

SUGGESTIBILITY QUESTIONNAIRE
Divine Doorway Clinical Consulting Hypnosis

Answer 'yes' or 'no' to every statement; give yourself 1 point for every 'yes.'.

HEALTHY VISIONS QUESTIONNAIRE		N	Y
1	Have you in the past or do you now practice relaxation such as yoga or meditation with good results?		
2	Do you paint, sing, act or play a musical instrument?		
3	Do you notice that when you are watching TV, Driving or on the computer you forget the time?		
4	Have you ever day dreamed and didn't notice what was going on around you?		
5	When you watch a good movie or video, are you so captivated that, at times, you feel you are in the film? You jump if scary or move your body in a chase scene.		
6	When you think of something funny do you laugh or smile?		
7	Does thinking of something bad some one did to you make you angry?		
8	Do you have a vivid imagination? i.e. Can you imagine what you would do on vacation?		
9	Can you easily tell family or friends if something is upsetting you or if something makes you happy?		
10	Is there anyone who has earned your trust?		

Total