



Sensory Client Intake Questionnaire

This form is intended to help you outline your goals related to sensory and consumer testing, from which we will be able to more clearly design a test that meets your needs. If a question does not apply to your study or objective, write "N/A". Please return the completed form to our Sensory Manager, Martha Calvert, via email (martha.calvert@colostate.edu).

General

1. Company Name:
2. Company Address:
3. In a few sentences, please describe your overall reason for pursuing a sensory and/or consumer test? What problems, questions, or issues have you identified that you hope to solve with sensory and/or consumer testing? What are you hoping to learn more about? *Please use as much detail as possible.*
4. What are your desired outcomes for this study? Please list a primary objective and a secondary objective (if applicable).
5. What, if any, are your long-term goals or next steps based on the results of your desired sensory/consumer test?
6. What is your desired completion date or timeline for this test?



7. What, if any, are your budgetary constraints or goals?

Product Specifics

8. What specific type/kind of product(s) are you wanting to test? Describe specific SKUs.

9. Are you hoping to test your product against comparable or competitive products already in the marketplace? If yes, please include names, brands, or details of comparable products that you would like to test with.

10. We request that all clients provide samples of product before sensory and consumer testing in order to build the most appropriate sensory test and to better understand the product. Are you willing and able to provide products for sampling before the test? How soon are you able to provide these “test” products?

11. Please provide all information relevant to product handling:

- General Handling:

- Storage:

- Preparation Equipment:

- Preparation Time:

- Serving Temperature:

- Serving Presentation:

- Shelf Life:



- For beverages, is the product carbonated?
12. Are there any obvious food safety or allergen concerns related to your product? If yes, what are they?
13. Please provide all allergen/ingredient information for all products being tested with this document or as soon as available. Sensory testing cannot take place without official ingredient/allergen statements.

Test Design & Analysis

14. Do you want packaging, price, or any other extrinsic product information to be included in the sensory test?
15. What is your ideal target market for this sensory/consumer test? Please include as much information as possible.
16. If you are interested in obtaining demographic data from consumers as a part of your product test, what demographics are you most interested in? **Check all that apply** and provide extra comments where relevant.
- Age range
 - Gender
 - Ethnic Origin



- Income
- Eating habits/diet
- Product usage
- Frequency of product use
- Shopping responsibilities/habits
- Geographic location
- Education level
- Other:

17. What are you needs and/or expectations regarding how the data and results will be analyzed in the desired sensory test? How do you want the results of the sensory test to be communicated to you?