

COMMUNITY SERVICE
PROJECT

Submitted in the partial fulfillment of the requirements for the award of
B.Sc Degree.

By

AKKIVARAPU LALITHA

2222001049001

Semester 2 (BZC)

Batch 2022-25

Under the Supervision of

D.ADINARAYANA

Lecturer in Chemistry

GOVERNMENT DEGREE COLLEGE(Men), SRIKAKULAM



WEBSITE: WWW.gcmkslm.ac.in

ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete this Community Service Project. Special thanks to Mentor D.ADINARAYANA 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 Chemistry 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 report entitled "FOOD HABITS" Submitted by me to the Govt. Degree College (M), Srikakulam in partial fulfillment of the requirement for the award of the degree of BSc CBZ is a record of bonified project work carried out by me under the guidance of D. ADINARAYANA 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 of University.

Srikakulam

Date

A. Lalitha
Signature of the candidate

Name: *A. Lalitha*

CERTIFICATE

I certified that **A LALITHA** studying BSc CBZ group has completed and submitted the project report on "FOOD HABITS" further partial fulfilment of the requirements for the award of Batchelor of Science under my supervision during the academic year 2022-23.

Date:

Place:



project guide

D.ADINARAYANA

Lecturer in Chemistry

GDC(M), Srikakulam

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INTRODUCTION

Food habits and Nutritional Problems:

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

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

Healthy Food Habits:

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

OBJECTIVE

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

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

METHODOLOGY

1. Study site:

The place selected for the project was comes under Kollivalasa Village, Gara Mandal and Srikakulam Dist. Approximately 25 families were covered under this Village. This is a rural area with 75% of people were farmers. This area is used for cultivation of vegetables.

2. Quantitative study :

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

3. Qualitative study:

The qualitative study was carried out based on their cultural pattern 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.

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

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : A - Lalitha
 Group : CBZ
 Registration Number : 2222001049002
 Name of the Mentor : D. Adi narayana
 Name of the Project : Socio - Economic Survey

Date & Day	Activity done	Number of Hours Spent	Signature of the student
09/05/2023 Tues day	Socio - Economic Survey	7 h	A Lalitha
10/05/2023 Wednes day	Socio - Economic Survey	5 h	A Lalitha
11/05/2023 Thurs day	Socio - Economic Survey	8 h	A Lalitha
12/05/2023 Friday	Socio - Economic Survey	6 h	A Lalitha
13/05/2023 Saturday	Socio - Economic Survey	5 h	A Lalitha
14/05/2023 Sun day	Socio - Economic Survey	5 h	A Lalitha
15/05/2023 Mon day	Socio - Economic Survey	6 h	A Lalitha
16/05/2023 Tues day	Socio - Economic Survey	6 h	A Lalitha


 Signature of the Mentor


GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : A. Lalitha
 Group : CBZ
 Registration Number : 2222001049009
 Name of the Mentor : P. Adi narayana
 Name of the Project : Food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20/05/2023 Saturday	Food habits	7h	A. Lalitha
21/05/2023 Sunday	Food habits	5h	A. Lalitha
22/05/2023 Monday	Food habits	6h	A. Lalitha
23/05/2023 Tuesday	Food habits	4h	A. Lalitha
24/05/2023 Wednesday	Food habits	7h	A. Lalitha
25/05/2023 Thursday	Food habits	5:30h	A. Lalitha
26/05/2023 Friday	Food habits	6h	A. Lalitha
27/05/2023 Saturday	Food habits	5:30h	A. Lalitha
28/05/2023 Sunday	Food habits	7h	A. Lalitha



 Signature of the Mentor

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : A. Lalitha
 Group : CBZ
 Registration Number : 2222001045001
 Name of the Mentor : S. Adinarayana
 Name of the Project : Project writing

Date & Day	Activity done	Number of Hours Spent	Signature of the student
29/05/2023 MON day	Project writing	6 h	A. Lalitha
30/05/2023 Tues day	Project writing	5 h	A. Lalitha
31/05/2023 Wednesday	Project writing	6 h	A. Lalitha
01/06/2023 Thurs day	Project writing	4 h	A. Lalitha
02/06/2023 Friday	Project writing	3 h	A. Lalitha
03/06/2023 Saturday	Project writing	4 h	A. Lalitha
04/06/2023 Sun day	Project writing	3 h	A. Lalitha
05/06/2023 MON day	Project writing	3 h	A. Lalitha
06/06/2023 Tues day	Project writing	4 h	A. Lalitha
07/06/2023 Wednesday	Project writing	3 h	A. Lalitha


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY CONSOLIDATION REPORT

Name of the student : Akkinarapu Lalitha
Group : BSC (CBZ)
Name of the Mentor : S. Adinarayana
Name of the Project : Food habits

Ward/ Habitat		Panchayat	Buairala	Post Office	
Mandal	Therlam	District	Vizayanagara	Pin Code	507401

