

Surrendering the Secret Survey

(To be filled out by participant after the Bible study is completed.)

Your name _____ Date _____

Location of your STS group _____ Date completed _____

We appreciate your sincere and honest feedback.

1. What were the major feelings/problems you most wanted help with when you “signed up” for the Bible study?
2. Do you feel these issues were addressed adequately?
3. How did God heal your abortion wounded heart during the study?
4. In what areas do you still feel you need help?
5. What aspect of the Bible study was most helpful to you personally?
6. If you had to make a list of criticisms about the study or your group experience, what would it include, in order of importance?
7. Do you wish the study would have been (circle)
a. Shorter b. longer c. it was just right
8. What are the greatest things you’ll take from this study?

9. What advice/encouragement would you give to someone who is considering working through *Surrendering the Secret*?

10. Is there anything else you would like to say that we haven't given you the opportunity to talk about?

Signature _____

E-mail address _____

Thank you for completing this survey.