

Low-Sodium Snack Sensory Feedback Form

Snack Name

Participant Name/ID

Sensory Ratings

Taste

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Texture

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Smell

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Appearance

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Saltiness Level

- ☐ Too low
☐ Just right
☐ Too high

Overall Impression

Additional Comments

