

COMMUNITY SERVICE PROJECT

Submitted in the partial fulfillment of the requirements for the award of BSc Degree

BY

MAMIDI KRISHNA CHAITANYA

2222001049050

Semester 2 (BZC)

Batch 2022-2025

Under the supervision of

G. RAMAKRISHNA RAO

Lecturer in BOTANY

GOVERNMENT DEGREE COLLEGE(Men), SRIKAKULAM



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ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete the **COMMUNITY SERVICE PROJECT**. Special thanks to my 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 (MEN)-Srikakulam in partial fulfillment of the requirement for the award of the degree of BSC-BZC is a record of bonified project work carried out by me under the guidance of **G. 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,

Date:

Place:


Signature of the candidate

CERTIFICATE

I certified that **MAMIDI KRISHNA CHAITANYA** studying BSC BZC group has complete and submitted the project report on "**FOOD HABITS**" further partial fulfillment of the requirements for the award of Batchelor of Science under my supervision during the academic year **2023-2024**

Date:

Place:



Project guide:
G. Ramakrishna Rao
Lecturer in botany
GDC (M), Srikakulam

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INTRODUCTION

Food habits and Nutritional Problems:

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

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

Healthy Food Habits:

Healthy Food habits includes a variety of foods in adequate amounts and correct proportions to meet the requirements of all essential nutrients such as proteins, carbohydrates, fats, vitamins, minerals, water and fibre. This also includes proper schedule for the intake of light and heavy foods, when to take and when not to take, health condition of the individual. For example person who is suffering from kidney stones should not often take calcium rich foods. We have to take foods that suits our age and health. The most common eating 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 analyze whether they are adopted to healthy food habits and if not to incorporate sound eating habits by creating awareness in them to recognize good eating habits followed with regular exercise.

- About the type of foods most people are interested to take.
- Food intake in regular time intervals.
- Main meal in view of 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 D.C.C.B.E. Colony of Srikakulam district. Approximately 25 families were selected for this survey.

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 Chaitanya

Group : BZC

Registration Number : 2222001049050

Name of the Mentor : G. Ramakrishna Rao

Name of the Project : Food Habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
09-05-2023	Socio Economic Survey	7:30hrs	Chaitanya
10-05-2023	Socio Economic Survey	6:00hrs	Chaitanya
11-05-2023	Socio Economic Survey	7:00hrs	Chaitanya
12-05-2023	Socio Economic Survey	4:30hrs	Chaitanya
13-05-2023	Socio Economic Survey	5:30hrs	Chaitanya
14-05-2023	Socio Economic Survey	6:00hrs	Chaitanya
15-05-2023	Socio Economic Survey	5:00hrs	Chaitanya
16-05-2023	Socio Economic Survey	6:30hrs	Chaitanya

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : M. Krishna Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Name of the Mentor : G. Ramakrishna Rao

Name of the Project : Food Habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
17-05-2023	Awareness Programme	6:30hrs	Chaitanya
18-05-2023	Awareness Programme	4:30hrs	Chaitanya
19-05-2023	Awareness Programme	7hrs	Chaitanya


Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : M. Krishna Chaitanya

Group : BSC- BZC

Registration Number : 2222001049050

Name of the Mentor : C. Ramakrishna Rao

Name of the Project : Food Habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20-05-2023	Food Habits	6:30hrs	Chaitanya
21-05-2023	Food Habits	7:00hrs	Chaitanya
22-05-2023	Food Habits	5:30hrs	Chaitanya
23-05-2023	Food Habits	4:00hrs	Chaitanya
24-05-2023	Food Habits	7:00hrs	Chaitanya
25-05-2023	Food Habits	6:00hrs	Chaitanya
26-05-2023	Food Habits	5:30hrs	Chaitanya
27-05-2023	Food Habits	7:00hrs	Chaitanya
28-05-2023	Food Habits	5:30hrs	Chaitanya

