**Supplementary Materials.** Data Collection Instruments

**Demographic Information:**

**1. Please check (🗸) only one box about yourself.**

|  |
| --- |
| **your Ethnicity** |
| **Please check (🗸) only one box.** |
| ❑ | **Hispanic or Latino.**  A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. |
| ❑ | **Not Hispanic or Latino.** |

**2. How would you best describe yourself with respect to race?**

|  |
| --- |
| **your RACE** |
| **You may check (🗸) more than one box.** |
| ❑ | **Black or African American.** A person having origins in any of the Black racial groups of Africa.  |
| ❑ | **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| ❑ | **Alaska native or American Indian.** A person having origins in any of the original peoples of North, Central and South America, and who maintains tribal affiliation or community attachment. |
| ❑ | **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| ❑ | **Native Hawaiian or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| ❑ | **Other.** A group not mentioned above. |
| **If *Other* is checked, please describe:** |

**3. How old are you? \_\_\_\_\_\_\_\_ years**

**4. Are you a man or a woman?**

* Man
* Woman

**5. What is your highest level of formal education?**

* Have not completed high school
* Received high school diploma or GED
* Some college or technical school
* 4-year college, university degree or advanced degree

**6. Which of the following best describes your employment status? (Mark all that apply)**

* Student
* Not employed
* Employed part-time (≤ 20 hours per week)
* Employed full-time (> 20 hours per week)

Pancake Sensory Evaluation *without* Syrup Sample # 15

Please rank sensory characteristics of sample #15 using the following scale of 1 to 7:

1 = dislike extremely

2 = dislike moderately

3 = dislike slightly

4 = neither like nor dislike

5 = like slightly

6 = like moderately

7 = like extremely

\*Please circle only one appropriate number per characteristic. Do not circle interval spaces between numbers.

First, assess appearance of display sample #15 (whole pancake).

Take one plate with two labeled samples. Before eating sample #15, assess its odor. Next, eat the sample piece by chewing it 10 times, and then rate it for texture, tenderness, taste, and overall likeability.

 Dislike extremely Neutral Like extremely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Appearance | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Odor | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Texture | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Tenderness | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Taste | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Overall Likeability | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Additional comments on sensory characteristics:

Pancake Sensory Evaluation *without* Syrup Sample # 26

Please rank sensory characteristics of sample #26 using the following scale of 1 to 7:

1 = dislike extremely

2 = dislike moderately

3 = dislike slightly

4 = neither like nor dislike

5 = like slightly

6 = like moderately

7 = like extremely

\*Please circle only one appropriate number per characteristic. Do not circle interval spaces between numbers.

First, assess appearance of display sample #26 (whole pancake).

Before eating sample #26, assess its odor. Next, eat the sample piece by chewing it 10 times, and then rate it for texture, tenderness, taste, and overall likeability.

 Dislike extremely Neutral Like extremely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Appearance | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Odor | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Texture | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Tenderness | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Taste | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Overall Likeability | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Additional comments on sensory characteristics:

Pancake Sensory Evaluation *with* Syrup Sample # 15

Please rank sensory characteristics of sample #15 using the following scale of 1 to 7:

1 = dislike extremely

2 = dislike moderately

3 = dislike slightly

4 = neither like nor dislike

5 = like slightly

6 = like moderately

7 = like extremely

\*Please circle only one appropriate number per characteristic. Do not circle interval spaces between numbers.

First, assess appearance of display sample #15 (whole pancake).

Take one plate with two labeled samples. Before eating sample #15, add syrup. Assess sample’s odor. Next, eat the sample piece by chewing it 10 times, and then rate it for texture, tenderness, taste, and overall likeability.

 Dislike extremely Neutral Like extremely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Appearance | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Odor | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Texture | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Tenderness | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Taste | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Overall Likeability | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Additional comments on sensory characteristics:

Pancake Sensory Evaluation *with* Syrup Sample # 26

Please rank sensory characteristics of sample #26 using the following scale of 1 to 7:

1 = dislike extremely

2 = dislike moderately

3 = dislike slightly

4 = neither like nor dislike

5 = like slightly

6 = like moderately

7 = like extremely

\*Please circle only one appropriate number per characteristic. Do not circle interval spaces between numbers.

First, assess appearance of display sample #26 (whole pancake).

Take one plate with two labeled samples. Before eating sample #26, add syrup. Assess sample’s odor. Next, eat the sample piece by chewing it 10 times, and then rate it for texture, tenderness, taste, and overall likeability.

 Dislike extremely Neutral Like extremely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Appearance | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Odor | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Texture | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Tenderness | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Taste | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Overall Likeability | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Additional comments on sensory characteristics: