

**A PROJECT
ON
COMMUNITY SERVICE**

Submitted in the partial fulfilment of the requirements for the award
of degree BSc

By

NIMMA ANIL KUMAR

2222001049058

Semester 2(BZC)

Batch 2022-2025

Under the supervision

G.RamakrishnaRao

Lecturer in Botany

GOVERNMENT DEGREE COLLEGE(Men),SRIKAKULAM



WEBSITE: www.gcmsklm.ac.in

ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete the Community Service Project. Special thanks to Mentor **G.Ramakrishna Rao** who helped me in stimulating suggestions and encouragement to complete this project.

I would like to thank all the staff from the department of **Botany** for their able guidance and support to complete this project.

I would also like to express my gratitude to our principal madam for her tremendous support to complete this project.

DECLARATION

I hereby declare that the Community Service Project report entitled "FOOD HABITS" submitted by me to the Govt. Degree College(M),Srikakulam in partial fulfilment of the requirement for the award of the degree of Bsc Bzc is a record of bonified project work carried out by me under the guidance of **G.RamakrishnaRao** sir. I further declare that the work reported in this project has not been submitted and will not be submitted either in part or in full, for the award of any other degree in this institute or other institute or University.

Date:

Place: Srikakulam

Signature of the candidate

Name: N. Anil Kumar

CERTIFICATE

I certified that **NIMMA ANIL KUMAR** studying BscBzc group has completed and submitted the project report on "**FOOD HABITS**" further partial fulfilment of the requirements for the award of Bachelor of Science under my supervision during the academic year 2022-23.

Date:

Place:



Project guide

G.RamakrishnaRao

Lecturer in Botany

GDC(M),Srikakulam

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INTRODUCTION

Food habits and Nutritional Problems:

Food is essential for all humans for survival. Food Habits and imbalanced intake of diet by an individual results in the malnutrition or cause of many health problems. Especially women, children and pregnant women must be always cautious to take proper food intake with essential nutrients. Because poor diet and disease are caused by food insecurity. Somet by causing diarrhoea and other illness.

There is a saying 'you are what you eat' seems to be proven true. It is important to know what food to eat in order to stay healthy. Health depends to a large extent on Nutrition and Nutrition on food we take. Hence Nutrition and Health are two sides of the same coin and food is the most important factor for health and fitness.

Healthy Food Habits:

Healthy Food habits includes a variety of foods in adequate amounts and correct proportions to meet the requirements of all essential nutrients such as proteins, carbohydrates, fats, vitamins, minerals, water and fibre. This also includes proper Schedule for the intake of light and heavy foods, when to take and when not to take, health condition of the individual. For example person who is suffering from kidney stones should not often take calcium rich foods. We have to take foods that suits our age and health. The most common eating idiosyncracies include skipping meals, consuming fast foods in a routine way, avoiding fruits, and vegetables, frequent snacking. Hence it is essential for each and every individual to adopt proper food habits.

OBJECTIVE

The aim and objective of this project is to find out in a closed community about the following food habits and to analyse whether they are adopted to healthy food habits and if not to incorporate sound eating habits by creating awareness in them to recognise good eating habits followed with regular exercise.

- *About the type of foods most people are interested to take.*
- *Food intake in regular Time intervals.*
- *Main meal in view of the majority of the people.*
- *Whether interested to take fresh food or cooked & preserved food.*
- *Taking fresh fruits and vegetables.*
- *Sweets /junk foods.*
- *Whether drinking sufficient quantity of water.*
- *Regular weight check up.*
- *Monitoring individual food behaviour.*
- *Any form of eating disorders.*
- *Effect of socio-economic status on food habits.*

METHODOLOGY

1. Study site :

The place selected for the project was comes under 8th ward kanimetta village,ponduru mandal and srikakulam district. Approximately 30 families were covered under this ward. This is a rural area with 75% of people were farmers. This area is used for the cultivation of rice and vegetables

2. Quantitative study :

The quantitative study of my project includes about the number of children, youngsters,elder women and men, pregnant women, people with physical and mental ailments, their food intake based on quantity per day and their food habits.

3. Qualitative study:

The qualitative study was carried out based on their cultural pattern of food habits among various socio-economic, educational and age grou

4. Data Collection :

Initially socio-economic survey and other background survey was done and the data was collected from them.

Secondly their food habits data was collected from the initially prepared questionnaire which consists of 14 questions to know about their food habits, cooking methods, storage food,time intervals followed,and how much expenditure was spent on food,in detail.

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : N. Anil kumar

Group : B. & C

Registration Number : 2222001049058

Name of the Mentor : Ramkrishna sir

Name of the Project : food Habits.

