

**A PROJECT  
ON  
COMMUNITY SERVICE**

Submitted in the partial fulfillment of the requirements for the award of  
Bs.c degree

BY

MENDA.KRISHNA VENI

2222001049051

Semester 2 (BZC)

Batch 2022-2025

Under the supervision of

G.Ramakrishna rao

Letchrer in Botany

**GOVERNMENT DEGREE COLLEGE(Men), SRIKAKULAM**



WEBSITE: [WWW.gcmsklm.ac.in](http://WWW.gcmsklm.ac.in)

## ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete this Community Service Project. Special thanks to Mentor G.Ramakrishna rao sir who help 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 fulfillment of the requirement for the award of the degree of B.Sc. Coz is a record of bonified project work carried out by me under the guidance of G. Ramakrishna Rao 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.

Srikakulam  
Date

M. Krishna Veni  
Signature of the candidate  
Name: Menda - Krishna Veni

# CERTIFICATE

I certified that **Menda.Krishna veni** studying Bsc Cbz group has completed and submitted the project report on 'FOOD HABITS' further partial fulfillment of the requirements for the award of Bachelor of science under my supervision during the academic year 2022-2023.

Date:  
Place:



Project guide  
G.Ramakrishna rao  
Lecturer in Botany  
GDC(M), srikakulam

## CONTENTS

1. Introduction
2. Objectives
3. Methodology
4. Log book
5. Socio-economic survey  
Report-Pics
6. Awareness program
7. Project
8. Conclusion

## 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 idio syncracies 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 mea/ 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 11<sup>th</sup> ward Lakshminarsupeta Village,mandal and srikakulam district. Approximately 25 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 group

## 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 : M. Krishna veni  
Group : BSc [BZC]  
Registration Number : 2222001049051  
Name of the Mentor : G. Rama Krishna Rao  
Name of the Project : Food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
9-05-2023 Tuesday	Socio - Economic survey	7:00hrs	M. Krishna veni
10-05-2023 Wednesday	Socio - Economic survey	5:30hrs	M. Krishna veni
11-05-2023 Thursday	Socio - Economic survey	7:30hrs	M. Krishna veni
12-05-2023 Friday	Socio - Economic survey	7:00hrs	M. Krishna veni
13-05-2023 Saturday	Socio - Economic survey	4:30hrs	M. Krishna veni
14-05-2023 Sunday	Socio - Economic survey	6:0 hrs	M. Krishna veni
15-05-2023 Monday	Socio - Economic survey	6:00hrs	M. Krishna veni
16-05-2023 Tuesday	Socio - Economic survey	6:30hrs	M. Krishna veni

  
Signature of the Mentor


GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : M. Krishna Veni  
Group : BSC [BZC]  
Registration Number : 2222001049051  
Name of the Mentor : G. Rama Krishna Rao  
Name of the Project : Food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
17-05-2023 Wednesday	Awareness programme	6 hours	M. Krishna Veni
18-05-2023 Thursday	Awareness programme	5 hours	M. Krishna Veni
19-05-2023 Friday	Awareness programme	7 hours	M. Krishna Veni

  
Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : M. Krishna Veni

Group : BSc [BZC]

Registration Number : 2222001049051

Name of the Mentor : G. Rama Krishna Rao

Name of the Project : Food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20-05-2023 Saturday	Food habits	5 Hours	M. Krishna Veni
21-05-2023 Sunday	Food habits	6:30hrs	M. Krishna Veni
22-05-2023 Monday	Food habits	4:30hrs	M. Krishna Veni
23-05-2023 Tuesday	Food habits	7 Hours	M. Krishna Veni
24-05-2023 Wednesday	Food habits	4:30 hours	M. Krishna Veni
25-05-2023 Thursday	Food habits	6:30 hours	M. Krishna Veni
26-05-2023 Friday	Food habits	5:30 hours	M. Krishna Veni
27-05-2023 Saturday	Food habits	5:30 hours	M. Krishna Veni
28-05-2023 Sunday	Food habits	7:00 hours	M. Krishna Veni

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : M. Krishna Veni  
Group : BSc [BZC]  
Registration Number : 2222001049051  
Name of the Mentor : G. Rama Krishna Rao  
Name of the Project : Food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
29-05-2023 Monday	project writing	10:30hrs	M. Krishna Veni
30-05-2023 Tuesday	project writing	7 hrs	M. Krishna Veni
31-05-2023 Wednesday	project writing	3:00hrs	M. Krishna Veni
1-06-2023 Thursday	project writing	3:00hrs	M. Krishna Veni
2-06-2023 Friday	project writing	8:30hrs	M. Krishna Veni
3-06-2023 Saturday	project writing	4:00hrs	M. Krishna Veni
4-06-2023 Sunday	project writing	3:30hrs	M. Krishna Veni
5-06-2023 Monday	project writing	5:00hrs	M. Krishna Veni
6-06-2023 Tuesday	Project writing	7:00hrs	M. Krishna Veni
7-06-2023 Wednesday	project writing	2:30hrs	M. Krishna Veni

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY CONSOLIDATION REPORT

Name of the student : M. Krishna Veni  
Group : BSC [B2C]  
Name of the Mentor : G. Rama Krishna Rao  
Name of the Project : Food habits

Ward/ Habitat	Lingalavalaya	Panchayat	Lankam	Post Office	Vanjangi
Mandal	Srikakulam	District	Srikakulam	Pin Code	532484

- Total Number of Houses in the Habitat/Ward: 25 houses
- Number of Houses Caste-wise:  
SC \_\_\_\_\_ ST \_\_\_\_\_ OC \_\_\_\_\_ BC-A \_\_\_\_\_ BC-B \_\_\_\_\_ BC-C \_\_\_\_\_ BC-D 25
- Common Health problems in the Habitat/Ward:
  - cold
  - viral fevers
  -
- Number of White Ration Cards: 25
- Number of Illiterates in the Ward/ Habitat/ Village: 28
- Number of Graduates in the Ward/ Habitat/ Village: 15
- Number of Job Holders: 7 Govt - 5, private - 2
- Number of PWD People: NO
- Number of DWACRA Groups in the Ward/ Habitat/ Village: 4 Groups
- Road connectivity to the Ward/ Habitat/ Village: Yes / No ✓
- Bus facility available: Yes / No ✓
- Problems identified in the Ward/ Habitat/ Village:
  - uneven roads in every street
  - lot of diseases caused by mosquitoes
  - Improper drainage system
  - water problems in every street

  
Signature of the Mentor

M. Krishna Veni  
Signature of the Student



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Mikrishma Vemi

Group : BSC (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-65	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vomjangi	Mandal	Srikakulam	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. Mahini	F	45	7	house wife	10,000 /-Mon
2.	M. Krishma Vemi	F	20	Degree	Student	-
3.	M. Shiva	M	17	Diploma	student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Volama (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: 2 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: No ✓  
 (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: 8897279510 ✓  
 (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) uneven roads in every street  
 (ii) lot of diseases caused by mosquitoes  
 (iii) water problems in every street.

Place: Linglavasa

Date: 9/5/2023

M. Krishna veni  
 Signature of the Student

  
 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Vani

Group : BSC (BEC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	3-51	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vanjunggi	Mandal	Srikakulam	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. Nandamma	F	60	No	house wife	12,000 Mon.
2.	M. Gammamma	F	54	-	house wife	-
3.	M. Jammu	M	53	-	farmer	-
4.	M. Govinda	M	30	Degree	Police	50,000 Mon.
5.	M. Malathi	F	26	Degree	Nurse	23,000 Mon.

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: valama (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: \_\_\_ 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: No ✓  
 (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: 8305406274 ✓  
 (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) uneven roads in every street.  
 (ii) Lot of diseases caused by mosquitoes  
 (iii) water problems in every street.

Place: Lingalavalasa

Date: 9/5/2023

M. Krishna veni  
 Signature of the Student

  
 Signature of the Mentor



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

Name of the Student : M. Krishna Veni  
Group : BSC (BEC)  
Registration Number : 2222001049051  
Area of the Survey conducted: Lingalavalasa

House No.	3-53	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vomjangi	Mandal	Srikakulam	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. Rajamma	F	62	NO	house wife	10,000/-
2.	B. Rajappadu	M	71	NO	-	-

2. Social Status details:

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

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: \_\_\_ 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: 10 ✓

(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: 7702024087 ✓

(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) uneven roads in every street
- (ii) lot of diseases caused by mosquitoes
- (iii) water problems in every street

