

Non-Dairy Ice Cream Sensory Feedback Form

Name

Email

Date

Sample Name/Code

Sensory Evaluation

Appearance

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Texture

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Flavor

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Sweetness

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Aftertaste

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Comments

What did you like?

What could be improved?