COMMUNITY SERVICE PROJECT

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

BY

APURU SRAVANI

2222001056001

Semester 2 (CBMB)

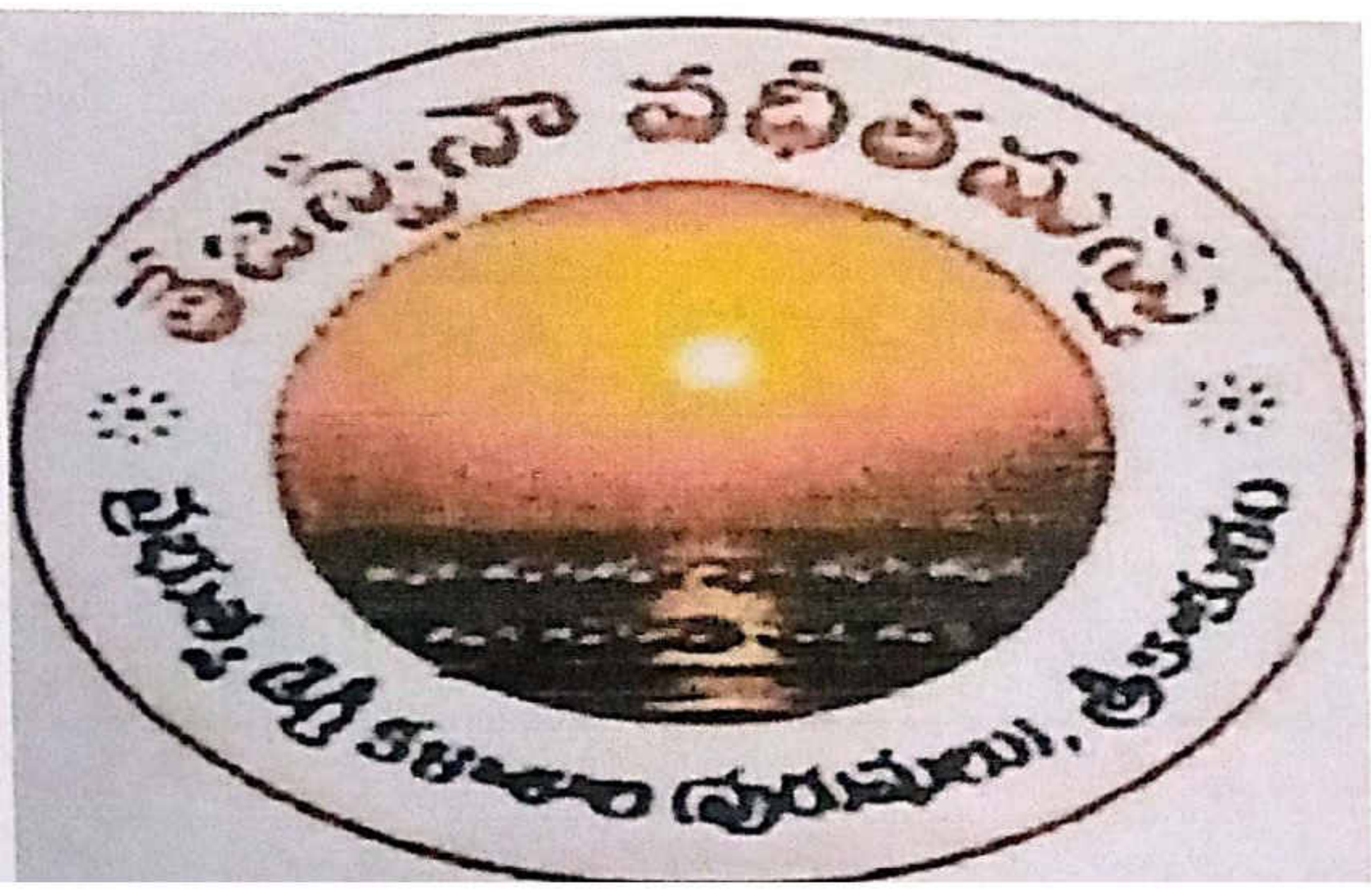
Batch 2022-2025

Under the supervision of

CHS. SUDHAKAR

Lecturer in MICRO BIOLOGY

GOVERNMENT DEGREE COLLEGE(Men), SRIKAKULAM



Government Degree College (M), Srikakulam

CSP Internal Assessment (2020-2021)