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

2. Number of Houses Caste-wise:

SC 25 ST _____ OC _____ BC-A _____ BC-B _____ BC-C _____ BC-D _____

3. Common Health problems in the Habitat/Ward:

- (i) Body pains
- (ii) cold, fever
- (iii) Diabetes

4. Number of White Ration Cards: 25

5. Number of Illiterates in the Ward/ Habitat/ Village: 85

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

7. Number of Job Holders: 2

8. Number of PWD People: NO


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) Internet problems
- (ii) Health care center
- (iii) Drinking water
- (iv) Drainage problems


Signature of the Mentor


Signature of the Student



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

Name of the Student : Akkavarapu. Lalitha
Group : BSC (BZC)
Registration Number : 2222001049009
Area of the Survey conducted: Kollivalasa

House No.	1-12-2	Habitat /Ward		Panchayat /Municipality	Buapeta
Post office	Korotam	Mandal	Therlam	District	Vizayanagara

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1	A. Venkata ramana	M	45	Inter	cell point	Monthly - 15,000
2	A. Nooka Patnam	F	42	Inter	House wife	
3	A. Vinay Kumar	M	15	10 th	Studying	
4	A. Nishanth	M	7	2 nd	Studying	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No
- (ii) Do you have Mobile: Yes
- (iii) Mobile Number: 9441585976
- (iv) Do you have Computer/Laptop: Yes/No
- (v) Is internet available at home: Yes/No


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

- (i) —
- (ii) —
- (iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Akkurapudi Lakshma

Group : BSC (B.Z.C)

Registration Number : 2222001049009

Area of the Survey conducted: Kollivalasa

House No.	<u>3 - 346</u>	Habitat /Ward		Panchayat /Municipality	<u>Buzipeba</u>
Post office	<u>Koradani</u>	Mandal	<u>Thoylam</u>	District	<u>V.Z.M</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>A. Venkatesh</u>	<u>M</u>	<u>46</u>	<u>-</u>	<u>Labour</u>	<u>10,000</u>
<u>2</u>	<u>A. Lakshmi</u>	<u>F</u>	<u>43</u>	<u>-</u>		
<u>3</u>	<u>A. Santana</u>	<u>F</u>	<u>15</u>	<u>10th</u>		
<u>4</u>	<u>A. Dhana</u>	<u>F</u>	<u>10</u>	<u>6th</u>		
<u>5</u>						

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status: Own/ Rented

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 7032469933

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

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

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

(i) _____

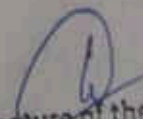
(ii) _____

(iii) _____

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Akkivarapu Lalitha

Group : BSC (BEC)

Registration Number : 2222001049001

Area of the Survey conducted: Kollivalasa

House No.	5-22-	Habitat /Ward		Panchayat /Municipality	Buripeta
Post office	Korataru	Mandal	Therlacu	District	V.Z.M

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	A. Sriini	M	40	-	Labour	8.000
2	A. Parimala Devi	F	38	-		
3	A. Srivalli	F	16	10 th		
4	A. Manoj	M	7	5 th		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ 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: 7078361852

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

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

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

(i) —

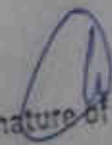
(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akkivarapu Lalitha
Group : BSC (BZC)
Registration Number : 2222001049009
Area of the Survey conducted: Kollivalasa

House No.	4-42	Habitat /Ward		Panchayat /Municipality	Buapeta
Post office	Koratalam	Mandal	Therlam	District	V.Z.H

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	A. Lakshmi	F	50	-	Labour	10,000
2	A. Sushila	M	46	-		
3	A. Pujitha	M	14	9th		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No
- (ii) Do you have Mobile: Yes
- (iii) Mobile Number: 9346325813
- (iv) Do you have Computer/Laptop: Yes/No
- (v) Is Internet available at home: Yes/No

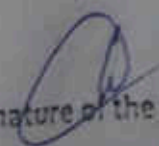
6. Any specific problems identified in the village/ Ward:

- (i) _____
- (ii) _____
- (iii) _____

Place: Kollivalasa

Date: _____

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akshwarapu Lalitha
Group : BSC (BZC)
Registration Number : 2222001049009
Area of the Survey conducted: Kollivalasa

House No.	<u>4-46</u>	Habitat /Ward		Panchayat /Municipality	<u>Buapeta</u>
Post office	<u>Koratala</u>	Mandal	<u>Theylana</u>	District	<u>V.Z.M</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>A. Rao</u>	<u>M</u>	<u>54</u>	<u>-</u>	<u>Labour</u>	<u>10,000</u>
<u>2</u>	<u>A. Ramalaxmi</u>	<u>F</u>	<u>50</u>	<u>-</u>		
<u>3</u>	<u>A. Sneha</u>	<u>M</u>	<u>16</u>	<u>Inter</u>		
<u>4</u>	<u>A. Numa</u>	<u>M</u>	<u>15</u>	<u>10th</u>		

2. Social Status details:

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

3. Economic Status details:

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

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

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: ✓

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 6345728122

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

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

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

(i) —

(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Akkiuhthapu Lalitha

Group : BSc (BZC)

Registration Number : 9222001049001

Area of the Survey conducted: Kollivalase

House No.	1-13-7	Habitat /Ward		Panchayat /Municipality	
Post office	Kozhatam	Mandal	Theilam	District	Vijayanagara

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
10	A. Appasani	M	44	12th class	clerk	monthly - 20,000
20	A. Rohini	F	39	10th class	-	-
30	A. Vinay	M	27	degree	private teacher	monthly - 9,000
40	A. Krishna	M	19	degree		
50	A. Bishu	M	17	inter		
60	A. Appanamma	F	60	-		

2. Social Status details:

(i) Community: SC/ST/ BC/A-B-C-D/OC (ii) Sub-Caste: Malin go (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: 7496302191

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

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

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

(i) -


(ii) -

(iii) -

Place: Kollivolu 30

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : AKKIVHARU Lalitha

Group : BSC CBZC

Registration Number : 9222001049001

Area of the Survey conducted: Kollivolasa

House No.	1-13-5	Habitat /Ward		Panchayat /Municipality	
Post office	Kozatam	Mandal	Theruvu	District	Vizayanagara

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
10	A. Ramesh	M	37	-	labour	monthly-10,000
20	A. Krishavenu	F	25	-	labour	
30	A. Radha	F	15	9th		
40	A. Rohini	F	14	8th		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kallin ga (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: 63049 32 417

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

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

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

(i) —

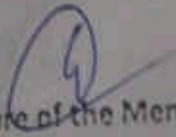
(ii) —

(iii) —

Place: Kollivasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akkivhropu Lalitha

Group : B9C [B7C]

Registration Number : 9992001049001

Area of the Survey conducted: Kollivabasa

House No.	1-13-8	Habitat /Ward		Panchayat /Municipality	
Post office	Konatham	Mandal	Therabam	District	Vijayanagara

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
10	R. Vijay	M	27	10th	labour	monthly - 10,000
20	R. Anu	F	22	-	Housewife	
30	R. Mohit	M	3	-		

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: Kalyan (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: 984910639

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

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

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

(i) —


(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akki Vishapu Lalitha
Group : BSc [CBZC]
Registration Number : 2229001049001
Area of the Survey conducted: Kollivalasa

House No.	1-13-7	Habitat /Ward		Panchayat /Municipality	
Post office	Koratalam	Mandal	Therlam	District	Vizayanagara

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1	Mr Mohan	M	29	Degree	private work	monthly - 20,000
2	Ms Row	F	24	10th		
3	Ms Anitha	F	6	-		

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: Kalin go (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 _____

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

(vii) 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) Illments 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
—	—	—	—	—
—	—	—	—	—

(vi) 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: 9349653249

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

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

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

(i) —

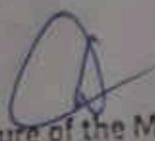
(ii) —

(iii) —

Place: Kollivalaga

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO-ECONOMIC SURVEY

Name of the Student : AKKIVARAPU Lalitha

Group : BSC (BZC)

Registration Number : 2222001049009

Area of the Survey conducted: Kollivalasa

House No.	<u>4-28</u>	Habitat /Ward		Panchayat /Municipality	<u>Buzipeta</u>
Post office	<u>Korlani</u>	Mandal	<u>Theylani</u>	District	<u>V.Z.M</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>A. Shankar Rao</u>	<u>M</u>	<u>45</u>	<u>-</u>	<u>labour</u>	<u>10,000</u>
<u>2</u>	<u>A. Satya lathe</u>	<u>F</u>	<u>43</u>	<u>-</u>		
<u>3</u>	<u>A. Rajesh</u>	<u>M</u>	<u>21</u>	<u>Degree</u>		
<u>4</u>	<u>A. Rajesh</u>	<u>M</u>	<u>17</u>	<u>Dalal</u>		

2. Social Status details:

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

3. Economic Status details:

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

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

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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



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

Name of the Student : AKKIVHARU Lalitha
Group : BSc (BZO)
Registration Number : 2222001049001
Area of the Survey conducted: Kollibolasa

House No.	1-13-5	Habitat /Ward		Panchayat /Municipality	
Post office	Konatom	Mandal	Theylam	District	Nizampet

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
10	A. Agambabu	M	30	-	labour	Monthly - 10,000
20	A. Krishna Devi	F	25	3rd class	"	"
30	A. Maghana	F	6			

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

(viii) Type Cooking fuel used: LPG/Xerosene/ 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: 6304931432

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

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

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

(i) —

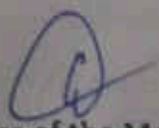
(ii) —

(iii) —

Place: Kollivataso

Date:

A. Sathya
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akkithrapu Laksho

Group : BSc (B7C)

Registration Number : 9929-001049001

Area of the Survey conducted: Kollivobasa

House No.	1-13-4	Habitat /Ward		Panchayat /Municipality	
Post office	Koratam	Mandal	Therlam	District	Vizayanagaram

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	S. Ravi	M	45	-	labourer	Monthly - 10,000
2.	S. Pallavi	F	37	3 rd	housewife	
3.	S. Keerthi	F	13	6 th class		
4.	S. Mohan	M	7	3 rd class		

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: Malu (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: 9849706340

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

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

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

(i) —

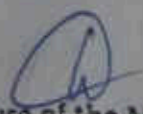
(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : AKKIVHARU Lalitha
Group : BSc (BZC)
Registration Number : 2222001049001
Area of the Survey conducted: Kollivola 80

House No.	1-12-3	Habitat /Ward		Panchayat /Municipality	
Post office	Kozhatham	Mandal	Thenlam	District	Vizayanagaram

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	P. Krishna	M	23	Inter	cell point	Monthly - 15,000
2.	P. Radha	F	18	10th	Housewife	
3.	P. Charani	F	5			

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kalin go (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: 9849107349

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

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

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

(i) —


(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akkivishanu Lalitha

Group : BSc CBZC

Registration Number : 9222001049001

Area of the Survey conducted: Kollivalasa

House No.	1-14-1	Habitat /Ward		Panchayat /Municipality	
Post office	Kozhikam	Mandal	Thekkam	District	Vizayanagara

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1	A. Raja	M	30	B.tech	Engineer	Monthly - 70,000
2	A. Ravi	F	27	Degree	housewife	
3	A. Praveen	M	7	2nd	-	
4						

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: 7304963040

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

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

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

(i) —

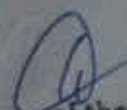
(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Akkivhrapu Lalitha

Group : BSc (BSc)

Registration Number : 2222001049001

Area of the Survey conducted: Kollivalasa

House No.	1-13-6	Habitat /Ward		Panchayat /Municipality	
Post office	Koratam	Mandal	Therlam	District	Vijayanagara

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
01	P. Appala maidu	M	51	Degree	Private teacher	30,000
02	P. LAVANYA	F	45	Patel	Housewife	
03	P. Manoj	M	22	B.tech		
04	P. Harish	M	19	B.tech		

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: 6302478432
- (iv) Do you have Computer/Laptop: Yes/ No
- (v) Is internet available at home: Yes/ No


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

- (i) —
- (ii) —
- (iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Akkiyathapu Lalitha

Group : BSc CBZC

Registration Number : 2222001049001

Area of the Survey conducted: Kollivabasa

House No.	1-15-1	Habitat /Ward		Panchayat /Municipality	
Post office	Korralam	Mandal	Theziam	District	Vijaya nagaram

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	Ko Raja Rao	M	50	-	labour	Monthly - 10,000
2	Ko Saroja	F	48	-	housewife	
3	Ko Ravi	F	22	Degree		
4	Ko Pallavi	F	21	Degree		

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: Kolinga (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: 6304932732

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

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

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

(i) -

(ii) -

(iii) -

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akki Vrapu Lalitha

Group : BSc (BZC)

Registration Number : 2222 001040 001

Area of the Survey conducted: Kollivalasa

House No.	1-13-5	Habitat /Ward		Panchayat /Municipality	
Post office	Kozhifam	Mandal	Therlam	District	Vizayanagaram

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
01	S. Chalaprathi	M	40	Degree	Auto Driver	15,000
02	S. Lakshmi	F	38	Inter	Housewife	
03	S. Bhargava	M	13	8 th class		
04	S. Susmitha	F	16	Diploma		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kalin ga (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: 63049 32437

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

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

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

(i) —


(ii) —

(iii) —

Place: Kollivasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Akkimarapu. Kalitha

Group : BSC (BZC)

Registration Number : 2222001049009

Area of the Survey conducted: Kollivalasa

House No.	4-46	Habitat /Ward		Panchayat /Municipality	
Post office	Koradlam	Mandal	Theerlam	District	V. Z. M

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1	A. Rambabu	M	50	-	Labour	10,000
2	A. Jyothi	F	46	-		
3	A. Sarani	F	16	Scgce		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

(vii) Type Cooking fuel used: LPG/Xerosene/ 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: 9346783241

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

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

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

(i) —

(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : AKKIVARAPU. Lalitha

Group : BSC (B.Z.C)

Registration Number : 2222001049009

Area of the Survey conducted: Kollivalasa

House No.	<u>2-35</u>	Habitat /Ward		Panchayat /Municipality	<u>Buzipeta</u>
Post office	<u>Koratalam</u>	Mandal	<u>Theerlam</u>	District	<u>V.Z.M</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>A. Parvathi</u>	<u>F</u>	<u>50</u>	<u>-</u>	<u>Labour</u>	<u>10,000</u>
<u>2</u>	<u>A. Parvathi</u>	<u>M</u>	<u>22</u>	<u>Degree</u>		
<u>3</u>	<u>A. Salyan</u>	<u>M</u>	<u>25</u>	<u>10th</u>		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 6304582154
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

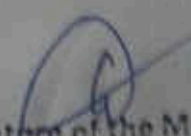
6. Any specific problems identified in the village/ Ward:

- (i) —
- (ii) —
- (iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO-ECONOMIC SURVEY

Name of the Student : Akkivarapu Lalitha

Group : BSC (B.ZC)

