

Simply SOY

Participant Evaluation

County _____ Date _____

Please circle the letter(s) or number that corresponds to your answer.

1. Please rate your knowledge of soy *before* and *after* this lesson on a 5-point scale

(1 = I know little; 5 = I know a lot)

Before lesson	1	2	3	4	5
After lesson	1	2	3	4	5

2. Which of these soy foods do you regularly consume?

- a. Edamame
- b. Tempeh
- c. Miso
- d. Tofu
- e. Soybean oil
- f. Tamari
- g. Soy nuts
- h. Soy sauce
- i. Soy milk
- j. Texturized vegetable protein
- k. Other _____

3. What do you plan to do as a result of this lesson?

(Circle all that apply)

- a. Read food labels to learn what products contain soy.
 - b. Look for health claims on food products containing soy.
 - c. Tell someone else what I learned.
 - d. Add more soy foods to my diet.
 - e. Try a recipe containing soy.
 - f. Something else (please specify)
- _____

4. Will you share this information with family/friends?

- a. Yes
- b. No

5. How old are you?

- a. 18-25
- b. 26-40
- c. 41-64
- d. 65-75
- e. 76-84
- f. 85 or older

6. Are you:

- a. Male
- b. Female

7. Do you live:

- a. Alone
- b. With others

8. List other topics of interest to you in food/nutrition:

Thank you!

NDSU EXTENSION SERVICE