

NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Please light the cigarettes in alphabetical order. Take as many puffs as necessary to evaluate the cigarettes.

Check one - leave no blanks:  
Code: \_\_\_\_\_

	First Cigarette	Second Cigarette	No Differences
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1. Which is more stinging (peppery) to mouth and nasal areas? \_\_\_\_\_
2. Which has more taste? \_\_\_\_\_
3. Which is sweeter? \_\_\_\_\_
4. Which is more bitter? \_\_\_\_\_
5. Which has more menthol coolness? \_\_\_\_\_
6. Which is more tobacco-like in flavor? \_\_\_\_\_
7. Which has more lung impact when inhaled (which do you feel more when you inhale)? \_\_\_\_\_
8. Which do you prefer? \_\_\_\_\_
9. Rate how you feel about the cigarette coded \_\_\_\_\_ as compared with menthol cigarettes in general:

very much worse	much worse	moderately worse	slightly worse	same	slightly better	moderately better	much better	very much better

10. Rate how you feel about the cigarette coded \_\_\_\_\_ as compared with menthol cigarettes in general:

very much worse	much worse	moderately worse	slightly worse	same	slightly better	moderately better	much better	very much better