Recipe Tester Questionnaire
Date:
Name:

Preparation time:

Did you follow the directions precisely?

Were the instructions clear, concise?

Were steps or ingredients missing?

Did you have all the necessary equipment?

Were the ingredients readily available?

Were the oven temperatures correct?

Were the baking times correct

Were the cooking times correct?

Were the “number of servings” correct based on yield:

Actual Yield: Cups, ounces, gram weight, as appropriate:

Did you do something different from the directions?

If so what and why?

What were the results of your changes?

Easy or difficult to prepare?

Would you make it again?

If so, why?

If not, why?

Anything else? Take as much space as you need.