Name of the student :	APIJU Sravani	
Class & Year of study	B.Sc CBMB [2022 to 2025]	
Registered Mobile Number	8328000233	
Assessment Component	**Max Marks**	**Marks Secured**
1. Project Log	20	
2. Project Implementation	30	
3. Project Report	25	
4. Presentation	25	
Total out of 100	**100**	

1. Signature of the mentor:
2. Signature of the faculty of the same course:
3. Faculty from the languages:

ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete the **community service project**. Special thanks to Mentor **CHS. SUDHAKAR** sir who help me in stimulating suggestions and encouragement to complete this project.

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

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

CERTIFICATE

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

Date:
Place:

Project guide:
CHS. SUDHAKAR
Lecturer in Micro Biology
GDC (M), Srikakulam

DECLARATION

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

Date:
Place:

A. Sravani

Signature of the candidate

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INTRODUCTION

Food habits and Nutritional Problems:

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

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

Healthy Food Habits:

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

OBJECTIVE

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

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

METHODOLOGY

1. Study site:

The place selected for the project was comes under 11th ward Gangadhar puram village of Srikakulam district. Approximately 25 families were covered under this ward. This is a rural area with 75% of people were farmers. This area is used for the cultivation of rice and vegetables.

2. Quantitative study:

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

3. Qualitative study:

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

4. Data collection:

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

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

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : Apuuu. Sravani

Group : CBMB

Registration Number : 222200100560001

Name of the Mentor : CHS Sadhakar

Name of the Project : Socio - Economic Survey.

Date & Day	Activity done	Number of Hours Spent	Signature of the student
09-5-2023	Socio-Economic Survey	7:30 hrs	A. Sravani
10.05.2023	Socio-Economic Survey	6:00 hrs	A. Sravani
11.05.2023	Socio-Economic Survey	7:00 hrs	A. Sravani
12.05.2023	Socio-Economic Survey	4:30 hrs	A. Sravani
14.05.2023	Socio-Economic Survey	6:00 hrs.	A. Sravani
15.05.2023	Socio-Economic Survey	5:30 hrs.	A. Sravani
13.05.2023	Socio Economic Survey	6:00 hrs.	A. Sravani
14.05.2023	Socio-Economic Survey	6:00 hrs	A. Sravani

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : APURU. Sravani

Group : CBMB

Registration Number : 222200105600l

Name of the Mentor : CH.S Sudhakar

Name of the Project : FOOD

Date & Day	Activity done	Number of Hours Spent	Signature of the student
17.5.2023	Awareness	07 hours	A. Sravani
18.05.2023	Awareness.	05 Hours	A. Sravani
19.05.2023	Awareness.	04 Hours	A. Sravani

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : APURU SRAVANI

Group : CBMB

Registration Number : 222200105600 1

Name of the Mentor : CHS Shudhakar

Name of the Project : FOOD Habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20-05-2023	FOOD habits	4:00hrs.	A. Sravani
21-05-2023	FOOD habits	5:00hrs.	A. Sravani
22.05-2023	FOOD habits	7:00hrs	A. Sravani
23-05-2023	FOOD habits	5.30hrs	A. Sravani
24-05-2023	FOOD habits.	6.00hrs	A. Sravani
25-05-2023	FOOD habits	6.30hrs	A. Sravani
26-05-2023	FOOD habits	5.30hrs	A. Sravani
27-05-2023	FOOD habits	7:00hrs	A. Sravani
28-05-2023	FOOD habits	5:30hrs	A. Sravani

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : Apuska. Sravani

Group : CBMB

Registration Number : 222200105600l

Area of the Survey conducted: Gangadharapuram.

House No.	2-50	Habitat /Ward	No.(3)	Panchayat /Municipality	Polesiu.
Post office	Polesiu	Mandal	Kanchili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	Mungasi - Ramudu	M	78	-	farmer	50,000 year
2,	M. Baivamma	f	69	-	farmer	30,000 year
3,	M. Duryodhana	M	31	Degree.	Soft ware	50,000 Mth.
4,	M. ESmitha	f	7	U.Kg	studing	-
5,	M. Jasvita	f	6	1.Kg	Studing	-

2. **Social Status details:**

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Uppara (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: 6302280697

(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) No-drainage facility

(ii) No-Water facility

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : APURU SRAVANI

Group : CBMB

Registration Number : 222200105600l

Area of the Survey conducted: Gangadharapuram

House No.	2-22	Habitat /Ward	No ①	Panchayat /Municipality	Polesu
Post office	Poleru	Mandal	Kanchili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	A. Lokunadham	M	45	7th class	Farmer	30,000/Month
2,	A. Menaka	F	38	–	Home Maker	–
3,	A. Rajkumar	M	23	B. Com	Studing	–
4,	A. Srinu	M	22	B. Com	Studing	–
5,	A. Sravani	F	19	BSc. CBMB	Studing	–

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC ✓ (ii) Sub-Caste: Uppara (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: 8328000233

(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) No- drainage facility

(ii) No- water facility

(iii)

Place: Gangadharapuram.

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Sravani

Group : CBMB

Registration Number : 222200105600l

Area of the Survey conducted: Gangadhapuram.

House No.	2-14	Habitat /Ward	No. 3	Panchayat /Municipality	Polesu
Post office	Polesu	Mandal	Kanchili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	Gummadi - Raju	M	38	10th class	driver	50,000 Nath
2.	G. lakshmi	F	35	8th class	Home Maker	-
3	G. Yuvaraju	M	17	Inter	Studing	-
4.	G. Kumar	M	15	10th class	Studing	

2. Social Status details:

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

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: 8320001697

(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) No. Water facility

(ii) No. Road's facility

(iii)

Place:

Date:

A Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Sravani

Group : CBMB

Registration Number : 222001056001

Area of the Survey conducted: Gangadhaipuram

House No.	2-11	Habitat /Ward	3	Panchayat /Municipality	Poleau
Post office	Poleau.	Mandal	Kanchili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	G. Baisagi	M	60	-	farmer	50,000 Rath
2,	G. chinnanna	F	48	-	farmer	-
3,	G. Tirupathi	M	28	10th class	stading	-
4.	G. jayalaxmi	M F	21	Inter	stading	-
5,	G. Vijay kumar	M	19	Degree.	Stading	-

2. Social Status details:

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

3. **Economic Status details:**

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 8555017897

(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) No. Water facility

(ii) No. Roads facility

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A Sravani

Group : CBMB

Registration Number : 222001056001

Area of the Survey conducted: Gangadharpuram.

House No.	2-10	Habitat /Ward	3	Panchayat /Municipality	Polesu
Post office	Polesu	Mandal	Kanchili	District	Srikakulam

1. **Household Details:**

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	J- Chinnayya	M	30	Degree	Shop	50,000 Month
2.	J- Maha laxmi	F	26	—	-	—

2. **Social Status details:**

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 8316578910

(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) No. drinking water facility

(ii) No. Roads facility

(iii)

Place:

Date:

A. Bhavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Sravani

Group : CBMB

Registration Number : 222200105600l

Area of the Survey conducted: Gangadhaapuram.