Date & Day	Activity done	Number of Hours Spent	Signature of the student
9/5/2023 Tuesday	social - economic survey	06	N. Anil kumar
10/5/2023	social - economic survey	07	N. Anil kumar
11/5/2023	social - economic survey	04	N. Anil kumar
12/5/2023	social - economic survey	07	N. Anil kumar
13/5/2023	social - economic survey	06	N. Anil kumar
14/5/2023	social - economic survey	07	N. Anil kumar
15/5/2023	social - economic survey	05	N. Anil kumar
16/5/2023	social - economic survey	06	N. Anil kumar



Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : N. Anil kumar

Group : C.B.T

Registration Number : 2222001049058

Name of the Mentor : Ramakrishna sir

Name of the Project : food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20/5/2023	food Habits	07	N. Anil kumar
21/5/2023	food Habits	06	N. Anil kumar
22/5/2023	Food Habits	06	N. Anil kumar
23/5/2023	Food Habits	04	N. Anil kumar
24/5/2023	food Habits	07	N. Anil kumar
25/5/2023	Food Habits	06	N. Anil kumar
26/5/2023	food Habits	05	N. Anil kumar
27/5/2023	Food Habits	07	N. Anil kumar
28/5/2023	food Habits	06	N. Anil kumar



Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY CONSOLIDATION REPORT

Name of the student : Nimma Anil Kumar

Group : Bsc. B2c

Name of the Mentor : G. Dama Krishna Rao sir

Name of the Project : Socio - Economic Survey

Ward/ Habitat	Kesavarayunipalem	Panchayat	Kesavarayunipalem	Post Office	Kesavarayunipalem
Mandal	Lavasa	District	Srikakulam	Pin Code	532403

1. Total Number of Houses in the Habitat/Ward:

2. Number of Houses Caste-wise:

SCSTOCBC-ABC-BBC-CBC-D
4 1 30

3. Common Health problems in the Habitat/Ward:

(i) Viral fevers

(ii) Cold

(iii)

4. Number of White Ration Cards: 25

5. Number of Illiterates in the Ward/ Habitat/ Village: 22 - members

6. Number of Graduates in the Ward/ Habitat/ Village: 28 - members

7. Number of Job Holders: 10 - members

8. Number of PWD People: 1 - members

9. Number of DWACRA Groups in the Ward/ Habitat/ Village: 3 - Groups

10. Road connectivity to the Ward/ Habitat/ Village: Yes/No

11. Bus facility available: Yes/No

12. Problems identified in the Ward/ Habitat/ Village:

(i) improper drainage system

(ii) Lot of disease caused by mosquitoes

(iii)

(iv)

Signature of the Mentor

N Anil Kumar
Signature of the Student



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna Sin
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-132	B. Sitamma	Dusipeta	Amadalavalu	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?

90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?

90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

—

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1. leafy vegetables 2. Fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. ~~B. little impact~~ c. big impact. D. none

Health

a. No impact. ~~B. little impact~~ c. big impact. D. none

Weight.

a. No impact. ~~B. little impact~~ c. big impact. D. none

Mental condition.

A. No impact. ~~B. little impact~~ c. big impact. D. none


Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna Srin
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-137	1. V. Purnavalli	Dusipeta	Amdalavalan	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

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11. Do you know your current body mass index?

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12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1. Leafy vegetables 2. Fast food

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Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

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Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.2
Name of the mentor : G. Ramakrishna Sin
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
10-9	I. Y. Sathaprasad	Chittagudivalasa	iragottin	panathipusam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- A. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

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10. Do you or have you ever has cholesterol problems?
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11. Do you know your current body mass index?
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12. Have your ever been on a diet, if so, what kind?
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13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1. Leafy vegetables 2. Fast Food

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Restful sleep

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Health

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Weight.

- a. No impact. B. little impact c. big impact. ~~D. none~~

Mental condition.

- A. No impact. B. little impact c. big impact. ~~D. none~~

N. Anil
 Signature of the Student


 Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna Srinivas
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
10-8	P. Jayalaxmi	Chittapadivase	Urapattan	Pennakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat ✓
- d. I eat vegetables ✓
- e. I eat fruits ✓
- f. I eat dairy products ✓
- g. I eat sweets ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- ✓ A. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

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Mental condition.

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N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna Srin
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-32	K. Annapurna	Chittalapudi	Viragottam	Parvathipuram

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
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N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna S'n
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-37	1. Jayalaxmi	Saravakota	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
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- d. I eat vegetables. ✓
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- f. I eat dairy products ✓
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GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna Sin
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-39	L.P. Harish	Saravakota	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast
- b. I experienced feeling of hunger during the day
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- d. I eat vegetables.
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- g. I eat sweets.

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N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
 Group : C.B-Z
 Name of the mentor : G. Ramakrishna S/O
 Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-40	P. Baburao	Agulthapuram	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

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Signature of the Student

[Signature]
Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna Sin
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-20	I. P. Mallesh	Ajuthipuram	Sarabotla	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast ✓ b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. ✓ B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
- less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
- less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

No

11. Do you know your current body mass index?

—

12. Have your ever been on a diet, if so, what kind?

No

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1. Leafy vegetables 2. Fast-food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none


Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

ni. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.2
Name of the mentor : G. Ramakrishna Sir
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-22	1. G. Dhenuthi	Azuthuram	Sanabota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

no

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
- less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
- less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

No

11. Do you know your current body mass index?

—

12. Have your ever been on a diet, if so, what kind?

No

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1. Leafy vegetables 2. fast Food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna Rao Sir
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-25	1. G. Gurnod	Azuthurpuram	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat ✓
- d. I eat vegetables ✓
- e. I eat fruits ✓
- f. I eat dairy products ✓
- g. I eat sweets ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

No

11. Do you know your current body mass index?

—

12. Have your ever been on a diet, if so, what kind?

No

13. Mention the food items from the healthiest to the unhealthiest from your point of views? (1) leafy vegetables (2) Fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. ~~D. none~~

Weight.

a. No impact. B. little impact c. big impact. ~~D. none~~

Mental condition.

