## **Gluten-Free Bread Sensory Evaluation Form**

## **Sample Information**

Sample ID:
Evaluator:
Date:
Sensory Attributes
Appearance:
O <sub>2</sub>
<b>C</b> 3
C4 C5
Aroma:
<b>C</b> 1
C <sub>2</sub> C <sub>3</sub>
O4
<b>C</b> 5
Texture:
C 1 C 2
<b>O</b> 3
C 4 C 5
Taste:
O 1
C <sub>2</sub> C <sub>3</sub>
O <sub>4</sub>
C 5
Overall:
C 1 C 2
O3
$\bigcap$ 4

## **Comments**

**O**5

Additional Observations: