

Figure 1. C-Cell (top) and volume (bottom) images. From left: Y20 (yeast-leavened, 20% breadfruit flour), Y50 (yeast-leavened, 50% breadfruit flour)

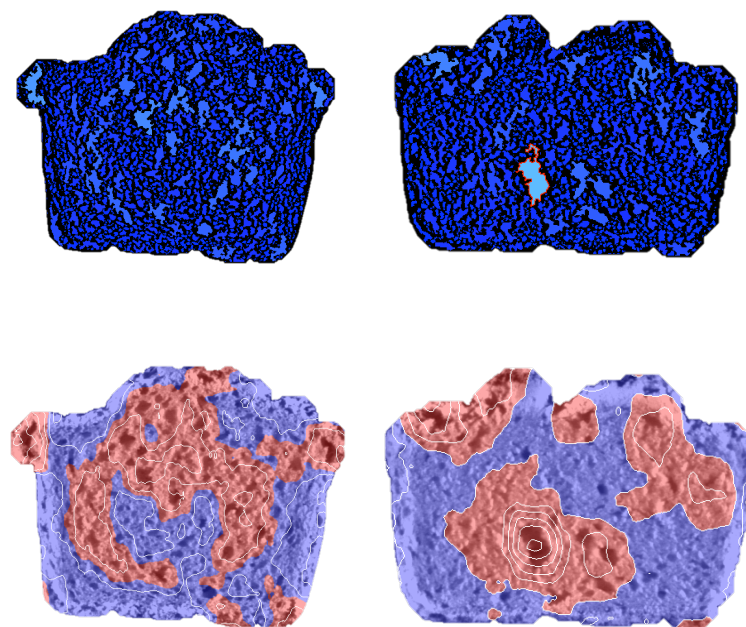


Figure 2. Cell (top) and volume (bottom) images. From left: BP20 (baking powder-leavened, 20% breadfruit flour), BP50 (baking powder-leavened, 50% breadfruit flour)

Appendix A

INFORMED CONSENT STATEMENT FOR CONSUMER SENSORY ANALYSIS OF GLUTEN FREE BREAD

The purpose of this project is to determine consumer acceptability of two gluten-free breads. Testing is expected to take less than 5 minutes. All ingredients in these products are food grade and approved by FDA. If you have no food allergies, there are no known risks or discomforts associated with consumption of these products. Your data will be treated as research data and will in no way be associated with you other than for identification purposes, thereby assuring confidentiality of your performance and responses.

1. I (print name) _____, agree to participate as a panelist in a sensory consumer testing conducted by Dr. Fadi Aramouni and Elizabeth Clark.
2. I understand that this study is part of a research project.
3. I understand that there will be a free ice cream certificate upon completion of the testing session.
4. I understand that I do not have to participate in this research and there will be no penalty if I choose not to participate.
5. I understand that I may withdraw from the research at any time.
6. If I have any questions concerning this study, I understand that I can contact Dr. Fadi Aramouni at 216 Call Hall (785-532-1668).
7. If I have any questions about my rights as a panelist or about the manner in which the study is conducted, I may contact the Committee on Research Involving Human Subjects, 103 Fairchild Hall, Kansas State University, Manhattan, KS 66506 (785-532-6195).

SIGNATURE: _____ DATE: _____

Appendix B

CONSUMER PRE-SCREENING FORM FOR GLUTEN FREE BREAD

Please complete the information below:

Age:

- ☐ 18-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45 ☐ 46-50
☐ 51-55 ☐ 56-60 ☐ 61-70 ☐ 71-80 ☐ 81-90 ☐ Over 90

Gender:

- ☐ Male ☐ Female

Education Completed:

- ☐ High School ☐ Some College ☐ B.S. ☐ M.S. ☐ Ph.D.
☐ MD ☐ Other

Do you suffer from any food allergies?

- ☐ Yes ☐ No

How often do you consume bread products?

- ☐ Daily ☐ About once a week ☐ About once a month ☐ About once a year ☐ Never

How often do you consume gluten-free products?

- ☐ Daily ☐ About once a week ☐ About once a month ☐ About once a year ☐ Never

How often do you consume gluten-free bread products?

- ☐ Daily ☐ About once a week ☐ About once a month ☐ About once a year ☐ Never

If you have any food allergies besides a gluten allergy or intolerance, you cannot participate in this study.
Thank you for your willingness to help.

Appendix C

CONSUMER BALLOT FOR GLUTEN FREE BREAD

Panelist # _____

Instructions:

You will be testing two samples of gluten-free bread. Make sure to use the ballot with the sample number that matches the number by the sample. Please be sure to answer the questions completely and honestly. Check the box that best describes your answer. Additional comments are highly encouraged and may be written on the back of this sheet. Take a drink of water and/or bite of cracker before you start and as needed throughout testing.

SAMPLE: 626

Please check only one box that represents your response (X)

1. Please rate your overall acceptability of this sample

Dislike Extremely		Neither Like nor Dislike					Like Extremely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

2. How much do you like or dislike the appearance of this sample?

Dislike Extremely		Neither Like nor Dislike					Like Extremely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

3. How much do you like or dislike the color of this sample?

Dislike Extremely		Neither Like nor Dislike					Like Extremely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

4. How much do you like or dislike the flavor of this sample?

Dislike Extremely		Neither Like nor Dislike					Like Extremely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

5. How much do you like or dislike the texture in the Mouth of this sample?

Dislike Extremely		Neither Like nor Dislike					Like Extremely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

6. How much do you like or dislike the aftertaste of this sample?

Dislike Extremely		Neither Like nor Dislike					Like Extremely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

7. Is this a product that you would consume/purchase?

☐ Yes ☐ No ☐ Unsure

Additional Comments: _____