House No.	2-65	Habitat /Ward	5	Panchayat /Municipality	Polesu
Post office	Polesu.	Mandal	Kanchili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	G. Ramajrao	M	38	–	Farmer	50,000 Month
2,	G. Deeksha	F	9	5th U.KG.	Studing	–
3,	G. Tulasi	F	29	6th class	Home Maker	–
4.	G. jagan.	M	7	1-K.G.	Studing	

2. **Social Status details:**

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

3. **Economic Status details:**

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 1 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 6301005783

(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) No Water for drinking facilitys.

(ii) No roads facilitys.

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Sravani

Group : CBMB

Registration Number : 222001056001

Area of the Survey conducted: Gangadharpuram.

House No.	2-38	Habitat /Ward	No. 5	Panchayat /Municipality	Polesu.
Post office	Polesu	Mandal	Kanchili	District	Srikakulam

1. **Household Details:**

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	J. Papa Rao	M	61	-	Farmer	50,000 Mth
2,	J. Bankamma	F	68	-	Farmer	-
3,	Venkata Rao	M	28	-	Farmer	-

2. **Social Status details:**

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land:_____Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes 6300105679

(iii) Mobile Number: 6300105679

(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) No drinking facility

(ii) Masquitoes problem.

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A Sravani

Group : CBMB.

Registration Number : 222001056001

Area of the Survey conducted: Gangadharapuram.

House No.	2-61	Habitat /Ward	5	Panchayat /Municipality	Polesu
Post office	Polesu	Mandal	Kanchili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	G. Krishna	M	38	-	farmer	50,000 Mth
2.	G. Ramarao	M	59	-	-	
3,	G. Appanna.	M	26	-	-	
4,	G. laxmi	F	50			

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land:_____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: 6301215609

(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) No. drinking water

(ii) No. drinking fresh water

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A Sravani

Group : CBMB

Registration Number : 222005600l

Area of the Survey conducted: Gangadharpuram.

House No.	2-62	Habitat /Ward	5	Panchayat /Municipality	Polesu
Post office	Polesu	Mandal	Kanchili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	G. chinnayya	M	50	-	Farmer	50,000 year
2,	G. Padamma	F	48	-	House-Maker	
3,	Laxmi Narayana	M	20	-	-	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land:_____Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 6315676498

(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) No. Water facility.

(ii) No. Roads facility

(iii)

Place:

Date:

A. Saavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Sravani

Group : CBMB

Registration Number : 222200105600l

Area of the Survey conducted: Gangadharapuram.

House No.	2-60	Habitat /Ward	5	Panchayat /Municipality	Poda.
Post office	Polesiu	Mandal	Kanchili	District	Srikakulam

1. **Household Details:**

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	K. Naveen	M	45	Degree	business	1,lkhs.
2,	K. Raju	M	30	B.COM	Soft ware	30,000
3,	K. Swathi	F	25	B.COM	Soft ware	25,000.

2. **Social Status details:**

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 1 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 6300105679

(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) Mosquitoes.

(ii) Drainage.

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Sravani

Group : CBMB

Registration Number : 222001056001

Area of the Survey conducted: Gargadhapuram.

House No.	2-67	Habitat /Ward	3	Panchayat /Municipality	Polesu
Post office	Polesu	Mandal	Kanchili	District	Srikakulam

1. **Household Details:**

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	Nalla Vasanthi	F	55	–	shopkeeper	30,000/mnt
2,	Nalla Kisan	M	30	–	–	–
3,	N. Roja.	F	35	–	–	–

2. **Social Status details:**

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

3. *Economic Status details:*

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 3 Acres

(vi) Livestock resources: Cows – 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: 6301516793

(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) No Water facility

(ii) No dsinage facility

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Sravani

Group : CBMB.

Registration Number : 222200105600l

Area of the Survey conducted: Gangadharapuram.