A. No impact. B. little impact c. big impact. ~~D. none~~

N. Anil
Signature of the Student

[Signature]
Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.2
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-23	1. P. Channa Rao	Ayuthipuram	Saravahoti	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- ✓ a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- ✓ a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 No
11. Do you know your current body mass index?
 -
12. Have your ever been on a diet, if so, what kind?
 No
13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1) leafy vegetables 2) Fast food
14. How much do you think a healthy diet affects?

Restful sleep

- ~~a~~ No impact. B. little impact c. big impact. D. none

Health

- a. No impact. B. little impact c. big impact. ~~D~~. none

Weight.

- a. No impact. B. little impact c. big impact. ~~D~~. none

Mental condition.

- A. No impact. ~~B~~. little impact c. big impact. D. none

N. Anil
 Signature of the Student


 Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C-B-7
Name of the mentor : G. Ramakrishna S/o
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-26	1-B-Kamala	Saravakota	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- A. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?

90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?

90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

no

11. Do you know your current body mass index?

-

12. Have your ever been on a diet, if so, what kind?

No

13. Mention the food items from the healthiest to the unhealthiest from your point of views? (1) leafy vegetables 2) Fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student



Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C-B-2
Name of the mentor : G. Ramakrishna S'r.
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-56	L. Baburao	Ajithapuram	Samarakota	Srikakulam

- How many times a day do you eat?
3
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast ✓
 - I experienced feeling of hunger during the day ✓
 - I eat meat ✓
 - I eat vegetables. ✓
 - I eat fruits. ✓
 - I eat dairy products ✓
 - I eat sweets. ✓
- What meal would you consider to be your main meal of the day?
 Breakfast b. lunch c. dinner d. others
- What does your main meal consist of and how it is prepared?
 Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
No
- What is your daily food intake frequency of the following food categories?
Sweet foods:
Several times a day once a day several times a week
less often never
Fresh vegetables & Fruits:
Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
No

11. Do you know your current body mass index?
-

12. Have your ever been on a diet, if so, what kind?
No

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1. Leafy vegetables 2. Fast food

14. How much do you think a healthy diet affects?

Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
a. No impact. B. little impact c. big impact. ~~D. none~~

Weight.
a. No impact. B. little impact c. big impact. ~~D. none~~

Mental condition.
A. No impact. ~~B. little impact~~ c. big impact. D. none

N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna rao S.S
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-37	1. G. Vasuntha	Saravakota	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

No

11. Do you know your current body mass index?

—

12. Have your ever been on a diet, if so, what kind?

No

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
1. Leafy vegetables 2. Fast Food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student


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less than 25%



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil kumar
Group : C.B.7
Name of the mentor : G. Ramakrishna Sin
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-40	I. B. Jyothi	Saravakota	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- I eat a good breakfast ✓
- I experienced feeling of hunger during the day ✓
- I eat meat. ✓
- I eat vegetables. ✓
- I eat fruits. ✓
- I eat dairy products ✓
- I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- ✓ a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- ✓ a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

no

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
no

11. Do you know your current body mass index?
-

12. Have your ever been on a diet, if so, what kind?
no

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1. Leafy vegetables 2. fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Pamakrishna S/O
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-50	1. G. Krishna	Saravakota	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:


- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 No
11. Do you know your current body mass index?
 —
12. Have you ever been on a diet, if so, what kind?
 No
13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 1. leafy vegetables 2. Fast Food
14. How much do you think a healthy diet affects?
- | | | | |
|-------------------|---|----------------|---------|
| Restful sleep | | | |
| a. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. | D. none |
| Health | | | |
| a. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. | D. none |
| Weight. | | | |
| a. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. | D. none |
| Mental condition. | | | |
| A. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. | D. none |

N. Anil
 Signature of the Student


 Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil kumar
Group : C.B.2
Name of the mentor : G. Pamakrishna S/O
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-57	K. Nagalaxmi	palasa	palasa	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- ✓ a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- ✓ a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

No

11. Do you know your current body mass index?

12. Have your ever been on a diet, if so, what kind?

No

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1) Leafy vegetables 2) Fast Food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.7
Name of the mentor : G. Ramakrishna Rao S/o
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-93	I. B. Srinamulu	Palasa	Mandasa	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- I eat a good breakfast ✓
 - I experienced feeling of hunger during the day ✓
 - I eat meat. ✓
 - I eat vegetables. ✓
 - I eat fruits. ✓
 - I eat dairy products ✓
 - I eat sweets. ✓
3. What meal would you consider to be your main meal of the day?
- a. Breakfast b. lunch c. dinner d. others
4. What does your main meal consist of and how it is prepared?
- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
5. Have you been avoiding some foods for health reasons? Yes / No
6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
No

11. Do you know your current body mass index?
-

12. Have your ever been on a diet, if so, what kind?
No

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
1/ Healthy vegetables 2, Fast food

14. How much do you think a healthy diet affects?


Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
a. No impact. B. little impact c. big impact. D. none

Weight.
a. No impact. B. little impact c. big impact. D. none

Mental condition.
A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.Z
Name of the mentor : G. Ramakrishna Sir
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
3-29	M. Thani	Sambujili	Sambujili	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
No

