

Hypno Questionnaire

Name: _____ Date: _____

1. What do you want to change?
2. When did this start?
3. What have you tried so far?
4. What will life be like when you make this change?
5. Who else will be affected?
6. Do you have any fears?
7. Where is the most relaxing place for you? (please be as detailed as possible!)

Susan Marco – Helping You Produce New Options

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