



Patient ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTIONS:**

You will be tasting the 12 samples in your bag for their **STRENGTH** or **FLAVOR**. Using the scales provided below, indicate the **FLAVOR** (if you are not sure of the flavor) or the **STRENGTH** (if you are not sure of the strength) of each sample. You will be tasting the 12 samples in your bag for their **STRENGTH** or **FLAVOR**. Using the scales provided below, indicate the **FLAVOR** (if you are not sure of the flavor) or the **STRENGTH** (if you are not sure of the strength) of each sample.

**Samples 1-6 are in Box A and samples 7-12 are in Box B.**

**Step 1:** Before tasting each solution, please rinse your mouth out with (2) sips of water. Then, taste the solution and hold it in your mouth for 5 seconds. After 5 seconds, spit out the solution into the sink. Do not swallow. (If you accidentally swallow a sample, please inform the staff in the presence of the samples in this kit are not toxic and are safe to swallow.)

**Step 2:** For each tasting sample (1-12), please indicate the strength or flavor of each sample solution on the scale provided. (If you accidentally swallow a sample, please inform the staff in the presence of the samples in this kit are not toxic and are safe to swallow.)

**Step 3:** Record your ratings below. Circle the FLAVOR on the line that reflects the strength or intensity of the solution from having no taste at all to having an extremely intense taste. Then, circle the NAME indicating whether you think the sample is salty, sour, bitter, sweet or has no flavor.

When ready, please begin the test by pouring all of Sample A1 into your mouth.

Sample **1**

No Intensity At All      Slightly Intense      Moderately Intense      Very Intense      Extremely Intense

SALTY      SOUR      BITTER      SWEET      NO FLAVOR

Please rinse your mouth TWICE with water between every sample. You may now continue with the rest of the exercise.

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