

Survey: Your Sozo Experience

KEY INSIGHT RESEARCH

(CONFIDENTIAL: YOUR IDENTITY WILL REMAIN ANONYMOUS)

CAN YOU PLEASE SHARE YOUR EXPERIENCE? BY DOING SO, YOU WILL HELP US COLLECT DATA FOR RESEARCH AND EDUCATIONAL PURPOSES.



Do you get the impression that Sozo is counseling or therapy?



Please explain any feelings of intense love and acceptance you felt



Did you feel pressure to donate or buy books, trainings, sessions, etc.



Did you feel pressure to come back for more sessions?

DID YOU FEEL PRESSURE TO HAVE A VISION, HEAR A VOICE, FEEL A SENSATION, OR ANY OTHER PHYSICAL MANIFESTATION BY THE HOLY SPIRIT?

DID YOU HAVE TO PAY A FEE TO MAKE THE APPOINTMENT(S)? COST: \$ _____

Were you told what to pray or given words to repeat in prayers? Please explain.

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By participating in this survey, you agree to let Key Insight Research share your *anonymous* experience for the public good (such as, online or in ebook/paperbook format). Your name and email will not be shared.



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KEY INSIGHT RESEARCH

DID THE LEADERS TELL YOU WHAT TO THINK ABOUT YOUR MEMORIES? PLEASE EXPLAIN:

DID YOU LEAVE WITH A NEW VERSION OF A MEMORY OR NEW MEMORIES? PLEASE EXPLAIN:

DID SOMEONE TELL YOU THAT YOU ARE BELIEVING LIES FROM FAMILY OR FRIENDS? DID SOMEONE ENCOURAGE YOU TO BREAK SOUL TIES? PLEASE EXPLAIN IN DETAIL:

DID YOU GET THE IMPRESSION THAT THE SOZERS WERE EQUIPPED TO HELP YOU WITH MEDICAL OR MENTAL CHALLENGES (SUCH AS TRAUMA, DEPRESSION, ANXIETY DISORDERS, OR ANY OTHER ILLNESS?). WHY DID YOU DO SOZO? DID SOMEONE INVITE YOU?

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PLEASE PHOTOGRAPH OR SCAN AND SEND TO [FINDKEYINSIGHT1@GMAIL.COM](mailto:findkeyinsight1@gmail.com)

PLEASE DO NOT INCLUDE YOUR FULL NAME OR IDENTIFYING CHARACTERISTICS