

Detailed Recipe Testing Sheet

Your Name _____ Date _____

Your Contact Information (email or phone) _____

Book Title _____

Title of Recipe _____

Recipe Preparation Time _____ Actual Preparation Time _____

Recipe Total Time _____ Actual Total Time _____

Recipe Yield / Servings Made _____ Actual Quantity _____

Ingredients Used		Amount
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____

How does the food taste? Poor 1 2 3 4 Great

Are there any changes you would make to the flavor, seasonings, or spices?

How does the food look? Poor 1 2 3 4 Tasty

What could improve the appearance?

How clear were the directions? Confusing 1 2 3 4 Clear

What could be explained more clearly? Would more vivid descriptions of the food's appearance at a particular stage help clarify the process?

Were the ingredients easy to find? Yes No

If not, which ones were difficult to find? Where did you locate them at? Online? Local specialty store?

Was there any equipment needed that you didn't already have? Yes No

If so, which one? If you didn't get one, how did you "work around" it?

Were there any substitutions made or ingredients omitted? Yes No

If so, which ones?

Was it a success? Yes No

What was your favorite part of the dish?

What was your least favorite?

Is there anything else you'd like to share about the recipe?