

Name : _____

Date : _____

Age (please select)

- 10 - 17 years old

- 45 - 54 years old

- 18 - 24 years old

- 55- 64 years old

- 25 -34 years old

- 65-74 years old

- 35 - 44 years old

- 75 years or older

Have you ever had a reaction to MSG ?

Yes No (if yes then please do not complete the rest of the survey)

Are you allergic to popcorn and / or had a reaction to popcorn ?

Yes No (if yes please do not complete the rest of the survey)

Are you comfortable with consuming MSG ?

Yes No (if no please do not complete the rest of the survey)

For this test you will consume two samples of popcorn (samples A and B) . After trying the samples please fill in the form below .

Which sample did you prefer ? Select .

A B

Why did you prefer that sample ? .

A) Overall taste

B) Sensation in the mouth

C) Smell

D) Other : _____

Signature : _____