11. Do you know your current body mass index?

12. Have your ever been on a diet, if so, what kind?
No

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1) leafy vegetables 2) fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. ~~D. none~~

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student

[Signature]
Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B-7
Name of the mentor : G. Ramakrishna Sir
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-89	P. Saritha	Saravakota	Saravakota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

no

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
no

11. Do you know your current body mass index?
—

12. Have your ever been on a diet, if so, what kind?
no

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1) leafy vegetables 2) Fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

ml. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.7
Name of the mentor : G. Ramakrishna S.S
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-100	K. Nagaraju	Saravabota	Saravabota	Srikakulam

1. How many times a day do you eat?

3

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast ✓
- b. I experienced feeling of hunger during the day ✓
- c. I eat meat. ✓
- d. I eat vegetables. ✓
- e. I eat fruits. ✓
- f. I eat dairy products ✓
- g. I eat sweets. ✓

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other ✓

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
no

11. Do you know your current body mass index?
-

12. Have your ever been on a diet, if so, what kind?
no

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1) leafy vegetables 2) fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none


Weight.

a. No impact. B. little impact c. big impact. ~~D. none~~

Mental condition.

A. No impact. B. little impact c. big impact. ~~D. none~~

ni. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil kumar
Group : C.B-2
Name of the mentor : G. Ramakrishna sir
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-101	S. Somenudrao	Pentibadla	Palasa	Srikakulam

- How many times a day do you eat?
3
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast ✓
 - I experienced feeling of hunger during the day ✓
 - I eat meat. ✓
 - I eat vegetables. ✓
 - I eat fruits. ✓
 - I eat dairy products ✓
 - I eat sweets. ✓
- What meal would you consider to be your main meal of the day?
a. Breakfast b. lunch c. dinner d. others
- What does your main meal consist of and how it is prepared?
a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No ✓
- Do you have any particular food allergies?
No
- What is your daily food intake frequency of the following food categories?
Sweet foods:
Several times a day once a day several times a week
less often never
Fresh vegetables & Fruits:
Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

no

11. Do you know your current body mass index?

-

12. Have your ever been on a diet, if so, what kind?

no

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1) leafy vegetables 2) fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

n. Anil
Signature of the Student

[Signature]
Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B-7
Name of the mentor : G. Ranakrishna sri
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
9-24	P. Venaya	Komsuwada	Komsuwada	Srikakulam

- How many times a day do you eat?
3
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast ✓
 - I experienced feeling of hunger during the day ✓
 - I eat meat. ✓
 - I eat vegetables. ✓
 - I eat fruits. ✓
 - I eat dairy products ✓
 - I eat sweets. ✓
- What meal would you consider to be your main meal of the day?
a. Breakfast b. lunch c. dinner d. others
- What does your main meal consist of and how it is prepared?
a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No ✓
- Do you have any particular food allergies?
No
- What is your daily food intake frequency of the following food categories?
Sweet foods:
Several times a day once a day several times a week
less often never
Fresh vegetables & Fruits:
Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1) leafy vegetables 2) Fast food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS
QUESTIONNAIRE



Name of the student : N. Anil Kumar
Group : C.B.2
Name of the mentor : G. Ramakrishna Sir
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-132	P. Shanker	Saravakota	Saravakota	Srikakulam

- How many times a day do you eat?
3
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast ✓
 - I experienced feeling of hunger during the day ✓
 - I eat meat. ✓
 - I eat vegetables. ✓
 - I eat fruits. ✓
 - I eat dairy products ✓
 - I eat sweets. ✓
- What meal would you consider to be your main meal of the day?
 a. Breakfast b. lunch c. dinner d. others
- What does your main meal consist of and how it is prepared?
 a. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?
Sweet foods:
Several times a day once a day several times a week
less often never
- Fresh vegetables & Fruits:
Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
No

11. Do you know your current body mass index?

12. Have your ever been on a diet, if so, what kind?
No

13. Mention the food items from the healthiest to the unhealthiest from your point of views? 1) Leafy vegetables 2) Fast Food

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none


Weight.

