

**EDEN CHURCH
BETHEL SOZO**

**OPTIONAL QUESTIONNAIRE**

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| --- | --- |
| **Name:** | **Date of Sozo:** |
| **Team Members** |
| 1st: | 2nd: | 3rd: |
| **1. Did you find your Sozo:** (Tick Box that applies) |
| Very Helpful? | Helpful? | Neither/Helpful or Unhelpful? | Unhelpful? |
| **2. How would you describe your Sozo experience? (continue overleaf if necessary)** |
|  |
| **3. Were there any issues that concerned you about your Sozo? (continue overleaf if necessary)** |
|  |
| **4. Did you experience a personal breakthrough during or after your Sozo?** |
|  |
| **5. How have you benefited from this ministry time?** |
|  |
| **6. Were the ministry team members:** (Tick Box that applies) |
| a. Kind and understanding in their interactions with you? | Yes | No |
| b. Knowledgable about the Sozo process? | Yes | No |
| c. Safe to disclose personal hurts, shame or struggles with? | Yes  | No | N/A |
| **7. Would you recommend a Sozo to others?**(Tick Box that applies) |
| a. Actively recommend |  |
| b. Recommend if asked |  |
| c. Wouldn’t recommend |  |
| **8. Any comments or suggestions? (continue overleaf if necessary)** |
|  |
| **9. May we quote from your testimony anonymously for the encouragement of others?** | Yes  | No |
| Please return this form at your convenience to: **Eden Church (Sozo),** **, c/o Sarah Parkhouse, 7 Clinton Road, Penarth, CF64 3JB.** |
| **This form will be destroyed after the useful information has been extracted.** |