Registration Number : 2222001049009

Area of the Survey conducted: Kollivalasa

House No.	0-22	Habitat /Ward		Panchayat /Municipality	Buripeta
Post office	Koratam	Mandal	Therlam	District	V.Z.M

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	T. Ganapathi	M	50	5 th	Labour	10,000
2	T. Geetha	F	43	8 th		
3	T. Naveen	M	20	Degree		
4	T. Keerthi	F	15	10 th		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

(vii) 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:

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

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

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

(i) —

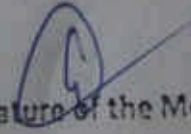
(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : AKKINARAPU Lalitha
Group : BSC (BZC)
Registration Number : 2222001049002
Area of the Survey conducted: Kollivalasa

House No.	<u>1-44</u>	Habitat /Ward		Panchayat /Municipality	<u>Buzipeta</u>
Post office	<u>Koratala</u>	Mandal	<u>Therlam</u>	District	<u>V.Z.H</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>A. Gurunulu</u>	<u>M</u>	<u>50</u>	<u>-</u>	<u>farmer</u>	<u>1000</u>
<u>2</u>	<u>A. Narayana</u>	<u>F</u>	<u>45</u>	<u>-</u>		
<u>3</u>	<u>A. Narsingh</u>	<u>M</u>	<u>30</u>	<u>10th</u>		
<u>4</u>	<u>A. Sambari</u>	<u>F</u>	<u>26</u>	<u>Degree</u>		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: ✓

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 6304370141

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

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

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

(i) —

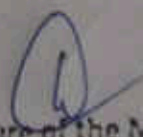
(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akkumarapu. Lalitha
Group : BSC (BZC)
Registration Number : 2222001049009
Area of the Survey conducted: Kollivalasa

House No.	<u>1-36</u>	Habitat /Ward		Panchayat /Municipality	<u>Buripeta</u>
Post office	<u>Koralam</u>	Mandal	<u>Theerlam</u>	District	<u>V.Z.M</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>A. Paid Raju</u>	<u>M</u>	<u>36</u>	<u>Degree</u>	<u>Teacher</u>	<u>15,000</u>
<u>2</u>	<u>A. Anjali</u>	<u>F</u>	<u>33</u>	<u>-</u>		
<u>3</u>	<u>A. Nellamma</u>	<u>F</u>	<u>45</u>	<u>-</u>		
<u>4</u>	<u>A. Ram</u>	<u>M</u>	<u>37</u>	<u>-</u>		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/ No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9154509109

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

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

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

(i) —


(ii) —

(iii) —

Place: Kollivalasa

Date:

A Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akkivarapu Lalitha
Group : BSC (B-ZC)
Registration Number : 2222001049009
Area of the Survey conducted: Kollivalasa

House No.	<u>1-56</u>	Habitat /Ward		Panchayat /Municipality	
Post office	<u>Koradom</u>	Mandal	<u>Therlam</u>	District	<u>U.E.M</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>A. Mallelli</u>	<u>M</u>	<u>30</u>	<u>Degree</u>	<u>Teacher</u>	<u>15,000</u>
<u>2</u>	<u>A. Sambasi</u>	<u>F</u>	<u>26</u>	<u>Degree</u>		
<u>3</u>	<u>A. Shashini</u>	<u>F</u>	<u>5</u>	<u>1st</u>		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family: ✓

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9160770571

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

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

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

(i) —


(ii) —

(iii) —

Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the Student : Akkivarapu Lalitha
Group : BSC (BZC)
Registration Number : RR22001049009
Area of the Survey conducted: Koligivalaya

House No.	1-33	Habitat Ward		Panchayat /Municipality	Buzipeta
Post office	Koratam	Mandal	Therlapu	District	V.Z.M

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	A. Bangaraju	M	40	-	Labour	8,000
2	A. Kancha	F	38	-		
3	A. Kiran	M	20	Beared		
4	A. Pramella	F	25	Beared		

2. Social Status details:

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

3. Economic Status details:

(i) Type of House: Hut/ Semi Putta/ Putta/ 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 _____

- (vi) Do you have own toilet? Yes/No
- (vii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____
- (viii) Do you have white Ration Card? Yes/No
- (ix) 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: 6301585403
- (iv) Do you have Computer/Laptop: Yes/No
- (v) Is internet available at home: Yes/No