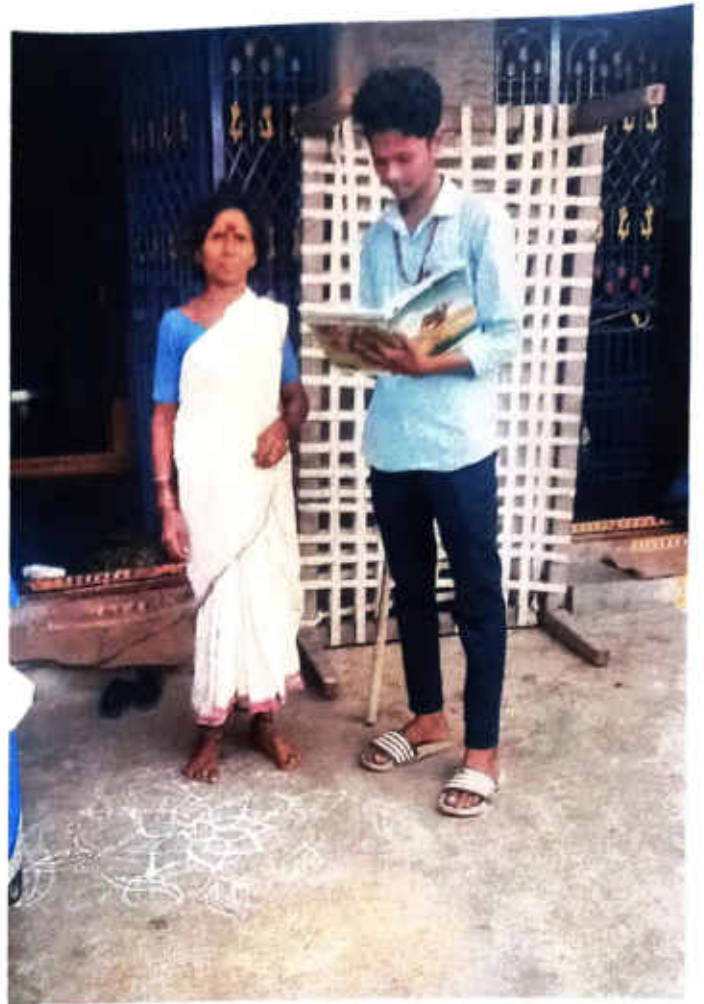
a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

N. Anil
Signature of the Student


Signature of the Mentor







GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 2222001049058

Area of the Survey conducted: Dusipeta

House No.	2-132	Habitat /Ward	S-C Colony	Panchayat /Municipality	Dusi
Post office	Dusipeta	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	B. Sitamma	F	75	Housewife	Housewife	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: — ✓

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 8897627377 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii) —

Place: Dusipeta

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.7

Registration Number : 222200/049058

Area of the Survey conducted: Disipeta

House No.	2-137	Habitat /Ward	S.C-colony	Panchayat /Municipality	Dusi
Post office	Disipeta	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	Y. Punyavathi	F	60	Housewife	-	} 10,000/-
2.	Y. Ananthakrishna	M	35	Labour	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mda (iii) Religion: Hindus

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private _____

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 8885961367

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) _____

(ii) _____

(iii) _____

Place: Dusipeta

Date: _____

N. Anil
Signature of the Student

[Signature]
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 2222001049058

Area of the Survey conducted: Chittapudivalara

House No.	10-9	Habitat /Ward	Colony	Panchayat /Municipality	Chittapudivalara
Post office	Chittapudivalara	Mandal	Viragottam	District	Peravallur

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	y. Sathya Prasad	M	36	-	Farmer	20,000
2.	y. Bharathi	F	34	-	Housewife	
3.	y. Pralini	F	19	Degree	-	
4.	y. Prema Kumar	M	18	Degree	-	
5.	y. Prabhu	F	17	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: —

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes 7981700246 ✓

(iii) Mobile Number:

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii) —

Place: Chittapadivulasa

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.7

Registration Number : 2222001049058

Area of the Survey conducted: Chittipudialase

House No.	10-8	Habitat /Ward	colony	Panchayat /Municipality	Chittipudialase
Post office	Chittipudialase	Mandal	Udagottan	District	Panathipparam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Subhakar Rao	Male	50	-	farmer	} 20,000/-
2.	P. Ramesh Babu	F	45	-	house wife	
3.	P. Jayalaxmi	F	18	B.Sc passing	-	
4.	P. Prithvi	F	17	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Hale (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 2 Acres

(vi) Livestock resources: Cows 2 Oxen ___ Buffaloes ___ Sheep/Goats ___

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9642057826

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) _____

(ii) _____

(iii) _____

Place: Chittapudivalasa

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 222200/049058

Area of the Survey conducted: Chittapudivalasa

House No.	1-32	Habitat /Ward	Solony	Panchayat /Municipality	Chittapudivalasa
Post office	Chittapudivalasa	Mandal	Uragolan	District	Paschimipatana

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	K. Anandamma	F	35	-	Housewife	15,000
2.	K. Polayya	M	40	-	Farmer	
3.	K. Anusha	F	20	Degree	-	
4.	K. Bhavani	F	18	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 3 Acres

(vi) Livestock resources: Cows 2 Oxen ___ Buffaloes ___ Sheep/Goats ___

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9010485205

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) Drainage problem

(ii) Road problem

(iii)

Place: Chittafudialase

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : A. Anil Kumar

Group : C.B.Z

Registration Number : 2222001049058

Area of the Survey conducted: Samarakota

House No.	<u>1-37</u>	Habitat /Ward	<u>Colony</u>	Panchayat /Municipality	<u>Burijwada</u>
Post office	<u>Burijwada</u>	Mandal	<u>Samarakota</u>	District	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	<u>P. Narsing Rao</u>	<u>M</u>	<u>38</u>	<u>-</u>	<u>Farmer</u>	} <u>10,000</u>
2.	<u>P. Jayalakshmi</u>	<u>F</u>	<u>36</u>	<u>-</u>	<u>Housewife</u>	
3.	<u>P. Sravani</u>	<u>F</u>	<u>18</u>	<u>Inter</u>	<u>-</u>	
4.	<u>P. Parvathi</u>	<u>F</u>	<u>19</u>	<u>degree</u>	<u>-</u>	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Malak (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented): Own