Place: Lingalavalasa

Date: 9/5/2023

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna veni

Group : BSc (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-52	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lamkam
Post office	Vanjangi	Mandal	Srikakulam	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. Mallesh	M	59	NO	farmer	-
2.	M. Tulasiamma	F	46	NO	house wife	-
3.	M. Krishna Rao	M	29	Degree	Business	60,000 men
4.	M. Swathi	F	23	Inter	house wife	-
5.	M. Sankar Rao	M	26	ITI	-	-
6.	M. Manaja	F	20	Inter	-	-

2. Social Status details:

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

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: 6 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: NO ✓

(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: 970281612 ✓

(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) uneven roads in every street
- (ii) lot of disease caused by mosquito
- (iii) water problems in every street

Place: Lingalavalasa

Date: 10/5/23

M. Krishna Veni

Signature of the Student

M

Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishma verni

Group : BSC (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-54	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vanjangi	Mandal	Srikakulam	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. Thavudu	M	50	-	farmer	10,000 month
2.	K. Laxmi	F	44	-	house wife	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valamma (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: \_\_\_ 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: NO

(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: 7093951612 ✓

(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) uneven roads in every street
- (ii) lot of diseases caused by mosquitoes
- (iii) water problems in every street.

Place: Lingalavalasa

Date: 10/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna veni

Group : BSc (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	3-55	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vanjangi	Mandal	Srikakulam	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. Appamma	F	70	-	house wife	-
2	M. Uma	F	30	BSc-Nursing	Nursing	25,000/-mm

2. Social Status details:

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

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: \_\_\_ 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: NID

(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: 8341528107

(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) uneven roads in every street

(ii) lot of diseases caused by mosquito

(iii) water problems in every street

Place: Lingalavalasa

Date: 10/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna reni

Group : BSC (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	3-58	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	vanjangi	Mandal	Soukukulam	District	Soukukulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	M. tavitamma	F	52	-	house wife	-
2.	M. Ragesh	M	32	10	farmer	12,000/-
3.	M. Ravathi	F	25	inter	house wife	-

2. Social Status details:

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

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: - 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: 7995520843 ✓

(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) uneven roads in every street

(ii) lot of diseases caused by mosquito.

(iii)

Place: Lingalavalasa

Date: 11/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Venu

Group : BSc (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	3-60	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vanjangji	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	J. Mallesh	M	50	5	worker	18,000/- Mon
2	J. Sarma	F	47	8	house wife	-
3	J. Dhana Laxmi	F	17	Inter	Student	-
4	J. Suresh	M	21	Degree	Student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valamma (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: \_\_\_\_\_ 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: NO

(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: 7675972803 ✓

(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) uneven roads in every street.


(ii) Lot of diseases caused by mosquito

(iii)

Place: Lingalavalasa

Date: 11/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Vemi  
Group : BSC (BZC)  
Registration Number : 2222001049051  
Area of the Survey conducted: Lingalavalaya

House No.	3-61	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vanijangi	Mandal	Sri Kakulam	District	Sri Kakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	J. Bhaskar Rao	M	42	10	-	-
2	J. Anu medha	F	36	inter	house wife	10,000/-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valama (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: \_\_\_ 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: NO ✓

(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: 7207551078 ✓

(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) uneven roads in every street.

(ii) lot of diseases caused by mosquitoes

(iii) water problems is every street

Place: Lingalavalasa

Date: 11/5/23

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Veni

Group : BSC (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-66	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vanjangi	Mandal	Srikakulam	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. Chinnammadu	F	52	-	house wife	10,000/-
2.	M. Bhaskari Rao	M	55	-	farmer	-
3.	M. Anand	M	29	inter	-	-
4.	M. Mohini	F	23	Degree	student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valama (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: 2 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: NO ✓

(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: 6302159929 ✓

(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) uneven roads in every street.


(ii) lot of diseases caused by mosquitoes.

(iii) water problems in every street.

Place: Lingalavalaya

Date: 12/5/23

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Veni

Group : BSc (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-67	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vangangi	Mandal	Srikakulam	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. Naga Raju	M	30	9	-	-
2.	M. Rajeswari	F	27	Inter	Nursing	22,000/- per month

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valama (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: \_\_\_ 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: 9182205677

(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) uneven roads in every street
- (ii) lot of diseases caused by mosquitoes
- (iii) water problems in every street

Place: Lingalavalasa

Date: 12/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Veni

Group : BSC (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	3-68	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vansjangi	Mandal	Srikakulam	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. Yamanna	M	32	-	-	50,000 Mo
2.	M. Yamuna	F	28	8	house wife	-
3.	M. Sumath	M	14	8	Student	-
4.	M. Robini	F	13	6	Student	-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC <sup>BC-D</sup> (ii) Sub-Caste: Valama (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: - 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: 7337219620 ✓

(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) uneven roads in every street

(ii) lot of diseases caused by mosquitoes

(iii) water problems in every street.

