




*Meriden Taste Test Survey Example*

**Taste Test Form**

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

						
How does the food look?	1	2	3	4	5	6
How does the food taste?	1	2	3	4	5	6
How is the texture? How does the food feel in your mouth?	1	2	3	4	5	6
How does the food smell?	1	2	3	4	5	6
How would you rate the food overall?	1	2	3	4	5	6
Office use only						
Panelist Code:	Date:					