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 3 Acres

(vi) Livestock resources: Cows 2 Oxen 0 Buffaloes 0 Sheep/Goats 0

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9000231129

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) Drainage

(ii) Road

(iii)

Place: Sarawakota

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 222200/049068

Area of the Survey conducted: Saravakota

House No.	1-38	Habitat /Ward	Colony	Panchayat /Municipality	Gonibanda
Post office	Burjvada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Harish	M	40	-	Labour	} 30,000
2.	P. Jyothi	F	36	-	Housewife	
3.	P. Madhavi	F	9	2nd	-	
4.	P. Vanthini	F	11	4th	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 2 Acres

(vi) Livestock resources: Cows 1 Oxen ___ Buffaloes ___ Sheep/Goats ___

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9963433695

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) _____

(ii) _____

(iii) _____

Place: Saravakota

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 222200/099058

Area of the Survey conducted: Agulthapuram

House No.	1-40	Habitat /Ward	Colony	Panchayat /Municipality	Gorribanda
Post office	Anigivada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Babaraj	M	40	-	Farmer	5000
2.	P. Parvathi	F	36	-	Farmer	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: —

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9573656984

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii)

Place: Agulthapuram

Date:

N. Anil
Signature of the Student

h m

Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B-2

Registration Number : 2222001049058

Area of the Survey conducted: Ayuthipuram

House No.	2-20	Habitat /Ward	Colony	Panchayat /Municipality	Gowibanda
Post office	Burjivada	Mandal	Saravathi	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Mallish	M	52	-	Farmer	10,000
2.	P. Narayana	F	48	-	Farmer	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 7382064867

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) _____

(ii) _____

(iii) _____

Place: Agulthapuram

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B-2

Registration Number : 222200/049058

Area of the Survey conducted: Aepthapuram

House No.	2-22	Habitat /Ward	Colony	Panchayat /Municipality	Gowribanda
Post office	Bairi/Varda	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	G. Nannodharao	M	56	-	Farmer	5,000
2.	G. Bhavathi	F	50	-	Farmer	
3.	G. Teja	M	26	Degree	-	
4.	G. Prasad	M	22	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Malai (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B-2

Registration Number : 222200/049058

Area of the Survey conducted: Agulapuram

House No.	2-22	Habitat /Ward	Colony	Panchayat /Municipality	Gorribanda
Post office	Banjikonda	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	G. Maunodhar Rao	M	56	-	Farmer	5,000
2.	G. Bhavathi	F	50	-	Farmer	
3.	G. Teja	M	26	Degree	-	
4.	G. Anjan	M	22	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 222001049058

Area of the Survey conducted: Agulapuram

House No.	2-25	Habitat /Ward	Colony	Panchayat /Municipality	Bonibanda
Post office	Burijivada	Mandal	Tarasakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	Mr. Gurnod	M	56	-	Farmer	} 107000
2.	Mr. Tulasi	F	30	-	Housewife	
3.	Mr. Chandu	M	25	-	Farmer	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Male (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented): Own

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection Well

(iv) Availability of Agricultural land: Yes/ No Yes

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: — ✓

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9963433695 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii) —

Place: Agulthupuram

Date:

N. Anil
Signature of the Student

ms
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C-B7

Registration Number : 2222001049058

Area of the Survey conducted: Aguthipuram

House No.	2-23	Habitat /Ward	Colony	Panchayat /Municipality	Goomibanda
Post office	Bunijivada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Chinna Rao	M	48	-	Farmer	15,000
2.	P. Brundhana	F	40	-	Farmer	
3.	P. Pavitra	F	16	10 th	-	
4.	P. Snehitra	F	15	8 th	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 1 Acres

(vi) Livestock resources: Cows 1 Oxen ___ Buffaloes ___ Sheep/Goats ___

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: ✓

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 6301325915

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) Drignage


(ii) Road

(iii)

Place: Athiyapuram

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Adil kumar

Group : C.B.7

Registration Number : 2222001049058

Area of the Survey conducted: Saravakota

House No.	2-26	Habitat /Ward	Colony	Panchayat /Municipality	Gorribanda
Post office	Burijwada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	B. Mary	F	30	Degree	-	20,000
2.	B. Yeshu	M	18	Degree	-	
3.	B. Kamala	F	52	-	Farmer	
4.	B. Anjali	F	25	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: —

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 76599 35611

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii) —

Place: Sarauakota

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : CBZ

Registration Number : 2222001049058

Area of the Survey conducted: Agulthipuram

House No.	1-56	Habitat /Ward	Colony	Panchayat /Municipality	Goribanda
Post office	Burivada	Mandal	Sriakulam	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	K. Baburao	M	32	-	Labour	} 15,000
2.	K. Anjali	F	26	-	Housewife	
3.	K. Devi	F	7	-	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 2 Acres

(vi) Livestock resources: Cows ___ Oxen ___ Buffaloes 2 Sheep/Goats ___

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: —

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9347988517

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) —


(ii) —

(iii) —

Place: Aguthapuram

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar
Group : C.B-7
Registration Number : 2222001079058
Area of the Survey conducted: Saravakota

House No.	1-37	Habitat /Ward	Colony	Panchayat /Municipality	Gomibanda
Post office	Binjivada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	G. Venkatesh	M	42	-	Labourer	} 25,000
2.	G. Varanatha	F	36	-	Housewife	
3.	G. Lavanya	F	19	Degree	-	
4.	G. Praveena	F	17	10 th	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 1 Acres