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

- (i) —
- (ii) —
- (iii) —

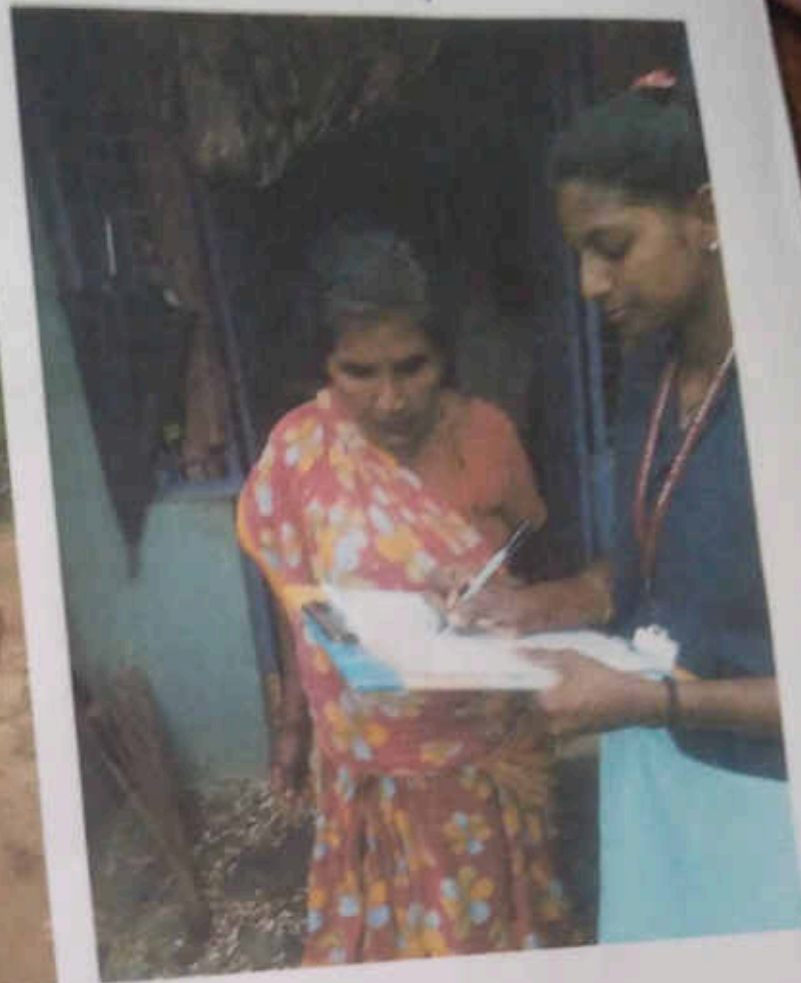
Place: Kollivalasa

Date:

A. Lalitha
Signature of the Student


Signature of the Mentor

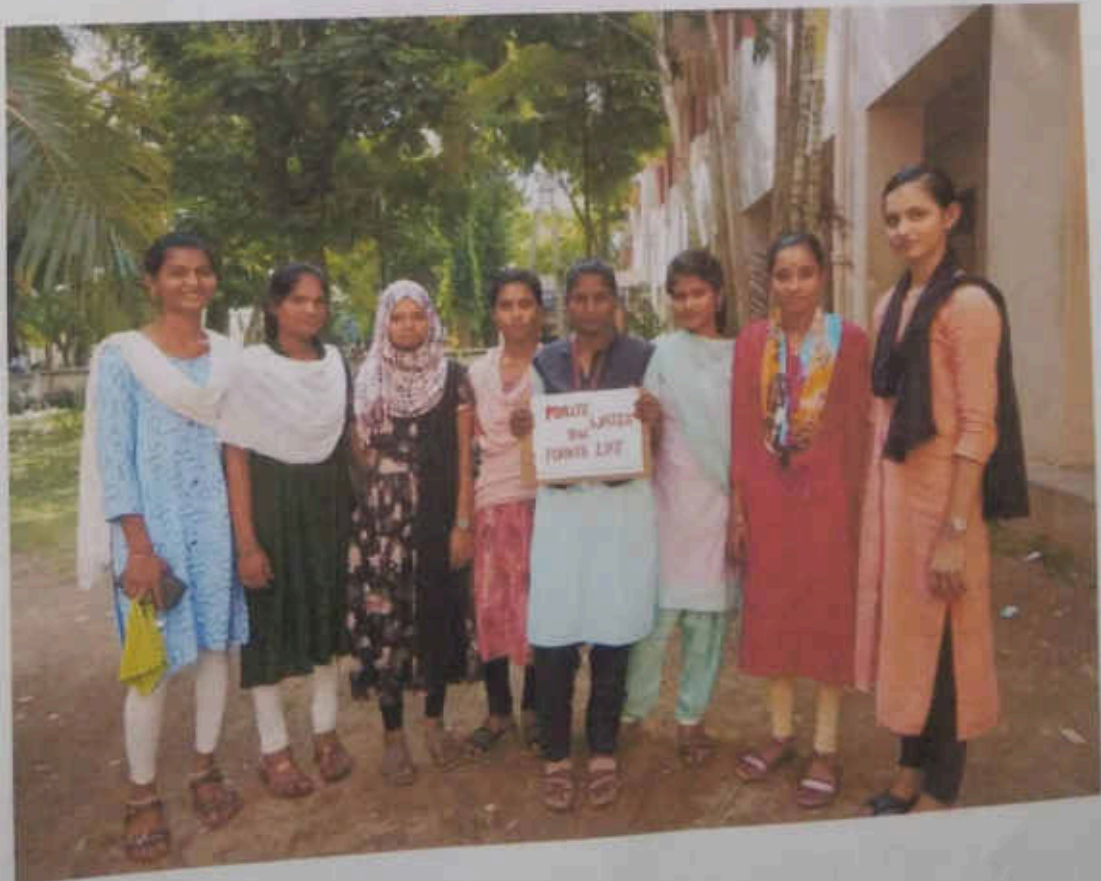
Socio - Economic Survey



Socio - Economic Survey



Awareness programme



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

Name of the student : AKKIVAYAPU Lalitha
 Group : BSC (B.Z.C)
 Name of the mentor : D. Adi narayana
 Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
	<u>A. Venkata ramana</u>	<u>Kollivalasa</u>	<u>Therlasy</u>	<u>V.Z.M</u>

