

Appendix D: Ratings Sheet

Name _____

1. The gum being evaluated (circle one): ♣ ♦ ♥ ♠

2. Evaluate the **flavor intensity** of the gum (circle one):
(0 = no intensity, 10 = extreme intensity)

0 1 2 3 4 5 6 7 8 9 10

3. Evaluate the **flavor** of the gum (circle one):
(0 = no flavor, 10 = extremely flavorful)

0 1 2 3 4 5 6 7 8 9 10

4. The point at which you would discard the gum: (record the **length of time**, in minutes, you have **chewed** the gum).

_____ minutes

5. At the point at which you would discard the gum, evaluate the **texture** of the gum (circle one):
(0 = very soft, pliable, 10 = very hard, rubbery)

0 1 2 3 4 5 6 7 8 9 10