




Taste Test Form

Directions: Circle the number that best answers each question. 1 is the worst and 6 is the best

						
	1	2	3	4	5	6
How does the food look?						
How does the food taste?						
How is the texture? How does the food feel in your mouth?						
How does the food smell?						
How would you rate the food overall?						

Office Use Only

Panelist Code

Date