Place: Lingalavalasa

Date: 12/5/23

M. kishna veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Vani

Group : BSC [B7C]

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-69	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	vanjangi	Mandal	Srikakulam	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. Brahmanma	F	61	-	house wife	-
2	M. Ramulu	M	65	-	farmer	20,000/- mo

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: <sup>BC-D</sup>valanra (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: 4 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: NO

(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: 6300995316 ✓

(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) unmet roads in every street
- (ii) Lot of diseases caused by mosquito
- (iii) water problems in every street

Place: Lingalavalasa

Date: 13/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishnaveni

Group : BSC (B7C)

Registration Number : A222001049051

Area of the Survey conducted: Lingalavalaya

House No.	4-35	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vamjangi	Mandal	Sri Kakulam	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. Ntkaragu	M	32		-	10,000/-
2.	M. Ravamma	F	29	house wife	-	5000/-
3.	M. Mohini	F	16	inter	Student	-
4.	M. Kumari	F	14	8	Student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: valama (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: - 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: 8309679895 ✓  
 (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) uneven roads in every street.  
 (ii) lot of diseases caused by mosquitos  
 (iii) water problems in every street.

Place: Lingalavalasa

Date: 13/5/23

M. Krishna veni  
 Signature of the Student

  
 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Veni  
Group : BGC (BZC)  
Registration Number : 22220049051  
Area of the Survey conducted: Lingalavalasa

House No.	3-72	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vangangi	Mandal	Soukukulam	District	Soukukulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	J. Laxam Rao	M	42	7	-	10000 MM
2.	J. Krishna Veni	F	38	Inter	house wife	5000 MM
3.	J. Rajasekhar	M	20	Degree	student	-
4.	J. Poojatha	F	18	Inter	student	-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC <sup>Pr-D</sup> (ii) Sub-Caste: Valama (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: \_\_\_ 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: NO

(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: 9701332023

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

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

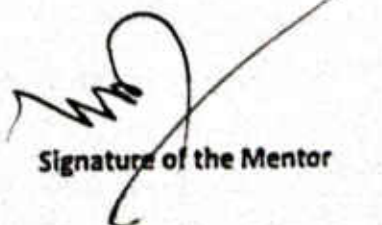
#### 6. Any specific problems identified in the village/ Ward:

- (i) uneven roads in every street.
- (ii) lot of diseases caused by mosquito
- (iii) water problems in every street.

Place: Lingalavalasa

Date: 13/05/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Veni

Group : BSc [BZC]

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-56	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vamfangi	Mandal	Sri Kakulam	District	Sri Kakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	B. Appayya	M	35	-	-	-
2	B. Fulaxmi	F	32	-	house wife	-
3	B. hema	M	22	10	business	27,000/-
4.	B. Raju	M	24	10	-	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: valama (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: 1 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: 6309843600

(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) uneven roads in every street

(ii) Lot of diseases caused by mosquito

(iii)

Place: Lingalavalasa

Date: 14/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



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

Name of the Student : M. Krishna Vemi

Group : BSc (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-59	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vanjangi	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	A. Appanna	M	43	-	-	10,000 per month
2	A. Laxmi	F	40	-	house wife	-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: (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: - 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: 7674945147 ✓

(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) uneven roads in every street
- (ii) lot of diseases caused by mosquitoes
- (iii) water problems in every street.

Place: Lingalavalasa

Date: 14/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Vemi

Group : BSc (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	3-5A	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vamsamgi	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	U. Laxmi	F	31	-	-	10,000 men/-
2	U. Jaswanth	M	15	10	Student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valama (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: \_\_\_ 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: 8341528107 ✓

(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) uneven roads in every street


(ii) lot of diseases caused by Mosquitoes

(iii)

Place: Lingalavalaya

Date: 14/5/23

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Venu

Group : BSC [BZC]