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : M. Krishna Chaitanya

Group : BSC - BZC

Registration Number : 2222001049050

Name of the Mentor : G. Ramakrishna Rao

Name of the Project : Food Habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
29-05-2023	Project Writing	10hrs	Chaitanya
30-05-2023	Project Writing	10:30hrs	Chaitanya
31-05-2023	Project Writing	10hrs	Chaitanya
01-06-2023	Project Writing	4:30hrs	Chaitanya
02-06-2023	Project Writing	3hrs	Chaitanya
03-06-2023	Project Writing	4hrs	Chaitanya
04-06-2023	Project Writing	7hrs	Chaitanya
05-06-2023	Project Writing	2:30hrs	Chaitanya
06-06-2023	Project Writing	3:30hrs	Chaitanya
07-06-2023	Project Writing	5hrs	Chaitanya



Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY CONSOLIDATION REPORT

Name of the student : M. Krishna Chaitanya

Group : BSC - BZC

Name of the Mentor : G. Ramakrishna ~~Chaitanya~~ Rao

Name of the Project :

Ward/ Habitat	10 th division	Panchayat	Srikakulam	Post Office	Srikakulam
Mandal	Srikakulam	District	Srikakulam	Pin Code	532001

1. Total Number of Houses in the Habitat/Ward: 114

2. Number of Houses Caste-wise:

SC 02 ST 0 OC 04 BC-A 98 BC-B 01 BC-C 0 BC-D 9

3. Common Health problems in the Habitat/Ward:

- (i) Cold
- (ii) Cough
- (iii) Fever

4. Number of White Ration Cards: 15

5. Number of Illiterates in the Ward/ Habitat/ Village: 46

6. Number of Graduates in the Ward/ Habitat/ Village: 75

7. Number of Job Holders: 203

8. Number of PWD People: 0

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

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

11. Bus facility available: Yes / No

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

- (i) Drainage problem
- (ii) Street light issue
- (iii) Broken roads
- (iv)

Signature of the Mentor

Signature of the Student



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Chaitanya

Group : IInd BZC (F)

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	46/c	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	M. Dharmarao	M	52	D. EEE	Business	41 PA
02	M. Lakshmi	F	41	10 th	House wife	
03	M. K. Vamsi	M	23	M. Tech	Student	
04	M. K. Chaitanya	M	19	B. Sc	Student	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 01 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: 9866142569

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

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

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

(i) Drainage Problem

(ii) Less number of Street Lights

(iii)

Place: SriKakulam

Date: 09-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony, Sriakulam

House No.	5	Habitat /Ward	19 th Division	Panchayat /Municipality	Sriakulam
Post office	Sriakulam	Mandal	Sriakulam	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
01	G. Vykurta Rao	M	54	10 th	Agriculture	15KPA
	G. Mangamma	F	44	-	House wife	
	G. Deepika	F	24	B.Sc B.Ed	Student	
	G. Vamsi Krishna	M	23	Diploma	Student	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 04 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: 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: 8331834044

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: SriKakulam

Date: 09-05-2023


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 Chaitanya

Group : BSc - B2C

Registration Number : 2222001049050

Area of the Survey conducted: OCCB Colony

House No.	42/B	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	K. Ramesh Chandra	M	48	B.Sc B.Ed	Teacher	?
02	K. Lalitha	F	43	B.Sc B.Ed	Teacher	6-22 LPA
03	K. Varshitha	M	17	10 th	Student	
04	K. Hargalitha	M	13	8 th	Student	

2. Social Status details:

(I) Community: SC/ST/ BC-A-B-C-D/ OC (II) Sub-Caste: Kalinga (III) Religion: Hindu

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 01 Acres

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

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

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

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

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

4. Health Details:

(I) Allments in family: 0

(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: 9491934113

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

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

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

(i) Drainage problem

(ii) less number of street light

(iii) Broken roads.

