

## Hypnosis Responsiveness Questionnaire

	YES	NO
1. Have you ever been hypnotized?.....	_____	_____
2. Have you ever seen anyone hypnotized?.....	_____	_____
3. Do you believe hypnosis can help you?.....	_____	_____
4. Have you ever walked or talked in your sleep?.....	_____	_____
5. Have you ever awakened like you couldn't move or speak?.....	_____	_____
6. Are you basically a trusting person?.....	_____	_____
7. Do you have a vivid imagination?.....	_____	_____
8. Do you daydream or involve yourself in fantasy?.....	_____	_____
9. Are you able to concentrate on an idea or thought?.....	_____	_____
10. Do you feel comfortable being touched by someone you trust?.....	_____	_____
11. Are you open to new ideas?.....	_____	_____
12. Are you able to follow directions easily?.....	_____	_____
13. Are you able to get in touch with your emotions easily?.....	_____	_____
14. Do you believe that a person can be healed by the power of his or her mind?.....	_____	_____
15. Have you ever wished that you could avoid taking any medication?.....	_____	_____
16. Do you enjoy reading fiction and getting involved in the stories?.....	_____	_____
17. Are you basically a religious or spiritual person?.....	_____	_____
18. Have you ever meditated?.....	_____	_____
19. Are you able to sit or lie still for a period of time?.....	_____	_____
20. If you were to imagine sucking on a sour, bitter, juicy, yellow lemon, would your mouth begin to water?.....	_____	_____
21. Do you have nightmares?.....	_____	_____
22. Are you currently under the care of a Psychiatrist?.....	_____	_____
23. Do you take any prescription drugs?.....	_____	_____
If yes, name(s) _____		