



CIGAR EVALUATION FORM

Affix cigar band here.

I. CIGAR STATISTICS & SMOKING ENVIRONMENT

Brand: _____ Size Name: _____
Length: _____ Ring Gauge: _____
Packaging: _____ Price Point: _____
Purchase Date: _____ Supplier: _____
Smoke Date: _____ Smoke Location: _____
Percent of Cigar Smoked: _____ Smoking with Others? _____
Associated Meal/Beverage: _____

II. APPEARANCE & PRESENTATION _____ / 20

Wrapper/Presentation (circle one): Oily / Dry Veiny / Smooth Soft / Hard
Wrapper Color: _____ Wrapper Origin: _____
Cap Construction: _____ Ease of Cutting: _____
Initial Aroma: _____
Packaging & Banding: _____
Binder: _____ Filler: _____

III. LIGHTING & BURNING _____ / 15

Initial Light (circle one): Even / Uneven Easy / Hard
Consistent Burn (yes/no): _____ 25% _____ 50% _____ 75%
Burn Rate: _____ Number of Re-Lights: _____
Ash Type/Consistency: _____ Resting Smoke: _____

IV. CONSTRUCTION _____ / 25

Draw Quality: _____ Initial _____ 50% _____ 75%
Draw Consistency: _____ Wrapper Intact? _____