Place: Srikakulam

Date: 09-05-2023


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 Chaitanya

Group : BSC - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	18	Habitat /Ward	10 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01.	M. Srinam muthy	M	66	B.A B.Ed	(Retd) Teacher	7 → 6LPA
02.	M. Sujatha	F	57	12 th	Housewife	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0 Acres

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

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

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

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

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

4. Health Details:

(i) Allments 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:

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: Srikakulam

Date: 09-05-2023


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 Chaitanya

Group : BSc - B7C

Registration Number : 2222001049050

Area of the Survey conducted: OCCB Colony

House No.	33/c	Habitat /Ward	19 th division	Panchayat /Municipality	Sriakulam
Post office	Sriakulam	Mandal	Sriakulam	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
01.	K. Ravi	M	33	B.Tech	Student	2) 6LPA
02.	K. Sadhana	F	30	M.A	Teacher	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: 0

(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: 8790584689

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

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

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

(i) Drainage issue

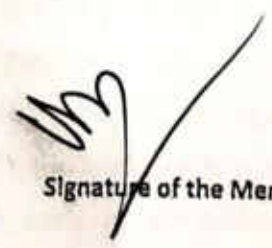
(ii)

(iii)

Place: Srikakulam

Date: 10-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number :

Area of the Survey conducted: Dec B Colony

House No.	106	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	M. Krishna	M	41	B.Sc B.Ed		
02	M. Hema	F	33	B.Sc	House wife	4 LPA
03	M. Shirani	F	9	4 th class	Student	
04	M. Kisan Sai	M	1			

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 7981374403

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

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

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


(i) Drainage Problem


(ii)

(iii)

Place: Srikakulam

Date: 10-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	15-3	Habitat /Ward	Chaparam-2	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	P. Mohana Rao	M	67	L.L.M.	Lecturer	GOKRA
02	P. Ushadani (late)	F	62	L.L.B	Advocate	
03	P. Rahal	M	24	L.L.B	Advocate	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 25 Acres

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

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

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

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

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

4. Health Details:

(i) Allments 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: 7720417657

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: Srikakulam

Date: 10-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: OCCB Colony

House No.	34	Habitat /Ward	10 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	K. Madhu	M	46	Diploma	Line Man	2-9 LPA
02	K. Rani	F	36	10 th	Housewife	}
03	K. Hagini	F	15	10 th	Student	

2. Social Status details:

(i) Community: SC/ST/ 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):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 01 Acres

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

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

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

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

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

4. Health Details:

(i) Allments 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: 9949272616

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

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

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

(i) Drainage problem

(ii)

(iii)

Place: Saikakulam

Date: 11-05-2023

Chaitanya
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. Krishna Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: OCB Colony

House No.	23	Habitat /Ward	6 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01.	G. Suresh	M	41	BVSc	Vet. Doctor	2-25 LPA
02.	D. Usha rani	F	37	Ag. BSc	Ag. Assistant	
03.	G. Rekhma	F	15	10 th	Student	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 01 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: 0

(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: 8790 996619

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: Srikakulam

Date: 11-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	72	Habitat /Ward	(9 th division)	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	B. RAMANAD	M	65	B-Sc	Retd. Railway 'E'	?
02	B. Rupa	F	52	10 th	House wife	7.3LPA
03	B. Raju	M	35	Hotel Management	Teacher	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0.5 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) Allments 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: 7013121680

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

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

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

(i) Drainage problem

(ii)

(iii)

Place: Srikakulam

Date: 11-05-2023


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 Chaitanya

Group : BSc - B2C

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	48-A	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01.	M. Madhu	M	52	B.Sc	Z.I.C A.O	7
02.	M. Suresh	F	45	B.Sc B.Ed	Teacher	4-201PA
03.	M. Praveen	M	18	B.Tech	Student	
04.	M. Venkela	F	15	10 th	Student	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 02 Acres

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

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

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

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

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

4. Health Details:

(i) Allments 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: 9492417347

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: Srikakulam

Date: 11-05-2023

Chaitanya
Signature of the Student

[Signature]
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : M. Krishna Chaitanya