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 NO
11. Do you know your current body mass index?
 ✓
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?
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

A. Lalitha

Signature of the Student



Signature of the Mentor



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



Name of the student : Akkivarapu Lalitha
Group : BSC (C.B.Z)
Name of the mentor : DAdi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
0-22	A. Parvathi	Kollivalasa	Therlam	Vizayanagara

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Lalitha
Signature of the Student


Signature of the Mentor



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



Name of the student : AKKURAPU. Lalitha
Group : BSC (B.Z.C)
Name of the mentor : D. Adi narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Nooka Ratnam	Kollimlata	Therlam	V.Z.H

- 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
 - 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?

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?

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.~~ 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

A. Lalitha
Signature of the Student


Signature of the Mentor

COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS

Name of the student : AKKIVARAPU. Lalitha
Group : BSC (B.Z.C)
Name of the mentor : Dr. Adinarayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Radha	Kollivalara	Therlam	V.Z.M

1. How many times a day do you eat?

3 times

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
- less often
- never
- several times a week

Fresh vegetables & Fruits:

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

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?

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.~~ 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

A. Lalitha
Signature of the Student


Signature of the Mentor



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



Name of the student : AKKURAPU. Lalitha

Group : BSC (B.Z.C)

Name of the mentor : DADI NARAYANA

Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
A	Laxman Rao	Kollivalasa	Theylam	U.Z.M

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

no

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Lalitha
Signature of the Student


Signature of the Mentor



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



Name of the student : Akkivarapu Lalitha
Group : BSC (BZC)
Name of the mentor : D. Adi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Narayanaoanra	Kollivalasa	Thorlana	V.Z.M

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Lalitha
Signature of the Student


Signature of the Mentor



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

Name of the student : Akkivarapu. Lalitha
Group : BSC (B.Z.C)
Name of the mentor : D. Adi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	<u>A. Sambare</u>	<u>Kollivalasa</u>	<u>Theylasa</u>	<u>V.Z.M</u>

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

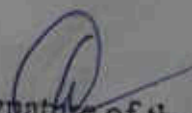
Mental condition.

A. No impact.

B. little impact

c. big impact. D. none

A. Lalitha
Signature of the Student


Signature of the Mentor



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



Name of the student : Akkinarapu Lalitha
Group : BSC (BZC)
Name of the mentor : D. Ad. Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. polamma	kollivalasa	Therla	V. Z. M

1. How many times a day do you eat?

3 times

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?

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Lalitha
Signature of the Student


Signature of the Mentor



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



Name of the student : AKKIVARAPU. Lalitha
Group : BSC (BZC)
Name of the mentor : D. Adi. Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Narasing Rao	Kollivalasa	Therlasi	V. Z. M

1. How many times a day do you eat?

3-times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Kallitha
Signature of the Student


Signature of the Mentor



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

Name of the student : Akkinarapu. Kalitha
Group : BSC (BZC)
Name of the mentor : D. Adi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Ramesh	Kollivalasa	Therlaay	V. Z. M

1. How many times a day do you eat?

3 times

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?
NO

11. Do you know your current body mass index?

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

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

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

A. Kalyetha
Signature of the Student


Signature of the Mentor



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



Name of the student : Akkinarapu Lalitha

Group : BSC (BZC)

Name of the mentor : D. Adi Narayana

Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Ramesh	Kollimalasa	Therlaas	V. Z. M

1. How many times a day do you eat?

3 times

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

a. I eat a good breakfast - yes

b. I experienced feeling of hunger during the day - yes

c. I eat meat. - yes

d. I eat vegetables. - yes

e. I eat fruits. - yes

f. I eat dairy products - yes

g. I eat sweets. - yes

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

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

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

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

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

6. Do you have any particular food allergies?

no

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

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week

less often never

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

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

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

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Salotra
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : AKKINARAPU Lalitha
Group : BSc (BZC)
Name of the mentor : D. Adi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Gaurah	Kollivalasa	Therlasi	U.E.M

1. How many times a day do you eat?

3 times

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?

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

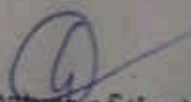
Weight.

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

Mental condition.

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

A. Lalittra
Signature of the Student


Signature of the Mentor



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



Name of the student : AKKIVARAPU. Sathya
Group : BSC (B.Z.C)
Name of the mentor : D. Adi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Marya	Kollivalasa	Therlavu	V.Z.M

1. How many times a day do you eat?

3 times

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?

