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** |

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