

Adult Taste Testing Tool

Instructions: Please complete this form when you have a food tasting with adult CalFresh Healthy Living, UC participants. Do not use this form with youth. Please tell the participants that you have some food(s) for them to try if they like. Tasting is voluntary. All responses are confidential. Enter your answers in numerical form (10, 12, 15). Do not enter as words, “ten,” “twelve,” or “fifteen.”

County: _____

Site name: _____

Date: _____

Which food did the participants taste in class today? _____

How was the food presented? Choose the best answer.

- Raw, plain Cooked, plain Raw with dip or dressing Raw, paired with other food
 Cooked, paired with other food Other

How many participants attended the class today? _____

Ask the participants the following questions:

Before today’s class, how many of you have tried this food before? _____

How many of you tried the food today? _____

How many of you are willing to try the food again? _____

How many of you are willing to serve this food at home to your family? _____

Comments: Please add comments and observations during the tasting or observations that were linked to the tasting.

Is this the first time that you have entered Adult Taste Test data for this group during this year?

- Yes
 No