

Table S3 Sensory Evaluation Questionnaire: Odor Intensity Assessment

Sensory Evaluation Questionnaire: Odor Intensity Assessment				
Evaluator ID: _____	Evaluator name: _____		Date: _____	
<p>Please use the following scale to rate the intensity of each odor attribute:</p> <p>0: Imperceptible, 1: Very Weak, 2: Weak, 3: Moderate, 4: Strong, 5: Extremely Strong</p> <p>Instructions for Evaluators:</p> <p>Please smell the product carefully before answering the questions.</p> <p>Use the 0-5 scale to rate the intensity of each odor attribute.</p> <p>If you have any additional comments, please write them in the space provided.</p>				
	Sample 1	Sample 2	Sample 3	Reference (0-5)
Oily/fatty				Heptanal, 2ul/l (5)
Earthy				2,3-diethyl-5-methylpyrazine, 0.2 ul/l (5)
Grassy				2-hexenal, 0.3 ul/l (5)
Unpleasant fishy				fish viscera (5)
Meaty				2-methyl-3-furanethiol, 0.02 ul/l (5)
Sweet				1-penten-3-ol, 0.5 ul/l (5)
Milky/cheesy				n-hexanedioic acid, 5 ul/l (5)
Ammonia				Trimethylamine, 0.5 ul/l (5)
Fresh				2-methylpropanal, 5 ul/l (5)
Additional Comments: _____				