House No.	2-73	Habitat /Ward	2,	Panchayat /Municipality	Polesu.
Post office	Polesu	Mandal	Polesu	District	Srikakulam

1. **Household Details:**

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	Dandora Dalayya	M		-	farmer	1, lakh Year
2,	Bodamma	f		-	farmer	-
3,	Venkatesulu.	M		10th class	farmer	-

2. **Social Status details:**

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 2 Acres

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

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

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

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

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

4. **Health Details:**

(i) Ailments in family:

(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: 6301213650

(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) No water drinking facility

(ii) No Road's facility

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Shivani

Group : CBMB

Registration Number : 222200105600l

Area of the Survey conducted: Gangadhorpuram

House No.	13-7	Habitat /Ward	3	Panchayat /Municipality	Polesu
Post office	Polesu	Mandal	Kanchili	District	Srikakulam

1. **Household Details:**

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	-APPaRO. Jyothi	F	59	5th class	—	—
2,	A. Shiva	M	30	Degree	private EMP	50,000
3.	A. Sankar	M	25	Intesi	private EMP	20,000

2. Social Status details:

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

3. **Economic Status details:**

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 2 Acres

(vi) Livestock resources: Cows — Oxen — Buffaloes — 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: 9398070034

(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) No drinking water facility

(ii) No road's facility

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Bhavani

Group : CBMB

Registration Number : 222200105600l

Area of the Survey conducted: Gangadhorpuram.

House No.	2-70	Habitat /Ward	5	Panchayat /Municipality	Kanchili
Post office	Pedesu	Mandal	Kanchili	District	Srikakulam.

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1,	Kataxi Raju	M	39	-	farmer	30,000 Year.
2,	K. Nagasamma	f	35	-	-	
3,	K. padma	f	16	-	-	
4,	K. parvati	f	11	-	-	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 1 Acres

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

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

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

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

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

4. Health Details:

(i) Ailments in family:

(ii) Treatment in which Hospital: Govt/Private

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

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

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

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 6300105697

(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) No water facility

(ii) No road facility

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : A. Sowmani

Group : CBMB

Registration Number : 222200105600 1

Area of the Survey conducted: Gangadharpuram.

House No.	2-63	Habitat /Ward	5	Panchayat /Municipality	Polesu.
Post office	Polesu	Mandal	Kanchili	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	Prema kumari	F	25	Degree	Bank offeer	60,000 PM
2.	Raju.	M	21	Inter	Home Maker	—

2. **Social Status details:**

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

3. **Economic Status details:**

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 1 Acres

(vi) Livestock resources: Cows — Oxen — Buffaloes — 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: 6300801581

(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) No. Water facility

(ii) No. Road's facility

(iii)

Place:

Date:

A. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : Apoju. Sravani

Group : CBMB

Name of the mentor : CHS. Sudhakar

Name of the project : FOOD HABITS.

House No	Name of the person	Village / Ward	Mandal	District
2-22	A. Sravani	Gangadharapuram	Kanchili	Srikakulam

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

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

Sweet foods:

Several times a day ○ once a day ○ several times a week ✓

less often ○ never ○

Fresh vegetables & Fruits:

Several times a day ✓ once a day ○ several times a week ○

less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%○ 50%✓ 25%○ less than 25% ○

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

NO

11. Do you know your current body mass index?

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?

Healthiest - Rice, vegetable, curries, fruits.- - -
Un healthiest - Noodles, pani puri, Samosa etc.- - -.

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. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : Apsra. Sravani

Group : CBMB

Name of the mentor : CH.S. Sudhakar Sir

Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-50	M. Jyothsna.	Gangadharapuram	Kanchili	Srikakulam

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

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

Sweet foods:

Several times a day ○ once a day ○ several times a week ✓

less often ○ never ○

Fresh vegetables & Fruits:

Several times a day ✓ once a day ○ several times a week ○

less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%○ 50%✓ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Healthiest :- Rice, vegtables. leaf curry's. - - - -

Un health :- oil, food, Junk food. - - -

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

Restful sleep a. No impact.	B. little impact	c. big impact. ✓ D. none
Health a. No impact.	B. little impact	c. big ✓ impact. D. none
Weight. a. No impact.	B. little impact ✓	c. big impact. D. none
Mental condition. A. No ✓ impact.	B. little impact	c. big impact. D. none

A. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Sravani
Group : CBMB
Name of the mentor : CHS. Sudhakar
Name of the project : FOOD HABITS.

