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APPENDIX 1: Advert in local university newspaper to recruit sensory panellists for descriptive analysis.

Earning easy money is your aim?

"The coffee project"

is the name of the game!

You are good with words,
Love drinking coffee and
Have a few hours free in the afternoons…

Call us NOW!

Find out more

012 420 3238

If you snooze you loose!

APPENDIX 2: Telephone questionnaire to recruit potential sensory panellists for descriptive analysis

<u>Coffee Questionnaire:</u>

Good Morning/Afternoon
I am _____ FROM DEPT OF FOOD SCIENCE, UNIVERSITY OF PRETORIA.

You're phoning in connection with the coffee project [YES][NO]?

We are recruiting participants for a coffee tasting project at the University of Pretoria.

Payment is at R21.19/h thus giving you a minimum of R630 for 2 hours work per day for 20 days.

Do you drink coffee? [YES][NO]

Are you willing to drink black coffee? [YES][NO]

What type of coffee do you drink? [INSTANT]

How often do you drink coffee? [AT LEAST ONCE A DAY]

Are you available from 14:00 to 16:00 every weekday from 23 August to 30 September (exception public holiday 25 Sept)? [YES][NO]

Invite him/her to an information session the 18th Aug 2000 from 14:00 - 15:00 at the Department of Food Science room 2-35 (Old agriculture building – Main Campus – cnr of Roper and Prospect Road, Brooklyn)

APPENDIX 3: Basic taste recognition test for the identification of potential panellists for descriptive analysis
(ASTM Committee E-18 (1968) sensitivity for basic taste sensations)

PANEL SCREENING TEST 1

Panellist number: _____

Name: _____ Contact number: _____

Date: _____ Age: (15-19/25-29/30+) Sex: (M/F)

On your tray you have 5 samples. Indicate after each sample the taste you are recognizing. You may **NOT** go back and forth among samples

TEST TRAY NUMBER: _____

Test 1

Sample	Sweet	Sour	Salty	Bitter	Nothing detected

****

Test 2

Sample	Sweet	Sour	Salty	Bitter	Nothing detected

APPENDIX 4: Forced choice threshold test for the identification of potential panellists for descriptive analysis
(ASTM Committee. E 679 (1991) sensitivity for specifically bitter and sour)

PANEL SCREENING TEST 2
Panellist number: _____

You are receiving 7 sets tasting solution of 3 samples each. Taste the samples. In each set, indicate which sample is different from the other two

TEST TRAY NUMBER: _____

1   2

3   4

5   6

7

111

APPENDIX 5: Duo-trio test for the identification and training of potential panelists for descriptive analysis
(1) Coffee vs. chicory blend, (2) coffee caffeinated vs. decaffeinated, (3) pure coffee vs. coffee blend

PANEL SCREENING TEST 3

Panellist number: _____

On your tray you have a marked control sample (R) and two coded samples. One sample is identical to R and the other different. Which of the coded samples is DIFFERENT from R?

TEST TRAY NUMBER: _____

Test 1

Sample number different from R: 347   982

****

Test 2

Sample number different from R: 687   417

****

Test 3

Sample number different from R: 329   541

****

APPENDIX 6: Odour identification and description test identification and training of potential panellists for descriptive analysis

PANEL SCREENING TEST 4

Panellist number: _____

You are receiving smelling strips, each with a specific odour. Wave the strip a few centimetres away from your nose and write down short words (less than 10) or descriptives to indicate what you smell. After three minutes, we will indicate that you must move on to the next sample.
e.g. Sample A: sweet, fruity, berry-like, strawberry

Sample 578: _Apple_____

_____

Sample 276: _Black Pepper_____

_____

Sample 903: Vanilla_____

_____

Sample 154: Lemon_____

_____

Sample 427: Cinnamon_____

_____

▪▪▪

Sample 289: Caramel_____

_____

Sample 175: Mushroom_____

_____

Sample 371: Orange_____

_____

Sample 648: Hazelnut_____

_____

Sample 025: Grassy Green_____

_____

· ·

Sample 473: Chocolate_____

_____

Sample 728: Woody_____

_____

Sample 213: Mint _____

_____

Sample 558: Herbal_____

_____

Sample 306: Buttery_____

_____

· ·

Sample 470: Melon_____

_____

Sample 596: Coffee_____

_____

Sample 432: Lime_____

Sample 729: Smoky_____

Sample 658: Cherry_____

APPENDIX 7: Descriptive analysis scoring of coffee by the trained sensory panel

DESCRIPTIVE ANALYSIS SCORING OF COFFEE

Date: _____   Panellist number: _____

Please evaluate the following attributes of these samples of coffees.