Group : BSC - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	44/B	Habitat /Ward	19 th division	Panchayat /Municipality	SriKakulam
Post office	SriKakulam	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)
01	N. Shankarappa	M	59	C.A	C.A	?
02	N. Lakshmi	F	47	B.Sc	Homemaker	} (r) 2-4 LPA
03	N. Himakar	M	22	B.Tech	Student	
04	N. Abhinav	M	16	Diploma	student	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 7330766854

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

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

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

(i) Drainage problem

(ii)

(iii)

Place: Srikakulam

Date: 12-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 22220010419050

Area of the Survey conducted: DCCB Colony

House No.	33/B	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
	K. Raghava reddy	M	33	B.D.S	Dental doctor	4-15 LPA
	Ch. Anurupa	F	30	M.D.S	Dental doctor	
	K. Easwari	M	02	Student		

2. Social Status details:

(I) Community: SC/ST/ BC-A-B-C-D/ OC (II) Sub-Caste: Kalinga (III) Religion: Hindu

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0 Acres

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

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

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

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

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

4. Health Details:

(i) Allments in family: 0

(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: 8247034794

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

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

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

(i) Drainage issue

(ii) broken roads

(iii)

Place: Srikakulam

Date: 12-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001019050

Area of the Survey conducted: DCCB Colony

House No.	54-A	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	S. Mubarak	M	50	10 th	Business	
	S. Saidha Begum	F	40	10 th	House wife	6000 PKR
	S. Shabnam Begum	F	21	B.Sc	Student	
	S. Shahid Raza	M	15	Diploma	Student	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: 0

(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: 8074)76314

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

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

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

(i) Drainage problem.

(ii) No street light.

(iii)

Place: Srikakulam

Date: 13-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: OCCB Colony

House No.	29/A	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	K. Ramesh Kumar	M	55	12 th	Business	} =) 6L PA
02	K. Sani	F	46	7 th	House wife	
03	K. Aditya	M	25	B.Tech	Software	
04	K. Akhaya	F	21	B.Tech	Student	

2. Social Status details:

(I) Community: SC/ST/ BC-A-B-C-D/ OC (II) Sub-Caste: Vyaya (III) Religion: Hindu

3. Economic Status details:

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

(II) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0 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: ②

(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: 9013833258

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

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

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

(i) Drainage issue


(ii)

(iii)

Place: Srikakulam

Date: 13-05-2023


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 Chaitanya
Group : BSc - BZC
Registration Number : 2222001049050
Area of the Survey conducted: DECCB Colony

House No.	H/B	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	B.avitnada	M	60	B.A B.ed	Teacher	740
02	B. Padmarathi	F	50	Ag. MSc	A.O	750 LPA
03	B. Raghav	M	24	B.Tech	Software	
04	B. Vandana	F	27	B.V.Sc	Veterinary doctor	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0.2 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: 0

(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: 9494447828

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: Srikakulam

Date: 13-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	H/B	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	P. Sekhar	M	58	B.Sc	D.T	} 20 LPA
02	P. Rukmini	F	59	B.Sc	R.I	
03	P. Hansha	M	27	B.Tech	Bank P.O	
04	P. Divya	F	23	B.Tech	Software	

2. Social Status details:

(I) Community: SC/ST/ BC-A-B-C-D/ OC (II) Sub-Caste: Brahmin (III) Religion: Hindu

3. Economic Status details:

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

(II) House status (Own/ Rented):

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

(IV) Availability of Agricultural land: Yes/ No

(V) Extent of Agricultural land: 0 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: 0

(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 Mpbile: Yes ✓

(iii) Mobile Number: 9441622095

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: Srikakulam

Date: 14-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: OCCB Colony

House No.	42/A	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	T. Ravi	M	50	B.A	S.A	?
02	K. Padmavathi	F	47	M. Sc	Lecturer	740LPA
03	T. Ganesham	M	23	B.Tech	Software	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 03 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 7013041677

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

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

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

(i) Drainage problem

(ii)

(iii)