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Lalitha
Signature of the Student

[Signature]
Signature of the Mentor



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

Name of the student : AKKIVARAPU. Lalitha
Group : BSC (B.Z.C)
Name of the mentor : D. Adinarayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Shankar Rao	Kollimalasa	Therlary	V.Z.M

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

10. Do you or have you ever has cholesterol problems?
N/D

11. Do you know your current body mass index?

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

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

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

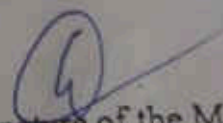
Restful sleep
a. No impact. B. little impact c. big impact. D. none

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

A. Lalitha
Signature of the Student


Signature of the Mentor



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



Name of the student : A. Lalitha
Group : BSC (B.Z.C)
Name of the mentor : Dr. Adinarayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Salya vathi	Kollivalasa	Therlam	V.Z.M

- 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
 - 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?

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?

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

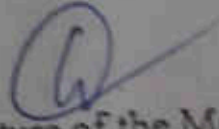
Mental condition.

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 : Akkivarapu Lalitha
Group : BSC (BZC)
Name of the mentor : D. Adinarayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Gowai Shankar	Kollimalasa	Therla	V.Z.M

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

NO

11. Do you know your current body mass index?

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

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

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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

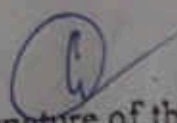
Mental condition.

A. No impact.

B. little impact

c. big impact. D. none

A. Lalitha
Signature of the Student


Signature of the Mentor



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



Name of the student : Akkivarapu Lalitha
Group : BSC (BZE)
Name of the mentor : D. Adi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. mallelli	Kollivalasa	Therlasi	10-7-21

1. How many times a day do you eat?

3 times

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

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

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

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

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

- 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%

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Lalitha
Signature of the Student

Signature of the Mentor



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



Name of the student : - Akkivarapu Lalitha
Group : BSC (B.Z.C)
Name of the mentor : Dadi narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
A	Vinay Kumar	Kollivalasa	Therla	V.Z.M

1. How many times a day do you eat?

3 times

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?

NO

11. Do you know your current body mass index?

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

NO

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

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

A. Latella
Signature of the Student


Signature of the Mentor



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

Name of the student : AKKURAPU Kalitha
Group : BSC (B.Z.C)
Name of the mentor : D. Anilwarayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Venkatesh	Kollivalasa	Therlam	V.Z.M

- 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
 - 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?

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?

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

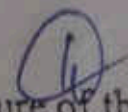
Weight.

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

Mental condition.

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

A. Lalitha
Signature of the Student


Signature of the Mentor

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

Name of the student : AKKIVARAPU. Lalitha
 Group : BSC (B-Z.C)
 Name of the mentor : D. Adinarayana
 Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. paidaraju	Kollimalasa	Therlasi	U.Z.M

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

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?

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

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Weight.

a. No impact.

B. little impact

c. big impact. D. none

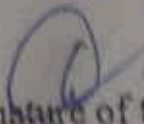
Mental condition.

A. No impact.

B. little impact

c. big impact. D. none

A. Lalitha
Signature of the Student


Signature of the Mentor



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



Name of the student : Akkivarapu Lalitha
Group : BSC (B.Z.C)
Name of the mentor : D. Adinarayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Nellanna	Kollivalasa	Therlam	V.Z.H

1. How many times a day do you eat?

3 times

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

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

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

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

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

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

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

6. Do you have any particular food allergies?

NO

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

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week

less often never

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

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

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

NO

11. Do you know your current body mass index?

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?

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

A. Lalitha

Signature of the Student

Signature of the Mentor



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



Name of the student : Akkivarapu Lalitha
Group : BSC (B.Z.C)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	A. Laxmi	Kollivada	Theerlavu	U.Z.M

- 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
 - 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
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Fresh vegetables & Fruits:

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

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

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

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

NO

11. Do you know your current body mass index?

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

NO

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

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

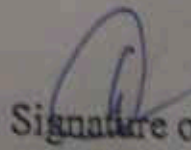
Weight.

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

Mental condition.

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

A. Lalitha
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE WOMEN, SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : AKKIVARAPU. Lalitha
Group : BSC (B.Z.C)
Name of the mentor : D. Adinarayana
Name of the project : Food habits

House No	Name of the person	Villages / Ward	Mandal	District
	A. Tarudu	Kolivalasa	Tharasa	V.Z.H

- 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
 - 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?

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?

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

A. Salitha

Signature of the Student

Signature of the Mentor

Food habits



CONCLUSION

I'm A LALITHA studying in BSc first year CBZ group. I had completed the community service project on "FOOD HABITS" in our Village and Submitted the report t my mentor My project is about the food habits of our Village people. I conducted questionnaire to different age groups people about their regular diet. Most of the old aged people considered break-fast as their main meal of the day. They taking food three times a day. We find out the major problem facing by our Villagers and dropped the sarpanch attention towards the problem by conducting awareness program I our village.

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

By

AKKIVARAPU LALITHA