

# A MATTER OF TASTE LAB Evaluation Form



Product Tasted: \_\_\_\_\_ Lab group: \_\_\_\_\_ Date: \_\_\_\_\_

I think the food product tastes:

\_\_\_\_\_ very good \_\_\_\_\_ good \_\_\_\_\_ okay \_\_\_\_\_ improvements needed

The food tastes: \_\_\_\_\_ just right \_\_\_\_\_ sweet \_\_\_\_\_ bitter \_\_\_\_\_ salty \_\_\_\_\_ sour \_\_\_\_\_ not what I expected

The color is: \_\_\_\_\_ great \_\_\_\_\_ too pale \_\_\_\_\_ too dark \_\_\_\_\_ not right for the product

The aroma (smell) is: \_\_\_\_\_ inviting \_\_\_\_\_ too strong \_\_\_\_\_ too weak \_\_\_\_\_ not good

The food looks: \_\_\_\_\_ yummy \_\_\_\_\_ okay \_\_\_\_\_ improvement needed

I would enjoy eating this food again: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

Comments: \_\_\_\_\_

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