

# Carrot – Sensory

**Beaker-No. ....**



Gender: ☐ w ☐ m      Age: ..... Year      Profession: .....

Smoker: ☐ yes ☐ non      Hobby: .....

Please take of cover and eat carrot pices with the spoon.  
Prevalence assess first, afterwards the charcaters. Please tick a box.

## Acceptance

0	1	2	3	4	5	6
displeases me very	displeases me pretty much	displeases me something	neither nor	like me something	like me pretty much	like me very

## Character

- sweet	<input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	not at all		medium		intense
- bitter	<input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	not at all		medium		intense
- astringent	<input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	not at all		medium		intense
- aromatic as carrot	<input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	not at all		medium		intense
- another aroma: .....	<input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	not at all		medium		intense



**Thank !**