Place: Srikakulam

Date: 11-05-2023

Chaitanya
Signature of the Student

[Signature]
Signature of the Mentor



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

Name of the Student : M. Krishna Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: OCCB Colony

House No.	46/B	Habitat /Ward	19 th division	Panchayat /Municipality	Sri Kakulam
Post office	Sri Kakulam	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)
01	N. Appanna	M	65	M.A	Retd. Lecturer	61 DA
02	N. Indumathi	F	55	7 th		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0.2 Acres

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

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

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

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

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

4. Health Details:

(i) Allments in family: 0

(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: 9985848178

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: SriKakulam

Date: 14-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	26/A	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01.	P. Murali Mohan	M	54	M.A. B.Ed	Teacher	} 25 LPA
02.	V. Nimmla	F	48	M.Sc. B.Ed	Teacher	
03.	P. Praveen	M	24	M.S	Student	
04.	P. Meghana	F	21	B.Tech	Student	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 02 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: 0

(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: 94903416398

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: Srikakulam

Date: 15-05-2023


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 Charanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: OCCB Colony

House No.	52	Habitat /Ward	19 th division	Panchayat /Municipality	Sriakulam
Post office	Sriakulam	Mandal	Sriakulam	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
01.	K. V. Appalanaidu	M	62	B.A	Business [Retd.]	2-2 LPA
02.	K. Vijaya Lakshmi	F	52	10 th	House wife	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 01 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: ○

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

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9885927348 ✓

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

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

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

(i) Drainage problem

(ii)

(iii)

Place: Srikakulam

Date: 15-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001019050

Area of the Survey conducted: DCCB Colony

House No.	8/B	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	Chintada Babubabu	M	31	M.B.A	Software - E	} → 20 LPA
	G. Raksh Kumar	M	32	M.B.A	Software - C	

2. Social Status details:

(I) Community: SC/ST/BC-A-B-C-D/OC (II) Sub-Caste: Kalina (III) Religion: Hindu

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: Acres

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

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

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

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

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

4. Health Details:

(i) Allments in family: 0

(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: 7899974344

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: SriKakulam

Date: 15-05-2023


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 Chaitanya

Group : BSC - BZC

Registration Number : 2222001049050

Area of the Survey conducted: OCCB Colony

House No.	72	Habitat /Ward	19 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01	S. Appabnaidu	M	46	B.Sc B.Ed	Teacher	9 LPA
02	S. Sanki	F	39	12 th	house wife	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 03 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) Aillments in family: 0

(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: 6305893826 ✓

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

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

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

(i) Drainage problem

(ii)

(iii)

Place: Srikakulam

Date: 16-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	6-A	Habitat /Ward	1 st division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01.	M. VN Appanna	M	46	B.Sc	Bank Manager	
02.	M. Anurba	F	37	B.Pharm	House wife	10LPA
03.	M. Koushik	M	11	7 th	Student	
04.	M. Dharaik	M	4	J.K.G	Student	

2. Social Status details:

(I) Community: SC/ST/ BC-A-B-C-D/ OC (II) Sub-Caste: Kalinga (iii) Religion: Hindu

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 01 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: 0

(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: 8328599190

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

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

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

(i) Drainage issue


(ii)

(iii)

Place: SriKakulam

Date: 16-05-2023


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 Chaitanya

Group : BSc - BZC

Registration Number : 2222001049050

Area of the Survey conducted: DCCB Colony

House No.	8/A	Habitat /Ward	10 th division	Panchayat /Municipality	Srikakulam
Post office	Srikakulam	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)
01.	C. Krishna Rao	M	59	M.A	Lecturer	→ 201PA
	C. Nirmala	F	52	15 th	house wife	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9441159711

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

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

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

(i) Drainage issue

(ii)

(iii)

Place: Srikakulam

Date: 16-05-2023


Signature of the Student


Signature of the Mentor





AWARENESS PROGRAMME





AWARENESS REPORT

Drainage problem:

This is the most common problem existing in every area.

This is caused due to **improper maintenance of drainage system.**

During the time of **monsoon**, this drainage water gets mixed with rain water and remains as standing water on roads for many days.