Make vertical lines on the horizontal line to indicate your rating of the attribute of each sample. Label each vertical line with the code number of the sample it represents.
You may have water and biscuits in between samples

Your sample numbers: _____   _____   _____   _____

1.   Colour:

        Light brown   Black brown

2.   Coarseness:

        Very fine (powdery)   Very coarse

3.   Symmetry:

        Asymmetric   Symmetric

4.   Density:

        Perforated   Compact/Dense

5.   Fishy smell:

        No fishiness   Strong fishy aroma

6. Solubility:

Insoluble ———————————————————— Rapidly soluble

7. Roasted smell:

Lightly roasted ———————————————————— Burnt

8. Sweet smell:

Very bland ———————————————————— Intensely sweet

9. Sour /acidic smell:

Bland ———————————————————— Strongly acidic

10. Malty smell:

No maltiness ———————————————————— Intensely malty

11. "Meaty" (Fenugreek) smell:

No Fenugreek ———————————————————— High Fenugreek

12. Spicy smell:

No spiciness ———————————————————— Intensely spicy

13.   Earthy smell:

No earthy aroma ——————————————————— Strong earthy aroma

14. Mushroom smell:

No mushroom aroma ——————————————— Strong Mushroom aroma
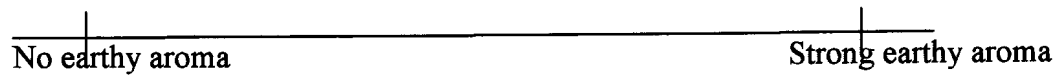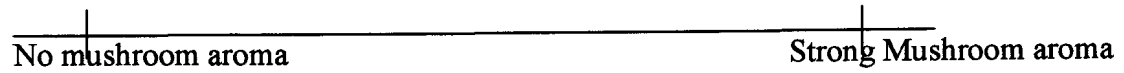
15. "Cacao"(dark chocolate smell)

Light toffee/caramel notes ——————————————— Dark chocolate

16. Toasted cereal smell:

No toasted cereal ——————————————— Intense toasted cereal

17. Nutty smell:

No nuttiness ——————————————————— Intense nuttiness
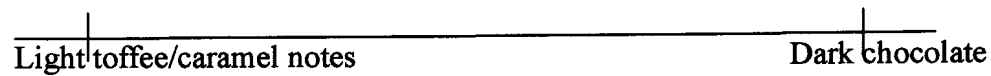
18. Leather/animal smell:
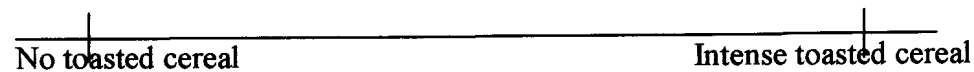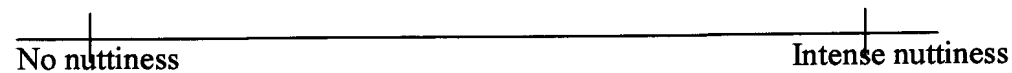
No animal/leather smell ——————————— Intense animal/leather smell
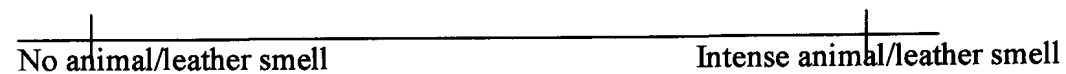
19. "Root" (cooked sweet potato smell):
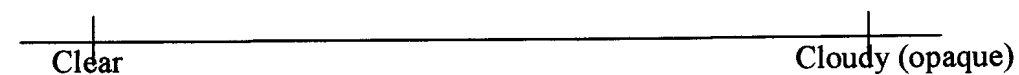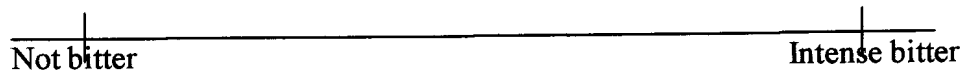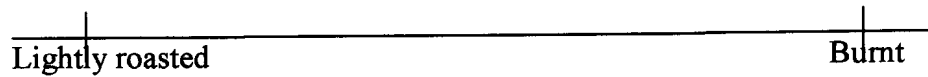
No root smell ——————————————————— Intense root smell

20. Cloudiness:

Clear ——————————————————————— Cloudy (opaque)

