

# SOZO EXPERIENCE QUESTIONNAIRE

Name of Sozoee \_\_\_\_\_

Date of SOZO \_\_\_\_\_

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

1. How would you describe your SOZO experience?  
\_\_\_\_\_ Wonderful \_\_\_\_\_ Okay \_\_\_\_\_ Interesting \_\_\_\_\_ Traumatic

2. Were there any issues that concerned you about your sozo?  
\_\_\_\_\_  
\_\_\_\_\_

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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 of others needs

\*Any Comments/suggestions:  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form at your convenience to:

His High Call Ministries  
6577 Wakefalls Drive  
Wake Forest, NC 27587