

COOPERATIVE EXTENSION SERVICE

University of Hawaii at Manoa College of Tropical Agriculture and Human Resources
United States Department of Agriculture Cooperating

Poi Taste Testing Trial
August 14, 1998

Thank you for taking time to complete this survey. The information you provide will be kept anonymous and confidential.

Male Female

Age: 20 - 30 31 - 40 41 - 50 51 - 60 Over 60

Please check one of the following categories that best describes you:

- Consumer
- Home grower/consumer
- Commercial kalo farmer

Are you currently farming/growing kalo? _____

How many of acres/square feet of kalo are you presently farming? Acres
 Square feet

What kalo products do you or your family most frequently consume?

Corm Poi Leaves

How frequently does your family or you consume poi?

daily 3 times a week once a week several times a month
 once a month 3 to 4 times a year

Please rate the poi samples according to flavor, texture, and color. Circle the number to indicate your rating:

- 1=Dislike extremely
- 2=Dislike very much
- 3=Dislike moderately
- 4=Dislike slightly
- 5=Neither like nor dislike
- 6=Like slightly
- 7=Like moderately
- 8=Like very much
- 9=Like extremely

Cup #	FLAVOR									TEXTURE									COLOR								
A	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9
B	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9
C	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9
D	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9
E	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9
F	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9
G	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9
H	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9

2. Of all the poi you sampled, which sample do you most prefer? _____.
Reason(s) for preference.

3. Of all the poi sampled, which samples would you purchase to eat? (list as many as apply) _____

4. Please provide any comments you may have about the various samples (refer to cup identification):

5. If you would like the results of this taste testing trial, please complete the information below:

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____