



## BETHEL SOZO UK OPTIONAL QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Sozo \_\_\_\_\_

Team Members:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

1. Did you find your Sozo:

Very Helpful? \_\_\_\_\_ Helpful? \_\_\_\_\_ Neither Helpful/Unhelpful? \_\_\_\_\_ Unhelpful? \_\_\_\_\_

2. How would you describe your Sozo experience? (Continue overleaf if necessary)

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3. Were there any issues that concerned you about your Sozo? (Continue overleaf if necessary)

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4. Did you experience a personal breakthrough during or after the Sozo? \_\_\_\_\_

5. How have you benefited from this ministry time? \_\_\_\_\_

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6. Were the ministry team members:

- a. Kind and understanding in their interactions with you? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Knowledgeable 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 Session to others?

- 1. Actively recommend \_\_\_\_\_
- 2. Recommend if asked \_\_\_\_\_
- 3. Wouldn't recommend \_\_\_\_\_

8. Any comments or suggestions? (Continue overleaf if necessary)

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9. May we quote from your testimony anonymously for the encouragement of others? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please return this form at your convenience to: Sozo Administrator, (Enter Church Name Here)**

**Address: (Enter Church Address here)**

**This form will be destroyed after the useful information has been extracted.**