TASTE TEST LOCATION:	:	Date:	Surveyor:	

ID#	Q1. How often do you come to the park						Q2. What are you taste testing today?			
	1-2x/yr	1/month	2/month	1/wk	2/wk	Daily	Item 1	Item 2	Item 3	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Please rate the items on a scale of 1 to 5 with 5 being Excellent and 1 being Poor (Use SMILEY FACE Scale)

	Q3. LOOK			Q4. TASTE			Q5. TEXTURE		
ID	Item 1	Item 2	Item 3	Item 1	Item 2	Item 3	Item 1	Item 2	Item 3
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

	Q6. Would you buy this item? Y/N			Q7. How much would you pay for this item?			
ID#	Item 1	Item 2	Item 3	Item 1	Item 2	Item 3	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Q8. Gender:

	Q8. Gender:							
ID#	M	F	Age	Q9. Any other comments for us?				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								