

YLV SOZO: Experience Questionnaire

Name of Sozoe: _____

Date of Sozo: _____

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

1. How would you describe your Sozo experience?

Great, very helpful _____ 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 results 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 additional comments/suggestions: _____

Please return this form at your convenience to:

Yorba Linda Vineyard Resource Center

3780 Prospect Ave. Suite B

Yorba Linda, CA 92886

