SOZO EXPERIENCE QUESTIONNAIRE

PLEASE COMPLETE AND RETURN

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM: 1ST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2ND\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3RD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. HOW WOULD DESCRIBE YOUR SOZO EXPERIENCE?

\_\_\_\_\_WONDERFUL\_\_\_\_\_OKAY\_\_\_\_\_INTERESTING\_\_\_\_\_TRAUMATIC

2. WERE THERE ANY ISSUES THAT CONCERNED YOU ABOUT YOUR SOZO?

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3. DID YOU EXPERIENCE A PERSONAL BREAKTHROUGH DURING OR AFTER THE SOZO? (YES/NO)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. HOW WOULD YOU DESCRIBE THE FRUIT OF THIS MINISTRY TIME?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. WERE THE MINISTRY TEAM MEMBERS:

 A. KIND AND UNDERSTANDING IN THEIR INTERACTIONS WITH YOU?

 \_\_\_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_DOES NOT APPLY\*

 B. SAFE TO DISCLOSE PERSONAL HURTS, SHAME OR STRUGGLES WITH?

 \_\_\_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_DOES NOT APPLY\*

C. KNOWLEDGEABLE ABOUT THE SOZO PROCESS?

 \_\_\_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_DOES NOT APPLY\*

6. WOULD YOU RECOMMEND A SOZO EXPERIENCE TO OTHERS?

 \_\_\_\_\_HIGHLY RECOMMENDED

 \_\_\_\_\_WOULD SUGGEST CHANGES BEFORE RECOMMENDING\*

 \_\_\_\_\_NOT AT ALL

 \_\_\_\_\_UNSURE

\*ANY COMMENTS / SUGGESTIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_