

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? [] . []
13. Are you able to get in touch with your emotions easily? [] . []
14. Do you believe that it's possible for a person to 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 cry at sad movies? [] . []
22. Do you have nightmares? [] . []
23. Are you currently under the care of a Psychiatrist? [] . []
24. Do you take any prescription drugs? [] . []

If yes, name(s) _____