Name................................

**Healthy meal evaluation sheet**

**Recipe/Dish**..............................................................................................................

1. What type of dish did you make?

**Starter Meat-Main Vegetarian-Main Snack Side-dish Dessert/Pudding Drink Other** (Circle any)

1. What ingredients did you use?

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1. What cooking/preparation methods did you use?

**Baking Grill Hob Refrigeration Freezing Microwave Other** (Circle any)

1. What skills did you use and develop?

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1. Is there anything you changed or would like to change if you made the dish again, why?

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1. What was the best part of your dish, why?

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1. How did you feel about the dish after you made it?

**Disappointed, Satisfied, Never want to make the dish again, Proud, Happy, Annoyed, Want to make something else,** (Circle any)

1. Complete a sensory analysis of your final product

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5**  **V. Good** |  |  |  |  |  |
| **4**  **Good** |  |  |  |  |  |
| **3**  **Okay** |  |  |  |  |  |
| **2**  **Poor** |  |  |  |  |  |
| **1**  **V. Poor** |  |  |  |  |  |
|  | **Flavour** | **Texture/ Mouth Feel** | **Appearance** | **Aroma** | **Sound** |

**[](http://www.google.co.uk/imgres?q=earclip+art&um=1&hl=en&safe=active&qscrl=1&rlz=1T4ADRA_enGB466GB467&biw=1024&bih=624&tbm=isch&tbnid=Hj1c8dpBr-82YM:&imgrefurl=http://bestclipartblog.com/28-ear-clip-art.html/ear-clip-art-4&docid=tzLRmbUEmmpIxM&imgurl=http://bestclipartblog.com/clipart-pics/ear-clip-art-4.png&w=290&h=290&ei=lTt3UNjDIOHF0QXs34GABw&zoom=1&iact=hc&vpx=100&vpy=174&dur=599&hovh=225&hovw=225&tx=107&ty=98&sig=108263483828669858782&page=1&tbnh=137&tbnw=137&start=0&ndsp=20&ved=1t:429,r:0,s:0,i:70)**

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