RAHM ROAST

Third-Party Product Experience Questionnaire

This questionnaire is designed to collect structured, real-world feedback from individuals who have personally consumed Rahm Roast. It evaluates sensory quality, product experience, energy, focus, digestive comfort, and overall satisfaction. It is not a medical assessment and does not diagnose, treat, cure, or prevent disease.

1. Participant Information

Full Name: _____

Email Address: _____

Phone Number: _____

Age Range: ☐ 18–24 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65+

Sex: ☐ Female ☐ Male ☐ Prefer not to answer

City / State / Country: _____

2. Eligibility & Rahm Roast Use

I confirm that I personally consumed Rahm Roast before completing this questionnaire. ☐ Yes ☐ No

How long have you been drinking Rahm Roast? ☐ 1–3 days ☐ 4–7 days ☐ 2–4 weeks ☐ More than 1 month

How often do you drink Rahm Roast? ☐ Daily ☐ 4–6 days/week ☐ 1–3 days/week ☐ Occasionally

Typical cups per day: ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Primary preparation method: ☐ Drip ☐ Pour-over ☐ French press ☐ Espresso ☐ Cold brew ☐ Other: _____

Do you usually add anything? ☐ Nothing ☐ Milk/cream ☐ Sweetener ☐ Other: _____

3. Your Usual Coffee Baseline

Before Rahm Roast, how often did you drink coffee? ☐ Daily ☐ Several times/week ☐ Occasionally ☐ Rarely

What type of coffee did you typically drink? _____

Did your usual coffee ever cause any of the following? ☐ Jitters ☐ Energy crash ☐ Stomach discomfort ☐ Acid feeling ☐ None ☐ Other: _____

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Sensory Quality & Coffee Experience

4. Sensory Evaluation

Rate each statement from 1 to 10. 1 = strongly disagree / very poor; 10 = strongly agree / excellent.										
Statement	1	2	3	4	5	6	7	8	9	10
Aroma is appealing.	○	○	○	○	○	○	○	○	○	○
Flavor is rich and enjoyable.	○	○	○	○	○	○	○	○	○	○
The coffee tastes smooth.	○	○	○	○	○	○	○	○	○	○
Bitterness is well balanced.	○	○	○	○	○	○	○	○	○	○
Acidity feels balanced and pleasant.	○	○	○	○	○	○	○	○	○	○
Aftertaste is clean and enjoyable.	○	○	○	○	○	○	○	○	○	○
Overall cup quality is high.	○	○	○	○	○	○	○	○	○	○

Which flavor notes did you notice? ☐ Chocolate ☐ Nutty/almond ☐ Caramel ☐ Citrus ☐ Earthy ☐ Fruity ☐ Other: _____

Compared with your usual coffee, Rahm Roast tastes: ☐ Much better ☐ Better ☐ About the same ☐ Less enjoyable

5. Energy, Focus & Daily Experience

Statement	1	2	3	4	5	6	7	8	9	10
I feel pleasantly alert after drinking Rahm Roast.	○	○	○	○	○	○	○	○	○	○
My energy feels smooth and sustained.	○	○	○	○	○	○	○	○	○	○
I feel mentally focused after drinking it.	○	○	○	○	○	○	○	○	○	○
I feel productive without feeling overstimulated.	○	○	○	○	○	○	○	○	○	○
I experience fewer jitters than with my usual coffee.	○	○	○	○	○	○	○	○	○	○
I experience less of an energy crash later.	○	○	○	○	○	○	○	○	○	○
The coffee fits well into my daily wellness routine.	○	○	○	○	○	○	○	○	○	○

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Comfort, Comparison & Overall Experience

6. Digestive & Physical Comfort

Statement	1	2	3	4	5	6	7	8	9	10
Rahm Roast feels comfortable on my stomach.	○	○	○	○	○	○	○	○	○	○
I experience less stomach irritation than with my usual coffee.	○	○	○	○	○	○	○	○	○	○
I feel comfortable after drinking Rahm Roast.	○	○	○	○	○	○	○	○	○	○
The coffee feels clean and easy to drink.	○	○	○	○	○	○	○	○	○	○

Did you experience any unwanted effects? ☐ None ☐ Jitters ☐ Headache ☐ Stomach upset ☐ Acid feeling ☐ Palpitations ☐ Other: _____

If yes, please describe: _____

7. Overall Product Experience

Statement	1	2	3	4	5	6	7	8	9	10
I am satisfied with Rahm Roast overall.	○	○	○	○	○	○	○	○	○	○
I would choose Rahm Roast over my usual coffee.	○	○	○	○	○	○	○	○	○	○
I would purchase Rahm Roast again.	○	○	○	○	○	○	○	○	○	○
I would recommend Rahm Roast to others.	○	○	○	○	○	○	○	○	○	○
Rahm Roast feels consistent with a premium wellness-oriented coffee experience.	○	○	○	○	○	○	○	○	○	○

What is the biggest difference you noticed compared with your usual coffee?

_____

_____

What did you like most?

_____

What, if anything, would you improve?

_____

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Privacy, Consent & Third-Party Review

8. Data Use & Privacy Choices

By signing below, I understand that my questionnaire responses may be collected, reviewed, analyzed, and shared with The Root Brands and the designated independent/third-party organization responsible for evaluation, quality review, research support, or reporting. My contact information may be used to verify participation and, if applicable, to communicate regarding the questionnaire. I understand that reasonable administrative, legal, compliance, and record-retention requirements may require secure retention of identifying information.

Reporting preference: ☐ My results may be reported with my identity ☐ Please blind/de-identify my identity in reports

Permission to share responses between Root and the third party: ☐ Yes ☐ No

Permission to contact me for clarification or follow-up: ☐ Yes ☐ No

9. Separate Testimonial / Marketing Permission

This is separate from participation in the questionnaire. Declining does not affect your ability to participate.

☐ Yes, I give permission for The Root Brands to use my written comments in educational or marketing materials. My name will not be used unless separately authorized.

☐ No, I do not give permission for testimonial or marketing use at this time.

10. Participant Certification

I certify that I personally consumed Rahm Roast and that the responses in this questionnaire are truthful and reflect my own experience. I understand that this questionnaire is not a medical assessment and that subjective product experiences can vary from person to person.

Signature: _____ Date: _____

Printed Name: _____

For Third-Party / Administrative Use Only

Participant ID: _____ Date received: _____ Verified: ☐ Yes ☐ No