Registration Number : 222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-63	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	varjanga	Mandal	Sri kakulam	District	Sri kakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Ram babu	M	40	10	-	10,000/mo
2	M. Venkatalaxmi	F	38	-	house wife	-
3	M. Nani	M	18	inter	Student	-
4	M. Jhansi	F	20	B-Tech	student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valama (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: 2 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: NO

(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: 9963430267

(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) Uneven roads in every street
- (ii) Lot of diseases caused by mosquitoes
- (iii) water problems in every street

Place: Lingalavalasa

Date: 15/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Venu

Group : BSc [BZC]

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	3-64	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vanjangi	Mandal	Srikakulam	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. Laxmi	F	36	-	House wife	-
2	y. Neelam	M	39	-	-	-
3	y. Lavitha	M	28	Degree	Student	-
4	y. Gayathri	F	26	BSc nurse	nursing	28,000/- Mo

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valama (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: - 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: No ✓

(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: 7981029610 ✓

(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) uneven roads in every street.
- (ii) Lot of diseases caused by mosquito.
- (iii) water problems in every street.

Place: Lingalavalasa

Date: 15/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Venu

Group : BSC (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	4-32	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vamjiongi	Mandal	Srikakulam	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. Purna Rao	M	35	-	-	10,000/-
2	M. Paravathi	F	30	-	house wife	5,000/-
3	M. Yaju	M	13	8	Student	-
4	M. Varash	M	16	Inter	Student	-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC <sup>BC-D</sup> (ii) Sub-Caste: Valama (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: \_\_\_ 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: NO ✓

(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: 9676189324 ✓

(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) uneven roads in every street.

(ii) lot of diseases caused by mosquito

(iii) water problems in every street.

Place: Lingalavulasa

Date: 15/5/23

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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

Name of the Student : M. Krishna Veni

Group : BSc (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalasa

House No.	4-38	Habitat /Ward	Lingalavalasa	Panchayat /Municipality	Lankam
Post office	Vanjangi	Mandal	Srikakulam	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. Rama	F	29	5	house wife	10,000/-
2	M. Nithin	M	14	9	Student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valama (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: \_\_\_ 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: ✓ No
- (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: 9154591067 ✓
- (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) uneven roads in every street.
- (ii) lot of diseases caused by mosquitoes
- (iii)

Place: Lingalavalasa  
Date: 16/5/23

M. Krishna veni  
Signature of the Student

*Ms*

Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Veni

Group : BSC (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	4-31	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lankem
Post office	Vamjanga	Mandal	Srikakulam	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. Srinu	M	36	4	-	10,000/-Mth
2	M. Susala	F	32	-	house wife	5,000/-Mth
3	M. Kiran	M	17	ITI	Student	-
4	M. pavani	F	15	10	Student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Valama (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: \_\_\_ 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: 8341673913 ✓

(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) uneven roads in every street.

(ii) lot of diseases caused by mosquitoes.

(iii)

Place: Lingalavilasa

Date: 16/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. krishna vemi

Group : BSC (BZC)

Registration Number : 2222001049051

Area of the Survey conducted: lingalavalaya

House No.	4-24	Habitat /Ward	lingalavalaya	Panchayat /Municipality	Lankam
Post office	Vangamgi	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	J. Mallaamma	F	43	5	house wife	10000/-
2	J. Mami	M	21	BSc-Agriculture	Student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: Velama (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:      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: 8179727012 ✓

(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) uneven roads in every street


(ii) Lot of diseases caused by mosquitoes

(iii)

Place: Lingalavalasa

Date: 16/5/23

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Venu

Group : BSC (BSC)

Registration Number : 2222001049051

Area of the Survey conducted: Lingalavalaya

House No.	4-30	Habitat /Ward	Lingalavalaya	Panchayat /Municipality	Lembam
Post office	Vomjangi	Mandal	Srikakulam	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. Ravamma	F	37	-	house wife	10,000 mm/-
2	M. Ragu	M	39	10	-	7,000 mm/-
3	M. Manasa	F	20	degree	Student	-

2. Social Status details:

(i) Community: SC/ST/ <sup>BC-D</sup> BC-A-B-C-D/ OC (ii) Sub-Caste: valama (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: 2 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: NO

(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: 8143922110

(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) uneven roads in every street


(ii) Lot of disease caused by mosquitoes

(iii) water problems in every street

Place: Lingalavelasa

Date: 16/5/23

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor

SOCIO - ECONOMIC

SURVEY



# SOCIO - ECONOMIC SURVEY



# AWARENESS REPORT



# AWARENESS REPORT



## AWARENESS REPORT

Mosquito problem

Mosquito in my village (Lingalavalasa, srikakulam mandalam, srikakulam) cause some different sickness in many people (especially children's and old persons) will attacked by those mosquito and give them the virus that cause of dengue, malaria it is one of the main problems in my village .some families are worrying about these issues, they already been worrying because their children has encountering the different types of symptoms that they will attacked by the mosquito that affects their health.

