**Hedonic Scale Sensory Evaluation Form**

**Evaluator Information:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Product Information:
Product Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Sample Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:
Rate each attribute based on the following scale:
1 = Dislike Extremely, 2 = Dislike Very Much, 3 = Dislike Slightly, 4 = Neither Like nor Dislike, 5 = Like Slightly, 6 = Like Very Much, 7 = Like Extremely**

**Evaluation Table:**

| **Attribute** | **1** **(Dislike Extremely)** | **2** | **3** | **4** | **5** | **6** | **7** **(Like Extremely)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Appearance** |  |  |  |  |  |  |  |
| **Smell/Aroma** |  |  |  |  |  |  |  |
| **Taste** |  |  |  |  |  |  |  |
| **Texture/Mouthfeel** |  |  |  |  |  |  |  |
| **Overall Acceptability** |  |  |  |  |  |  |  |

**What did you like most about the sample?**

**What did you dislike about the sample?**

**Signature:**