This standing water consists of some **hazardous bacteria** such as **E.coli, Salmonella, Streptococcus, Mycobacteria** etc., which leads to cause many diseases.

I informed this problem to our Community President to have a look on this issue.

I even spoke to my community people about the causes and preventions of this issue and made them aware as much as I can



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
42/A	T. Goutham	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day No
 - 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 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? *Yes*

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?

Only fruits > leafy vegetables > fruits > meat > vegetables > pulses

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

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

Chaitanya
Signature of the Student

M3
Signature of the Mentor



GOVT. DEGREE COLLEGE (M.N.) SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : M. Krishna Chaitanya
Group : B.S. - ABC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
203	G. Ramanao	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 2 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast No
 - I experienced feeling of hunger during the day Yes - Sometimes
 - I eat meat. No
 - 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
 - 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? **No**

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 > rice

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

Chaitanya
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
72	S. Appalanaidu	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- 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 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 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? No

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 > rice > sweets

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

Restful sleep

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

Health

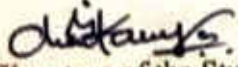
a. No impact. B. little impact c. big impact. D. none

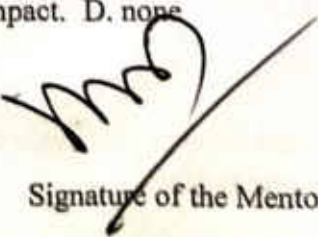
Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
5	G. Deepika	19 th division	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 Sometimes
 - 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? **No**

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 > Sweets > fast food**

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

Restful sleep

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

Health

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

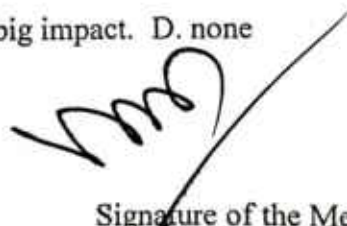
Weight.

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

Mental condition.

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

Chattanya
Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSC - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
5	G. Vamsi Krishna	19 th division	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 No
 - I eat meat. Yes
 - I eat vegetables. Yes
 - I eat fruits. Yes
 - I eat dairy products No
 - 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? **Yes**

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?
leafy vegetables > vegetables and fruits > rice > fast food

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

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

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

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

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

Chaitanya
Signature of the Student

Amr
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : A. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
12/A	P. Rahul	19 th division	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 No
 - I eat meat. Yes
 - I eat vegetables. Yes
 - I eat fruits. Yes
 - I eat dairy products No
 - I eat sweets. No
- 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? **Yes**

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?

Leafy vegetable > fruits > vegetables > cereals > fast food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

Christina
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : A. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
5	A. Vykurta Rao	19 th division	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 lunch
 - c. dinner
 - d. others
4. What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - B. restaurant meal.
 - C. precooked microwave.
 - D. other
5. Have you been avoiding some foods for health reasons? Yes / No
6. Do you have any particular food allergies? No
7. What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week

less often never

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

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

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

11. Do you know your current body mass index? *No*

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 > meat > rice > junk food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

Christina
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
416/C	M.K. Vamsi	19 th division	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 No
 - I eat meat. Yes
 - I eat vegetables. Yes
 - I eat fruits. Yes
 - I eat dairy products Less often
 - I eat sweets. Less often
- 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? **Yes**

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?

leafy vegetables > dry fruits > vegetable > fruits > rice > junk

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

Restful sleep

a. No impact. b. little impact, 1. 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

Chitkanya
Signature of the Student

Mentor
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
23	G. Suresh	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day No
 - 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? **Yes**

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?

leafy vegetables > fruits > vegetables > cereals > rice > junk food.

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

Chaitanya
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : A. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
44/B	N. Abhinav	19 th division	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 No
 - 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? **Yes**

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 > Dry fruits > Leafy vegetables > vegetables > pulses > rice

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

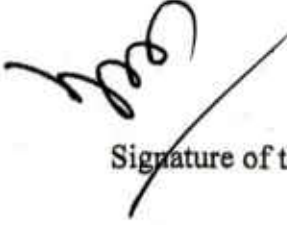
Weight.