(vi) Livestock resources: Cows ___ Oxen ___ Buffaloes 1 Sheep/Goats ___

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: —

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 7093936726 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii) —

Place: Saravakota

Date:

Signature of the Student
Anil

Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 2222001049058

Area of the Survey conducted: Saravakota

House No.	1-40	Habitat /Ward	Colony	Panchayat /Municipality	Gonribanda
Post office	Bunijwada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	B. Govinda Ragu	M	40	-	Labour	30,000
2.	B. Jyothi	F	35	-	Housewife	
3.	B. Ajay	M	17	Degree	-	
4.	B. Jadeswari	F	20	Degree	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No
- (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____
- (ix) Do you have white Ration Card? Yes/No
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

- (i) Ailments in family:
- (ii) Treatment in which Hospital: Govt/Private
- (iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability
	ptb			
	—			

- (iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

- (i) Do You have TV: Yes/No
- (ii) Do you have Mobile: Yes
- (iii) Mobile Number: 9391165476
- (iv) Do you have Computer/Laptop: Yes/No
- (v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

- (i) —
- (ii) —
- (iii)

Place: Saraukota
Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 2222001049058

Area of the Survey conducted: Saravakota

House No.	1-50	Habitat /Ward	Colony	Panchayat /Municipality	Gronibanda
Post office	Durijivada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	Gr. Krishna	M	46	-	Labour	} 30,000
2.	Gr. Jugganna	F	36	-	Housewife	
3.	Gr. Bhavani	F	19	Degree	-	
4.	Gr. Pavani	F	17	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: —

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 6303533085 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii) —

Place: Saravakota.

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B. 7

Registration Number : 2222001049058

Area of the Survey conducted: Palasa

House No.	2-57	Habitat /Ward	Colony	Panchayat /Municipality	Palasa
Post office	Palasa	Mandal	Nandass	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	K. Nagalaxmi	F	32	-	Housewife	} 15,000
2.	K. Balaram	M	19	Intermed	-	
3.	K. Sai Deepika	F	18	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kapu (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: _____ ✓

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9133646592 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) _____ ✓

(ii) _____ ✓

(iii) _____ ✓

Place: palasa

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.7

Registration Number : 2222001049058

Area of the Survey conducted: Palasa

House No.	1-93	Habitat /Ward	Colony	Panchayat /Municipality	Palasa
Post office	Palasa	Mandal	mandasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	B. Sritamulu	M	59	-	Labour	} 35,000
2.	B. Punjavathi	F	45	-	Housewife	
3.	B. Dsha	F	16	Degree	-	
4.	B. Kalpua	F	17	Tutor	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kapu (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 1 Acres

(vi) Livestock resources: Cows 1 Oxen ___ Buffaloes ___ Sheep/Goats ___

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 7995108956 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii) —

Place: Palasa

Date:

N. Anil
Signature of the Student

M
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 222200/079058

Area of the Survey conducted: Dubbalpeta

House No.	3-29	Habitat /Ward	Colony	Panchayat /Municipality	Sankajili
Post office	-	Mandal	Sankajili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	M. Chinnarasappa	M	45	-	Labour	15,000
2.	M. pedharameeswar	F	34	-	Labour	
3.	M. Jhanu	F	18	Degree	-	
4.	M. Pallavi	F	16	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: ✓

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9392068834 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) *Drainage*

(ii) *Road*

(iii)

Place: *Sambajili*

Date:

N. Anil
Signature of the Student

M
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 2222001099058

Area of the Survey conducted: Saravakota

House No.	1-89	Habitat /Ward	Colony	Panchayat /Municipality	Gornibanda
Post office	Burijwada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Sammaiah	M	48	-	Labour	} 25,000
2.	P. Saritha	F	42	-	Labour	
3.	P. Harshini	F	17	10 th	-	
4.	P. Sai	M	20	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 2 Acres

(vi) Livestock resources: Cows 2 Oxen ___ Buffaloes ___ Sheep/Goats ___

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9908765229

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) _____

(ii) _____

(iii) _____

Place: Saravakota

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 22220010 490 58

Area of the Survey conducted: Saravakota

House No.	1-100	Habitat /Ward	Colony	Panchayat /Municipality	Gomibanda
Post office	Burijivada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	K. Nagaraju	M	47	-	Labour	30,000
2.	K. Laxmi	F	38	-	Labour	
3.	K. Sarath Kumar	M	22	Degree	-	
4.	K. Krupa	F	17	Inter	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: — ✓

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability
	—			
	—			

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 7382064867 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) —

(ii) —

(iii) —

Place: Saravakota

Date:

A. Anil
Signature of the Student

[Signature]
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar
Group : C.B-7
Registration Number : 2222001049058
Area of the Survey conducted: Pentibadhra

House No.	1-101	Habitat /Ward	Colony	Panchayat /Municipality	Pentibadhra
Post office	Gandubadhra	Mandal	Palasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	S. Somenwarad	M	45	-	Councilor	15,000
2.	S. Premawathi	F	38	-	Housewife	
3.	S. Kanya	F	19	Degree	-	
4.	S. Ramji	M	21	Degree	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Savara (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 5 Acres