House No	Name of the person	Village / Ward	Mandal	District
2-21	G. Yuva raj	Gangadharapuram	Kanchili	Srikakulam.

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

NO

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

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%○ 50%✓ 25%○ less than 25% ○

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

NO

11. Do you know your current body mass index?

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? Health:- Vegetables, rice, leaf curry's Etc.---.

No unHealth:- Junk food.

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

A. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Sravani
Group : CBMB
Name of the mentor : CH. S Sudhakar
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-11	G. Vijay Kumar	Gangadharpatam	Kanchili	Srikakulam

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

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

   Several times a day ○ once a day ○ several times a week ✓
   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○
   less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%○ 50%✓ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Health :- Rice, leaf, vegetables etc---

Un Health :- Junk food.

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

A. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Abbavani
Group : CBMB
Name of the mentor : CHS. Sudhakar
Name of the project : FOOD HABITS.

House No	Name of the person	Village / Ward	Mandal	District
2-8	J. Maha laxMi	Gangadharapuram	Kanchili	Srikakulam.

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

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

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%○ 50%✓ 25%○ less than 25% ○

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

NO

11. Do you know your current body mass index?

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?

Health = Vegetables, rich, leaf curry etc.....

Un Health = Junk food etc.....

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. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Sravani
Group : CBMB
Name of the mentor : Ch.S. Sudhakar
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-60	Venkat Rao	Gangadharapuram	Kanchili	Srikakulam.

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

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

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%○ 50%✓ 25%○ less than 25% ○

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

NO

11. Do you know your current body mass index?

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?

Health:- Juice, vegetables, curry's.

Un Health:- Junk food.

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

A. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Sowmani
Group : CBMB
Name of the mentor : CHS. Sudhakar
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-61	G. Laxmi	Gangadharapuram	Kanchili	Srikakulam

1. How many times a day do you eat?

   5 TIMES

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

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

   Several times a day ○ once a day ○ several times a week ⊘

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ⊘ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%⊘ 25%○ less than 25% ○

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

90%○ 75%⊘ 50%⊙ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Health :- Rice, oat's, Vegetables -etc. . . .

Un Health :- Junk food.

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

A. Siddiqui

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Abhvani
Group : CBMB
Name of the mentor : CH.S Sudhakar
Name of the project : @ FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-63	laxmi Narayana	Gangadharapuram	Kanchili	Srikakulam

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

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

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%✓ 50%○ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Healthiest:- vegetables, curry's etc..

Un Healthiest:- junk food.

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

A. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Sravani
Group : CBMB
Name of the mentor : CHS. Sudhakar
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-69	G. jagan	Gangadhara patam	Kanchili	Srikakulam

1. How many times a day do you eat?

   3times.

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

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

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%✓ 50%○ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Healthiest :- Vegetables, rice, curry's.
Un Healthiest :- oil food.

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

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

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

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

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

A. Sharani
Signature of the Student

Signature of the Mentor

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

Name of the student : A. Aishwani
Group : CBMB
Name of the mentor : CHS. Sudhakar
Name of the project : FOOD HABITS.

House No	Name of the person	Village / Ward	Mandal	District
2-70	Raju.	Singadhalapuram	Kanchili	Srikakulam

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

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

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%⊘ less than 25% ○

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

90%○ 75%⊘ 50%○ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Healthiest:- Vegetables, leaf ~~xxxx~~.

Un Healthiest:- junk food.

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

A. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Sravani
Group : CBMB
Name of the mentor : CHS. Sadhakar
Name of the project : FOOD HABITS.