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

Mental condition.

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

Chitanya
Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
14/B	P. Shekhar	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day Sometimes
 - I eat meat. No
 - 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. 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? **No**
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 > leafy vegetables > vegetables > rice
14. How much do you think a healthy diet affects?

Restful sleep

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

Health

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

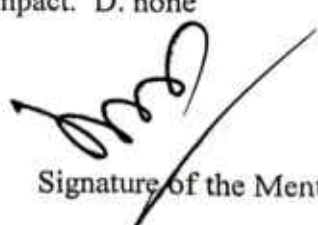
Weight.

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

Mental condition.

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


 Signature of the Student


 Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : A. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
26/A	P. Praveen	19 th division	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 No
 - 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 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? **Yes**

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?

Meat > fruits > dry fruits > vegetables > pulses > junk food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : A. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
26/A	P. Murali Mohan	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- 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. 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? **No**

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 > dry fruits > rice > junk food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

Chaitanya
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Charanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
74/B	P. Sai Sunya	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day No
 - 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 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? *Yes*

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 > meat > cereals > junk food.

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

Chaitanya
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
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
106	M. Krishna	9 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day No
 - 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? **Yes**

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 > Cereals > grains > dairy products > 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

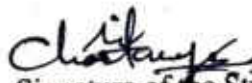
a. No impact. B. little impact c. big impact. D. none

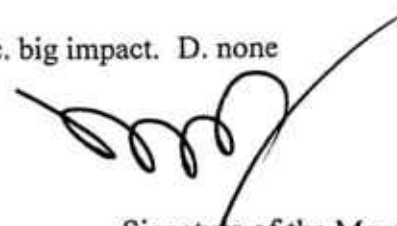
Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
12	D. Latha Rani	19 th division	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 No
 - 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? No

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?

Fruity > Vegetable > Cereals > rice > junk food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : A. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
42/B	K. Lakshmi	19 th division	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 Sometimes
 - 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

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? **No**

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 > rice > junk food

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

Restful sleep

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

Health

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


Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : C. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
24/2	K.V. Appalaraidu	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 2 times
- 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
 - 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 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? No

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 > leafy vegetables > vegetables > pulses > junk food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
15-3	P. Mohana Rao	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day No
 - 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? **No**

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?

leafy vegetables > fruits > vegetables > rice > junk food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

Christina
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
42/B	K. Ramesh Chandra	19 th division	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 No
 - 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
 - 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 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? No

12. Have you ever been on a diet, if so, what kind? Yes - Intermittent fasting

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

Leafy vegetables > fruits > vegetables > meat > rice > junk food

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

Restful sleep

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

Health

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


Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
H/B	B. Tavitinaidu	(9 th division)	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- 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

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? **Yes**

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?

Meat > fruits > vegetables > rice > fast food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - B2C
Name of the mentor : C. Ramakrishna Rao
Name of the project : Food - Habits

House No	Name of the person	Village / Ward	Mandal	District
15-3	P. Rahul	19 th division	Srikkakulam	Srikkakulam

- 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 No
 - 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 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? **No**

12. Have your ever been on a diet, if so, what kind? **Yes - Intermittent fasting**

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

Vegetables > fruits > pulses > cereals > junk food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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


Signature of the Student


Signature of the Mentor



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



Name of the student : M. Krishna Charanija
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
202/19	M. Srinamamurthy	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 2 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast No
 - I experienced feeling of hunger during the day No
 - 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 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 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? *Yes*

11. Do you know your current body mass index? *No*

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?

Leafy vegetables > fruits > vegetables > rice

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

[Handwritten Signature]
Signature of the Student

[Handwritten Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : Cr. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
19/202	M. Sujatha	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day No
 - 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? **No**
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?

Fruity > vegetable > sweets > rice

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

Chaitanya
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
42/A	T. Ravi	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day No
 - 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? **No**

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?

