Career/work/education:	
Date of Birth:	
Birth order with siblings (if any):	
Suggestibility (office use only):	

Exploration Questions

What is missing in your life at the moment?	
Have you had previous hypnotherapy, coaching, therapy, counselling, etc.?	
How did you feel about previous methods (if any)? Were they successful?	
What are you most proud of in your life so far?	

Have you always achieved what you wanted?	
If not, what has stood in your way?	
For you to consider these sessions a success, what outcomes do you need to achieve?	
How will you know when you've achieved this?	
What makes you laugh/happy?	
What is your happiest memory?	
What brings you down?	
When have you faced a fear in your life?	
Would you say you are creative or structural?	
What motivates you?	
What are your usual defence mechanisms/excuses you use when resisting change?	
What are the ways you get unstuck?	
What are the ways you have fun, kick back, and enjoy yourself?	
Do you do these things often enough?	

Would you say you are self-directed or do you prefer directions/guidelines?	
Do you have any current/recent addictions to: smoking, food, alcohol, drugs, etc.?	
Are you on any medication? If so, briefly describe.	
Is there anything big on your plate right now that you are dealing with?	
Do you feel there is anything else I should know before beginning these sessions?	

Health & Wellness

What is the state of your current and recent physical health? Excellent/Good/Poor	
Are you happy with your health? Yes/Sort of/No	
How do you see your current and recent state of mental health? Excellent/Good/Poor	
Any signs of depression? Yes/Mildly/No	
Are you constantly tired or lacking energy? Yes/Sometimes/No	
Are you burnt out? Yes/Sometimes/No	
Do you sleep well, for long enough? Yes/Sometimes/No	
Do you eat healthily? Yes/Sometimes/No	
Do you drink water frequently during the day? Yes/Sometimes/No	
Time management: do you always run out of time? Yes/Sometimes/No	



Hypnotherapy Suggestibility Questionnaire

Please take a few minutes to complete the below questionnaire. This questionnaire will support the work we will do together and help us create the best experience for you.

This test is designed to get better insight into how client reacts in different situations and, consequently, how those reactions form patterns to determine how they learned to take in information. When answering, try to be as honest as possible. Try not to go over and change your answers.

In the following, please answer yes or no to which best describes how you feel. When you are unsure please provide the answer that pulls more wait for you overall.

Questions 1-18	YES OR NO
1. Have you ever walked in your sleep during your adult life?	
2. As a teenager, did you feel comfortable expressing your feelings to one or both of your parents?	
3. Do you feel that most people that you meet for the first time are uncritical of your appearance?	
4. Do you have a tendency to look directly into peoples eyes in or move close to them when discussing an interesting subject?	
5. In a group situation with people you have just met, would you feel comfortable drawing attention to yourself by initiating conversation?	
6. Do you feel comfortable holding hands or hugging someone you are in a relationship with while other people are present?	
7. When someone talks about feeling warm physically, do you begin to feel warm also?	
8. Do you occasionally have a tendency to tune out when someone is talking to you, and at times not even hear what the person saying, because you are anxious to come up with your side of it?	
9. Do you feel that you learn and comprehend better by seeing and/or Reading than by hearing?	
10. In a new class or lecture situation, do you usually feel comfortable asking questions in front of the group?	
11. When expressing your ideas, do you find it important to relate all the details leading up to the subject so the other person can understand it completely?	
12. Do you enjoy relating to children?	
13. Do you find it easy to be at ease and comfortable with your body movements, even when faced with unfamiliar people and circumstances?	
14. Do you prefer reading fiction rather than nonfiction?	
15. If you were to imagine sucking on a sour, juicy, yellow lemon, would your mouth water?	
16. If you feel that you deserve to be complemented for something well-done, do you feel comfortable if the complement is giving to you in front of other people?	
17. Do you feel you are a good conversationalist?	
18. Do you feel comfortable when complimentary attention is drawn to your physical body or appearance?	

Questions 19-36	YES OR NO
19. Have you ever awakened in the middle of the night and felt you could not move your body and/or could not talk?	
20. As a child, did you feel you were more affected by the tone of your parents' voice than by what they actually said?	
21. If someone you are associated with talks about her fear that you too have experienced, do you have a tendency to have an apprehensive or fearful feeling also?	
22. If you are involved in an argument with someone, after the argument is over, do you have a tendency to dwell on what you could or should have said?	
23. Do you have a tendency to tune out occasionally when someone is talking to you, perhaps not even hear what was said, because your mind has drifted to something totally unrelated?	
24. Do you sometimes desire to be complimented for a job well done, but feel embarrassed or uncomfortable when complimented?	
25. Do you often have a fear or dread of not being able to carry on a conversation with someone you just met?	
26. Do you feel self-conscious when attention is drawn to your physical body or appearance?	
27. If you have your choice, would you rather avoid being around children most of the time?	
28. Do you feel that you are not relaxed or loose in body movements, especially when faced with unfamiliar people or circumstances?	
29. Do you prefer reading nonfiction rather than fiction?	
30. If someone describes a very bitter taste, do you have difficulty experiencing the physical feeling of it?	
31. Do you generally feel that you see yourself less favourably than others see you?	
32. Do you feel awkward or self-conscious initiating touch (holding hands, kissing, etc.) with someone you are in a relationship with while other people are present?	
33. In a new class or a lecture situation, do you usually feel uncomfortable asking questions in front of the group even though you may desire further explanation?	
34. Do you feel uneasy if someone you just met looks see you directly in the eyes when talking to you, especially if the conversation is about you?	
35. In a group situation with people you have just met, would you feel uncomfortable drawing attention to yourself by initiating a conversation?	
36. If you are in a relationship or are very close to someone, do you find it difficult or embarrassing to verbalize your love for him/her?	