



Your Name: _____

Date of Sozo: _____

Team Members:

1st: _____ 2nd: _____ 3rd: _____

1. Did you find your Sozo:

Very ___ Helpful? ___ Neither Helpful/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 the Sozo? _____

5. How have you benefited from this ministry time? _____

6. Were the ministry team members:

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 Session to others?

1. Actively recommend ___
2. Recommend if asked ___
3. 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: Sozo Administrator, (Church Name Here)
Address: (Enter Church Address Here)**

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