

Eastside Worship Feedback Form

For Worship on _____ (date)

Name: _____
(anonymous feedback will not be considered)

1. What stands out for you from the service?

a. What will stay with you for the week?

2. Was there anything missing for you from the worship?

3. What was your experience of the flow of worship?

a. Was there a clear theme or message throughout (in the prayers, music, message, etc)

4. How was the balance of words, reflection, silence?

5. What was your experience of the sermon?

a. What did you find helpful, insightful or meaningful?

b. Was there anything that was disturbing, challenging or upsetting?

c. What did you find spiritually nourishing? What was missing?

d. How was the balance of spiritual nurture and social justice?

6. Is there any other feedback about the service you would like to offer?

7. Was there any feedback you heard from others that would be helpful to share?