Meat > fruit > vegetable > rice > junk food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

Chattank
Signature of the Student



Signature of the Mentor



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



Name of the student : M. Krishna Chaitanya
Group : BSc - BZC
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
42/A	K. Padmavathi	19 th division	Srikakulam	Srikakulam

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast Yes
 - I experienced feeling of hunger during the day No
 - 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? **No**

12. Have your ever been on a diet, if so, what kind? **Yes - Intermittent fasting**

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

Fruits > Vegetables > pulses > millets > sweets > junk

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

Restful sleep

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

Health

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

Weight.

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

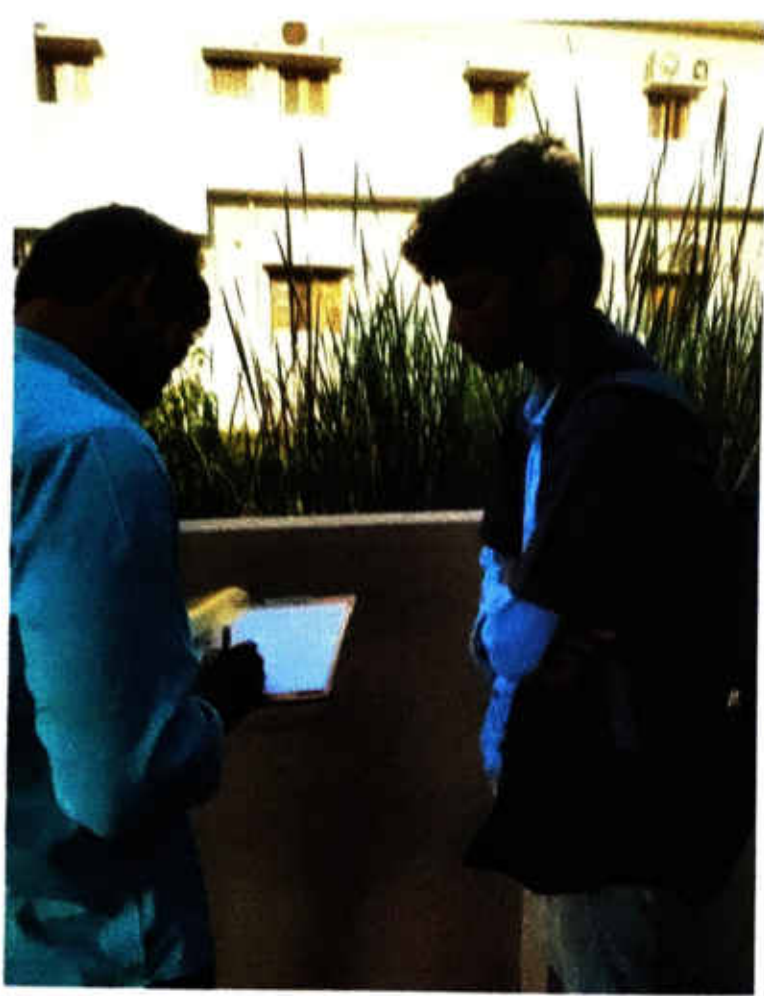
Mental condition.

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


Signature of the Student


Signature of the Mentor





CONCLUSION

I am **M. Krishna Chaitanya**, studying in B.SC first year BZC group. I had completed the **Community Service Project** on "**FOOD HABITS**" in our community and submitted the report to my mentor. My project is about the food habits of our community, I conducted questionnaire to different age groups people about their regular diet. Most of the people considered lunch as their main meal of the day. Majority of them are taking three meals a day. But few of the elders are having two times per day due to digestive problems. We find out the major problem facing by people of our community and dropped the community president attention towards the problem by conducting awareness program in our area.

It was interesting to carry out this project to know about different opinions, food habits and problems of our community people. Finally, I believe that my project is complete under vision of my mentor. I thank him for his guidance and support.

By
MAMIDI KRISHNA CHAITANYA