The government already took action against these problems. They already throw some of the gases that can let those mosquitoes to came out and totally disappear.

Hence, I (Menda.Krishna veni) observed this mosquito problem and told my street people about mosquitoes controlling methods and make them aware as much as I could.



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



Name of the student : M. Krishna Veni  
Group : BSc (BSc)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
3-65	M. Mohini	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  Yes
  - I experienced feeling of hunger during the day  Yes
  - I eat meat.  Yes
  - I eat vegetables.  Yes
  - I eat fruits.  Yes
  - I eat dairy products  Yes
  - I eat sweets.  No
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - 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?

47 kg

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?

Fruits, vegetables  
junk-foods

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

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



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




Name of the student : M. Krishna veni  
Group : BSc (BEC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
3-51	M. Narajamma	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3-times a day.
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast - Yes
  - I experienced feeling of hunger during the day - Yes
  - I eat meat. - Yes
  - I eat vegetables. - Yes
  - I eat fruits. - Yes
  - I eat dairy products - Yes
  - I eat sweets. - Yes
- What meal would you consider to be your main meal of the day?
  - Breakfast  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?  
 50 kg
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?  
 fruits, vegetables
14. How much do you think a healthy diet affects?
- |                   |                  |  |
|-------------------|------------------|--|
| Restful sleep     |                  |  |
| a. No impact.     | B. little impact | <input checked="" type="checkbox"/> c. big impact. D. none |
| Health            |                  |  |
| a. No impact.     | B. little impact | <input checked="" type="checkbox"/> c. big impact. D. none |
| Weight.           |                  |  |
| a. No impact.     | B. little impact | <input checked="" type="checkbox"/> c. big impact. D. none |
| Mental condition. |                  |  |
| A. No impact.     | B. little impact | <input checked="" type="checkbox"/> c. big impact. D. none |

M. Krishna Veni  
 Signature of the Student

  
 Signature of the Mentor



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



Name of the student : M. Krishna Vani  
Group : BSC (BZC)  
Name of the mentor : Gt. Rama Krishna Rao  
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
3-53	B. Rajamma	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast *yes*
  - I experienced feeling of hunger during the day *yes*
  - I eat meat. *yes*
  - I eat vegetables. *yes*
  - I eat fruits. *yes*
  - I eat dairy products *yes*
  - I eat sweets. *NO*
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - 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?  
65 kg

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?  
Vegetables, fruits  
Juck foods

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

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSc (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-52	M. Manasa	Lingalavalese	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
45 kg

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?

fruits  
Juck foods

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

M. krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSC(BZC)  
Name of the mentor : Gt. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-54	K. Laxmi	Lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
60 Kg

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?  
vegetables  
Juck foods

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

M. krishna umi  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSc (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-55	M. Appamma	Lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

- a. I eat a good breakfast  Yes
- b. I experienced feeling of hunger during the day  Yes
- c. I eat meat.  NO
- d. I eat vegetables.  Yes
- e. I eat fruits.  Yes
- f. I eat dairy products  Yes
- g. I eat sweets.  NO

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?  
62 kg
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?  
fruits, vegetables
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

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. krishna veni  
Group : BSc (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-58	M. Tavitamma	Lingalavelasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
55 kg

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?

vegetable, fruits  
junk foods

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

M. Krishna vani  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSc (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
8-60	J. Dhamalaxmi	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
Sometimes a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  Yes
  - I experienced feeling of hunger during the day  Yes
  - I eat meat.  Yes
  - I eat vegetables.  Yes
  - I eat fruits.  Yes
  - I eat dairy products  Yes
  - I eat sweets.  Yes
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - other
- Have you been avoiding some foods for health reasons? Yes / No  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?