House No	Name of the person	Village / Ward	Mandal	District
2-72	K. Padma	Gargadharpuram	Kanchili	Srikakulam.

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

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

   Sweet foods:

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%⊘ less than 25% ○

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

90%○ 75%⊘ 50%○ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Healthiest:- vegetables.

Un Healthiest:-

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. Sevani

Signature of the Student

Signature of the Mentor

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

Name of the student : A. Sravani
Group : CBMB
Name of the mentor : CHS Sudhakar
Name of the project : FOOD HABITS

e No	Name of the person	Village / Ward	Mandal	District
8	A. Shiva	Gangadharapuram	Kanchili	Srikakulam

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

   Sweet foods:

   Several times a day ○ once a day ○ several times a week ✓
   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○
   less often ○ never ○

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

90%○ 75%○ 50%✓ 25%○ less than 25% ○

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

90%○ 75%✓ 50%○ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Healthiest :- vegetables. curry's
un Healthiest :- junk food.

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

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

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

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

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

A. Sarai
Signature of the Student

Signature of the Mentor

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

Name of the student : A. Sravani
Group : CBMB
Name of the mentor : CHS. Sudhakar Sir.
Name of the project : FOOD HABITS.

House No	Name of the person	Village / Ward	Mandal	District
2-131	K. Naveen	Gangadharapuram	Kanchili	Srikakulam

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

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

   Several times a day ○ once a day ○ several times a week ✓
   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○
   less often ○ never ○

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

90%○ 75%✓ 50%○ 25%○ less than 25% ○

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

90%○ 75%○ 50%✓ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Healthiest:- Juice, oats, pastha, fruits Etc- - - -

Un Healthiest:- pizza. Etc- - - -

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. Sravani

Signature of the Student

Signature of the Mentor

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

Name of the student : A Bhavani
Group : CBMB
Name of the mentor : CHS. Sudhakar
Name of the project : FOOD HABITS.

House No	Name of the person	Village / Ward	Mandal	District
2-67	A. Roja	Gangadharapuram	Kanchili	Srikakulam.

1. How many times a day do you eat?

   3 TIME

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

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

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%✓ 75%○ 50%○ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

unhethiest :- junk food.
Healthies!- vegetables, cuucej's Jice

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. Saeed
Signature of the Student

Signature of the Mentor

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

Name of the student : A. Shivani
Group : CBMB
Name of the mentor : ehs Sudhakar
Name of the project : Food HABITS.

House No	Name of the person	Village / Ward	Mandal	District
2-13	Dakayya	Gangadhaspuram	Kanchili	Srikakulam

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

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

   Several times a day ○ once a day ○ several times a week ✓

   less often ○ never ○

   Fresh vegetables & Fruits:

   Several times a day ✓ once a day ○ several times a week ○

   less often ○ never ○

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

90%○ 75%○ 50%○ 25%✓ less than 25% ○

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

90%○ 75%✓ 50%○ 25%○ less than 25% ○

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

No

11. Do you know your current body mass index?

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?

Healthiest :- vegetables, Juice, fruits. Etc - - - .

Unhealthest:- junk food - - - .

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

Restful sleep

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

Health

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

Weight.

