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**BETHEL SOZO *OPTIONAL* FEEDBACK FORM**

Your Name:

*Team Members*

*1st .............................................*

Date of Sozo: *2nd .............................................*

*3rd .............................................*

1. **How did you find your Sozo?**

Very Helpful? o Helpful? o Unhelpful? o Neither Helpful nor Unhelpful? o

1. **How would you describe your Sozo experience?** *(Continue overleaf if necessary****)***
2. **Were there any issues to concern you about your Sozo?** *(Continue overleaf if necessary)*
3. **Did you experience a personal breakthrough during or after the Sozo?** Yes o No o
4. **How have you benefited from this ministry time?** *(Continue overleaf if necessary****)***
5. **Were the ministry team members:**
6. Kind and understanding in their interactions with you? Yes o No o
7. Knowledgeable about the Sozo process? Yes o No o
8. Safe to disclose personal hurts, shame or struggles with? Yes o No o N/A o
9. **Would you recommend a Sozo Session to others?**
10. Actively recommend Yes o No o
11. Recommend if asked Yes o No o
12. Would not recommend Yes o No o
13. **Any comments or suggestions?** *(Continue below if necessary)*

**9. May we quote from your testimony anonymously to encourage others?** Yes o No o

**Please return this form at your convenience to:**

**The Sozo Administrator,**

**THE WAY CHRISTIAN FELLOWSHIP, Downs Close, Hunstanton, Norfolk PE36 5HU**

Email: [sozo@thewaycf.org.uk](mailto:sozo@thewaycf.org.uk)

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

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