(vi) Livestock resources: Cows 2 Oxen ___ Buffaloes ___ Sheep/Goats ___

(vii) Do you have own toilet? Yes/ No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/ No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/ No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/ No

5. Other Details:

(i) Do You have TV: Yes/ No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9291445625

(iv) Do you have Computer/Laptop: Yes/ No

(v) Is internet available at home: Yes/ No

6. Any specific problems identified in the village/ Ward:

(i) _____

(ii) _____

(iii)

Place: Pentibadhra

Date:

Anil
Signature of the Student

[Signature]

Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.Z

Registration Number : 222200/0490 58

Area of the Survey conducted: Komuswada

House No.	9-24	Habitat /Ward	Colony	Panchayat /Municipality	Komuswada
Post office	Komuswada	Mandal	Komuswada	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Venayya	M	48	—	Farmer	20,000
2.	P. Chinamudu	F	42	—	Housewife	
3.	P. Ganesh	M	22	Degree	—	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/ Private

(iii) Any PWD Persons in family: Yes/ No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9060495205

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) _____

(ii) _____

(iii) _____

Place: Komeswada

Date:

N. Anil
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Anil Kumar

Group : C.B.G

Registration Number : 222200/099058

Area of the Survey conducted: Saravakota

House No.	1-132	Habitat /Ward	Colony	Panchayat /Municipality	Goribanda
Post office	Burijwada	Mandal	Saravakota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Shanker	M	42	-	Labour	15,000
2.	P. Jayalaxmi	F	38	-	Labour	
3.	P. Krishna Rani	F	12	10 th	-	
4.	P. Satish	M	7	2 nd	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: mala (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: _____

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 8019217589

(iv) Do you have Computer/Laptop: Yes/No

(v) Is internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) _____

(ii) _____

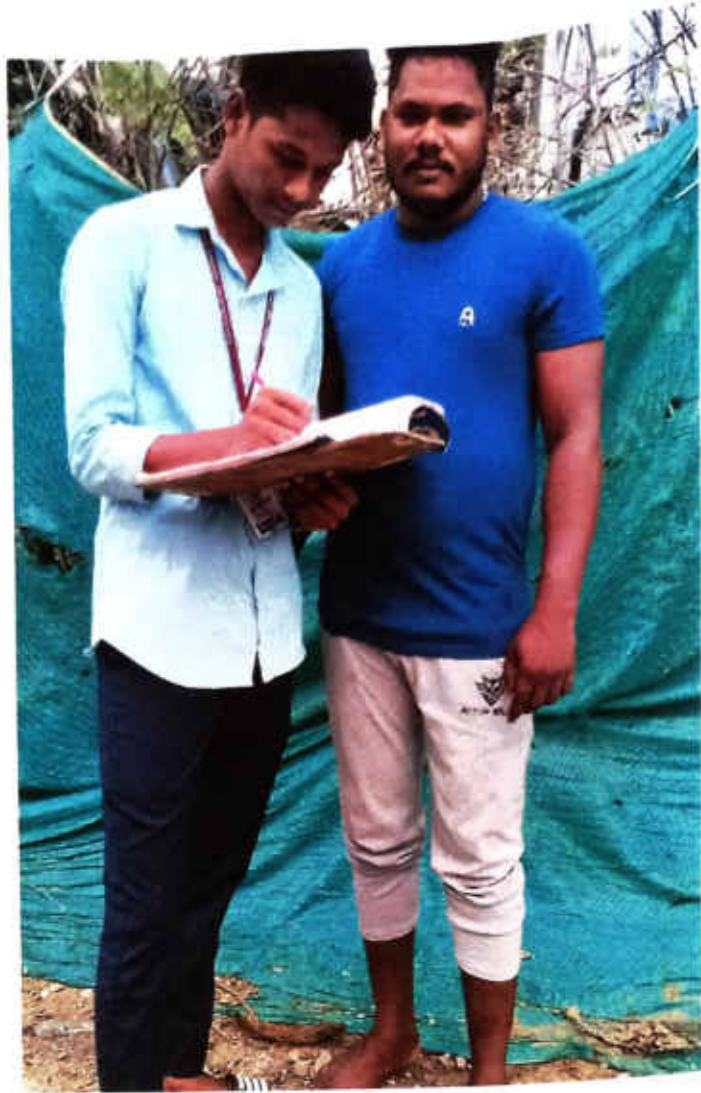
(iii) _____

Place: Sarawaboti

Date:

N. Anil
Signature of the Student

[Signature]
Signature of the Mentor





CONCLUSION

I'm **N.Anil Kumar** studying in BSc first year Bzc group. I had completed the community service project on "FOOD HABITS" in our village and submitted the report to my mentor. My project is about the food habits of our village people. I conducted questionnaire to different age groups people about their regular diet. Most of the old aged people considered lunch as their main meal of the day. They taking food only two times per day due to digestive problems. We find out the major problem facing by our villagers and dropped the Sarpanch attention towards the problem by conducting awareness program in our village.

It was interesting to carry out this project to know about different opinions, food habits and problems of our villagers. Finally I believe that my project is complete under vision of my mentor. I thank him for his guidance and support.

By

Nimma Anil Kumar

