



BEER SCORE SHEET

AHA/BJCP Sanctioned Competition Program

Checklist version for Sensory Evaluation Only



The American Homebrewers Association

<http://www.bjcp.org>

Use Regular BJCP Scoresheet for Full Evaluation and Feedback

<http://www.beertown.org>

Judge Name (print) _____

Style/Category _____

Entry #

Judge BJCP ID/Rank _____

Special Ingredients: _____

Judge Email _____

Other Notes: _____

AROMA					Malt	Hops	Esters	Other	12
#	Aspect	L	M	H	Out of Style	<input type="checkbox"/> Grainy	<input type="checkbox"/> Citrusy	<input type="checkbox"/> Clean	<input type="checkbox"/> Spice
	Malt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Caramel	<input type="checkbox"/> Floral	<input type="checkbox"/> Citrus	<input type="checkbox"/> Fruit
	Hops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bready	<input type="checkbox"/> Herbal	<input type="checkbox"/> Berry	<input type="checkbox"/> Brett
	Esters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rich	<input type="checkbox"/> Spicy	<input type="checkbox"/> Apple/Pear	<input type="checkbox"/> Lactic
	Phenols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toasty	<input type="checkbox"/> Earthy	<input type="checkbox"/> Grape	<input type="checkbox"/> Vinous
	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roasty	<input type="checkbox"/> Grassy	<input type="checkbox"/> Stone Fruit	<input type="checkbox"/> Smoke
	Sweetness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Burnt	<input type="checkbox"/> Woody	<input type="checkbox"/> Dried Fruit	<input type="checkbox"/> Wood
	Acidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments >			

Flawed

APPEARANCE					Color					Specifiers	3	
Aspect	L	M	H	Out of Style	Beer	Straw	Yellow	Gold	Amber	Copper	Brown	Black
Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	White	Ivory	Cream	Beige	Tan	Brown	
Head Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> Flat	<input type="checkbox"/> Opaque		<input type="checkbox"/> Lace	<input type="checkbox"/> Legs		
Head Retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Head Texture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments >						

Flawed

FLAVOR					Malt	Hops	Esters	Other	Balance	20
#	Aspect	L	M	H	Out of Style	<input type="checkbox"/> Grainy	<input type="checkbox"/> Citrusy	<input type="checkbox"/> Clean	<input type="checkbox"/> Spice	<input type="checkbox"/> Malty
	Malt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Caramel	<input type="checkbox"/> Floral	<input type="checkbox"/> Citrus	<input type="checkbox"/> Fruit	<input type="checkbox"/> Hoppy
	Hops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bready	<input type="checkbox"/> Herbal	<input type="checkbox"/> Berry	<input type="checkbox"/> Brett	<input type="checkbox"/> Even
	Esters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rich	<input type="checkbox"/> Spicy	<input type="checkbox"/> Apple/Pear	<input type="checkbox"/> Lactic	
	Phenols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toasty	<input type="checkbox"/> Earthy	<input type="checkbox"/> Grape	<input type="checkbox"/> Vinous	
	Sweetness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roasty	<input type="checkbox"/> Grassy	<input type="checkbox"/> Stone Fruit	<input type="checkbox"/> Smoke	
	Bitterness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Burnt	<input type="checkbox"/> Woody	<input type="checkbox"/> Dried Fruit	<input type="checkbox"/> Wood	
	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Acidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Harshness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments >				

Flawed

MOUTHFEEL					Flaws	Finish	Comments	5
Aspect	L	M	H	Out of Style	<input type="checkbox"/> Flat	<input type="checkbox"/> Cloying		
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gushed	<input type="checkbox"/> Sweet		
Carbonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hot	<input type="checkbox"/> Medium		
Warmth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Harsh	<input type="checkbox"/> Dry		
Creaminess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slick	<input type="checkbox"/> Biting		
Astringency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Flawed

OVERALL IMPRESSION				Drinkability	Comments	10
Assessment	L	M	H	<input type="checkbox"/> I would finish this sample		
Stylistic Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I would drink a pint of this beer		
Technical Merit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I would pay money for this beer		
Intangibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Please send me the recipe!!!		

TOTAL	Use back of sheet for additional comments				50
Scoring Guide	Outstanding (45-50): World-class example of style	Excellent (38-44): Exemplifies style well, requires minor tuning			
	Very Good (30-37): Generally within style parameters, some minor flaws	Good (21-29): Misses the mark on style and/or minor flaws			
	Fair (14-20): Off flavors, aromas or major style deficiencies	Problematic (0-13): Major off flavors and aromas dominate			

FLAWS (indicate where perceived using a check or by indicating Low, Medium or High intensity)											
Fault	Aroma	Flavor	Mouth	Fault	Aroma	Flavor	Mouth	Fault	Aroma	Flavor	Mouth
Acetaldehyde				Light-struck				Sour/Acidic			
Alcoholic/Hot				Medicinal				Smoky			
Astringent				Metallic				Spicy			
Diacetyl				Musty				Sulfur			
DMS				Oxidized				Vegetal			
Estery				Plastic				Vinegary			
Grassy				Solvent/Fusel				Yeasty			