

Taste Preference Survey for Secondary School Students

Circle a rating for each of the following: Appearance, Taste/Flavor, Texture/Consistency, Aroma/Smell and Overall Acceptability.

Recipe Name: _____ Date: _____

Appearance	Extremely Attractive	Moderately Attractive	Attractive	Unappetizing	Unattractive
Taste/Flavor	Tasted Great	Flavorful	Acceptable	Off Flavor	Flavor did not appeal to me
Texture/ Rating	Wonderful Texture	Good Texture	Acceptable Texture	Off Texture	Inappropriate texture/flat/runny
Aroma/Smell Rating	Wonderful Aroma	Appealing Aroma	Acceptable Aroma	Aroma Not Appealing	Unappetizing Aroma
Overall Acceptability	Extremely Acceptable	Moderately Acceptable	Acceptable	Moderately Unacceptable	Unacceptable
Would you choose this in the school cafeteria?				Yes	No

Any Comments? _____

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Would you choose this in the school cafeteria?				Yes	No

Any Comments? _____