45kg

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?

junk foods , vegetables

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 ✓

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna veni  
Group : BSc (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-61	J. Anusudha	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  Yes
  - I experienced feeling of hunger during the day  Yes
  - I eat meat.  Yes
  - I eat vegetables.  Yes
  - I eat fruits.  Yes
  - I eat dairy products  Yes
  - I eat sweets.  Yes
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - other
- Have you been avoiding some foods for health reasons? Yes / No  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?  
47 kg

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?  
vegetables, fruits

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

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
 Group : BSc (BZC)  
 Name of the mentor : G. Rama Krishna Rao  
 Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-66	M. Anand	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  Yes
  - I experienced feeling of hunger during the day  Yes
  - I eat meat.  Yes
  - I eat vegetables.  Yes
  - I eat fruits.  Yes
  - I eat dairy products  Yes
  - I eat sweets.  Yes
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - other
- Have you been avoiding some foods for health reasons? Yes / No  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?

52 kg

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?

fruits, vegetables

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

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Vani  
Group : BSc (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-67	M. Rajeswari	Lingalavalasa	Sriakulam	Sriakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
53 kg

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?  
fruits, vegetables

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 ✓

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSc (BEd)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-61	M. Mangamma	Lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
62 kg

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?  
vegetables  
junk foods

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

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSc (B7C)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
3-69	M. Gramamma	Lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?

72 kg

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?

vegetables, fruits

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

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSc(BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
4-35	M. Kumari	lingalavalasa	srikakulam	srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  YES
  - I experienced feeling of hunger during the day  YES
  - I eat meat.  YES
  - I eat vegetables.  YES
  - I eat fruits.  YES
  - I eat dairy products  YES
  - I eat sweets.  YES
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - other
- Have you been avoiding some foods for health reasons? Yes / No  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?  
42 kg

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?  
fruits  
junk foods

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

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
 Group : BSc (BSc)  
 Name of the mentor : G. Rama Krishna Rao  
 Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
3-7a	J. Krishna Veni	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  yes
  - I experienced feeling of hunger during the day  yes
  - I eat meat.  yes
  - I eat vegetables.  yes
  - I eat fruits.  yes
  - I eat dairy products  yes
  - I eat sweets.  yes
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - other
- Have you been avoiding some foods for health reasons? Yes / No  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?  
72 Kg

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?  
vegetable  
junk foods

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

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna veni  
Group : BSc(BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-56	B. Balamini	Lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
63 kg

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?  
fruits

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

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna veni  
Group : BSC (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
3-59	A. Laxmi	Lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
53 kg

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?  
vegetables

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 ✓

M. Krishna Vani  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : Bsc(Bzc)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-62	V. Lavani	Lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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?

55 kg

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?

vegetably  
junk foods

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

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Venu  
Group : BSc (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-63	M. Rambabu	lingalavalasa	soukukulam	soukukulam

1. How many times a day do you eat?

3 times a day

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

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

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  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?  
72 kg

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?  
Fruits, vegetables  
Junk foods

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

M. Krishna veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna veni  
Group : BSC (BSC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
3-64	Y. Neelam	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  Yes
  - I experienced feeling of hunger during the day  Yes
  - I eat meat.  Yes
  - I eat vegetables.  Yes
  - I eat fruits.  Yes
  - I eat dairy products  Yes
  - I eat sweets.  Yes
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - 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?

57 kg

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?

Vegetable  
Juck foods

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 ✓

M. Krishna veni

Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSC (BZC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
4-32	M. paravathi	Vingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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?  
46 kg

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?  
vegetables  
Juck foods

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

M. Krishna veeni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSC (BZC)  
Name of the mentor : Gt. Rama Krishna Rao  
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
4-28	M. Rama	Lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
47 kg

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?  
Fruits  
Juck foods

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 ✓

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Veni  
Group : BSC (BZC)  
Name of the mentor : G. Parma Krishna Rao  
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
4-31	M. Kiran	lingalavalasa	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times a day

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

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

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?  
 41 kg
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?  
 vegetables, fruits  
 Junk foods
14. How much do you think a healthy diet affects?