21. Bitter taste:

Not bitter | Intense bitter

22. Roasted taste:

Lightly roasted | Burnt

23. Acidic taste:

No acidic taste | Intensely acidic

24. Sweetness:

No sweet taste | Molasses sweet

25. Malty taste:

No maltiness | Intense malty

26. Nutty taste:

No nuttiness | Intense nuttiness

27. Earthy taste:

Least earthy | Most earthy

28. Astringency:
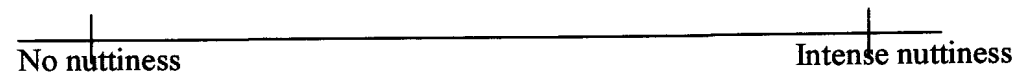
Not astringent | Strong astringency

29. Body:

Watery | Full bodied
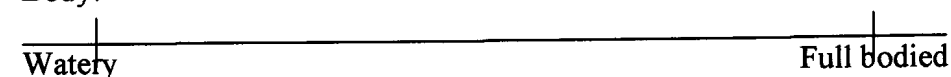
PLEASE MAKE SURE <u>ALL</u> THE SAMPLES ARE EVALUATED FOR <u>ALL</u> THE ATTRIBUTES!!!!

APPENDIX 8: Consumer coffee survey and scoring sheet

COFFEE SURVEY

Dear Sir/Madam

We appreciate you volunteering to participate in this survey. As your field worker should have explained to you, you received 11 samples of coffee to test and evaluate over the next 14 days (at least one coffee a day, but feel free to evaluate more samples).

You may evaluate the coffee samples in any order, but please make sure you evaluate on the form supplied with the samples.

Make your coffee as you would normally in a mug/coffee cup, add milk and/or sugar if desired (sugar sachets and milk measurement cup are supplied).
PLEASE KEEP THE AMOUNT OF MILK AND SUGAR CONSTANT OVER THIS TRIAL PERIOD **(thus if you drink 2 sachets of sugar and no milk today, please continue to drink it that way for all the samples).**
Evaluate the coffee sample immediately after consuming it to ensure freshness of evaluation.

Name: _____ Contact number: _____

Date: _____ Age: (15-19/20-24/25-29/30-39/ 40+)   Sex: (M / F)

Income: (optional)
[<24000 / 24000 –47999 / 48000 – 71999 / 72000 – 95999 / >96000]

Occupation/Job description: _____

Nationality: (optional)
| Black | White | Coloured | Asian |

City: _____ Suburb: _____

How do you drink you coffee?
| black | black with sugar | milk/cream | milk & sugar | artificial sweetener |

How many cups of coffee do you drink per day? | 1 | 2 | 3 | 4 | 5+ |

120

When do you drink coffee?

Breakfast	Morning	Noon	Dinner	Evening	Bedtime

What other drinks do you drink more or just as much as coffee (may mark more than one)?

MILO	HOT CHOCOLATE	HORLICKS
TEA	BEER	WINE
DISTILLED SPIRITS	BAR MIXES (e.g. gin & tonic)	LIQUORS
ENERGY DRINKS	ISOTONIC SPORT DRINKS	FRUIT JUICES
COKE COLA	OTHERCARBONATED SOFT DRINKS	OTHER (specify)

Where do you drink coffee most often?

Home   [___]
Work   [___]
Friends   [___]
Shopping   [___]
Coffee shop/Restaurant   [___]

How often do you drink any of the following coffee types?

Instant coffee	regularly	sometimes	never
Filter coffee	regularly	sometimes	never
Flavoured coffee	regularly	sometimes	never
Iced coffee	regularly	sometimes	never
Instant coffee blends	regularly	sometimes	never

What coffee brand are you currently purchasing for you home?

_____

Why? | Taste | Price | Image | Tradition | Other reason:_____

Which of the following descriptions do you think suit you the best?

	Group A	Competitive individualist, desire to stand out and excel, seek power and admiration from others, stubborn, venturesome, driven
	Group C	Wants to be loved and appreciated by others, seek friendship and accepted place within a group, warm-hearted, affected by feeling, easily led, sensitive,
	Group D	Desire freedom from obligation, independent and little interest in either influencing others or being influenced, critical, calm, realistic, down to earth, resourceful

Taste each of the samples of coffee and indicate [X] how much you like or dislike each one:

Sample number	----------------
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	----------------
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	----------------
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	----------------
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	----------------
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	----------------
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	————————
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	————————
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	————————
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	————————
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	

Sample number	————————
Like extremely	
Like very much	
Like moderately	
Like slightly	
Neither like nor dislike	
Dislike slightly	
Dislike moderately	
Dislike very much	
Dislike extremely	