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

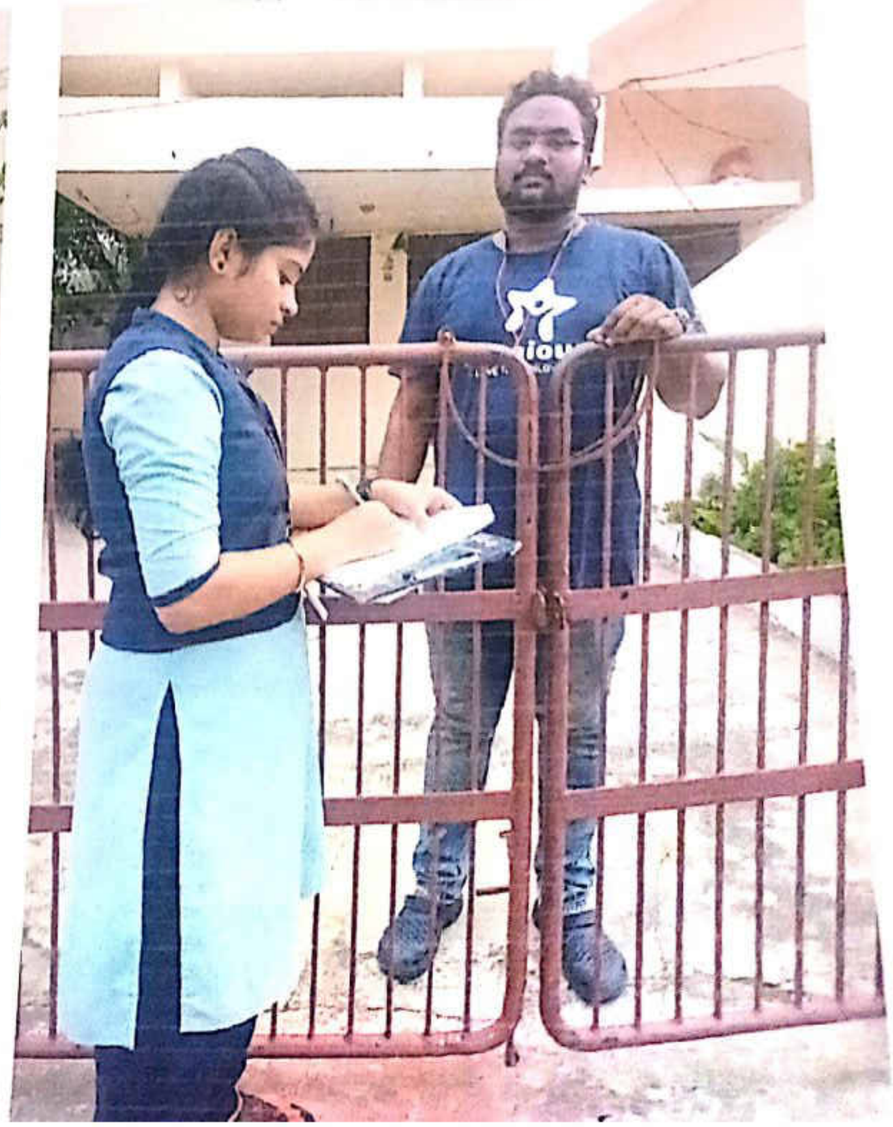
Mental condition.

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

A. Sharani

Signature of the Student

Signature of the Mentor



CONCLUSION

I'm APURU SRAVANI, studying in B.SC first year BZC group. I had completed the community service project on **"FOOD HABITS"** in our village and submitted the report to my mentor. My project is about the food habits of our Village people, I conducted questionnaire to different age groups people about their regular diet. Most of the old aged people considered lunch as their main meal of the day. They taking food only two times per day due to digestive problems. We find out the major problem facing by our villagers and dropped the Sarpanch attention towards the problem by conducting awareness program in our village.

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

By
APURU SRAVANI

AWARENESS REPORT:

PROBLEMS IDENTIFIED

* Uneven roads in every street

* Water problems in every Street

* Improper drainage system

EFFECTS FACED BY PEOPLE

* Because of having uneven roads there are so many vehicles are damaged , not only that but also oldaged people are getting hard to walk on these roads.

* There is a need of water to everyone but in our village there are no proper gov.tap connection to each house but some are having them. Mostly people in my ward are not having gov. tap connection.

* There are so many problems are taking place on having improper drainage system.

SUGGESTIONS

At first , I would like to explain all about those problems and I said to them as you should complaint to the Valenteer to clear these problems and the valenteer said that all those problems will be cleared by our sarpanch and secretary.I told them that we have to maintain a proper usage of them neetly.

BY : APURU SJAVAHI