- |                   |                                     |                                     |         |
|-------------------|-------------------------------------|-------------------------------------|---------|
| Restful sleep     |                                     |                                     |         |
| a. No impact.     | B. little impact                    | c. big impact.                      | D. none |
|                   |                                     | <input checked="" type="checkbox"/> |         |
| Health            |                                     |                                     |         |
| a. No impact.     | B. little impact                    | c. big impact.                      | D. none |
|                   |                                     | <input checked="" type="checkbox"/> |         |
| Weight.           |                                     |                                     |         |
| a. No impact.     | B. little impact                    | c. big impact.                      | D. none |
|                   | <input checked="" type="checkbox"/> |                                     |         |
| Mental condition. |                                     |                                     |         |
| A. No impact.     | B. little impact                    | c. big impact.                      | D. none |
|                   |                                     | <input checked="" type="checkbox"/> |         |

M. Krishna Veni  
 Signature of the Student

  
 Signature of the Mentor



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



Name of the student : M. Krishna Veni  
 Group : BSC (BZC)  
 Name of the mentor : G. Rama Krishna Rao  
 Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
4-24	J. Mami	Lingalavalasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  yes
  - I experienced feeling of hunger during the day  yes
  - I eat meat.  yes
  - I eat vegetables.  yes
  - I eat fruits.  yes
  - I eat dairy products  yes
  - I eat sweets.  yes
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
  - others
- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - other
- Have you been avoiding some foods for health reasons? Yes / No  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?  
56 Kg

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?  
fruits, vegetable  
junk foods

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 ✓

M. Prishnaveni  
Signature of the Student

  
Signature of the Mentor



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



Name of the student : M. Krishna Vani  
Group : BSC (BSC)  
Name of the mentor : G. Rama Krishna Rao  
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
4-30	M. Manasa	Lingalavolasa	Srikakulam	Srikakulam

- How many times a day do you eat?  
3 times a day
- Please answer the following according to your particular eating habits?
  - I eat a good breakfast  Yes
  - I experienced feeling of hunger during the day  Yes
  - I eat meat.  Yes
  - I eat vegetables.  Yes
  - I eat fruits.  Yes
  - I eat dairy products  Yes
  - I eat sweets.  Yes
- What meal would you consider to be your main meal of the day?
  - Breakfast
  - lunch
  - dinner
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- What does your main meal consist of and how it is prepared?
  - Freshly prepared.
  - restaurant meal.
  - precooked microwave.
  - 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?  
43 kg

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?  
fruits, vegetable

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 ✓

M. Krishna Veni  
Signature of the Student

  
Signature of the Mentor

# FOOD HABITS



# FOOD HABITS



## OBSERVATIONS:-

### FOOD HABITS SURVEY

S.NO	Group of individuals	Main finding	Remarks/ suggestions
1.	Women/ pregnant women	Middlebaged women /pregnant women preferred to have as per their health conditions. Some from economically poor status are taking porridge as main breakfast also fermented curd rice was included, Preferred vegetable soups in the middle and for lunch they are likely to take rice fresh vegetables, non - vegetarian food, curd. They are seen having early evening food to avoid digestion problems.	Suggested to increase time intervals of food intake with less quantity each time. Following medication as per the Schedule and also see that they have good rest during the day and not to push themselves much and to involve in meditation..
2.	Young women	They preferred take boiled eggs, Milk, porridge, vegetable soups for breakfast, dal, fresh vegetables, non-vegetarian food items in lunch, fresh fruit juices in their daily intake.	Suggested to take more Jaggery food items, also they are advised to take iron tonics in case of fatigue and anaemia also to take multi-vitamin syrups.
3.	Young boys	It is observed that they prefer to take spicy junk and fast foods atleast 4 times a diet,	Suggested to take porridge and liquid diet to avoid

		<p>week and interested to take lunch as main meal with vegetables, dal, pickle and curd followed with fresh fruits. They prefer doing exercise, also interested in sports and physical fitness. games for</p>	<p>processed foods to maintain balanced weight.</p>
4.	Men	<p>Middle aged men preferred south Indian tiffins like Idli, Dosa, boiled eggs and less rice quantity for lunch, more roti's like diet fruits, fresh. vegetables, butter milk and limited quantities of Non-vegetarian items.</p>	<p>Suggested for their age group exercise, walking and to take more balanced diet.</p>
5.	Elderly people	<p>Preferred liquid diet and ragi porridge, boiled eggs for breakfast, roti's, fresh fruits boiled vegetables and ragi porridge</p>	<p>Suggested to take less quantities of meal and to increase number of time intervals as with age they might develop stomach related problems.</p>
6.	Individuals with health issues	<p>They told that they are taking food as per the advice of the Doctors.</p>	<p>Suggested to take a proper food items and to maintain a proper balance</p>

# CONCLUSION

I'm M.Krishnaveni, studying in B.SC first year Cbz 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

MENDA.KRISHNA VENI