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