

**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.** | | | | | | | | | | |