

## Recipe

Name

## Rate

Overall, how do you feel about the food? Check your choice.



I LIKE IT.  
I WOULD EAT IT AGAIN.



IT'S OKAY.  
I MIGHT EAT IT AGAIN.



I DON'T LIKE IT.  
I WOULD NOT EAT IT AGAIN.

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## Comment

Describe your thoughts. Tell us the way the food looks and tastes.

LOOKS

TASTES

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