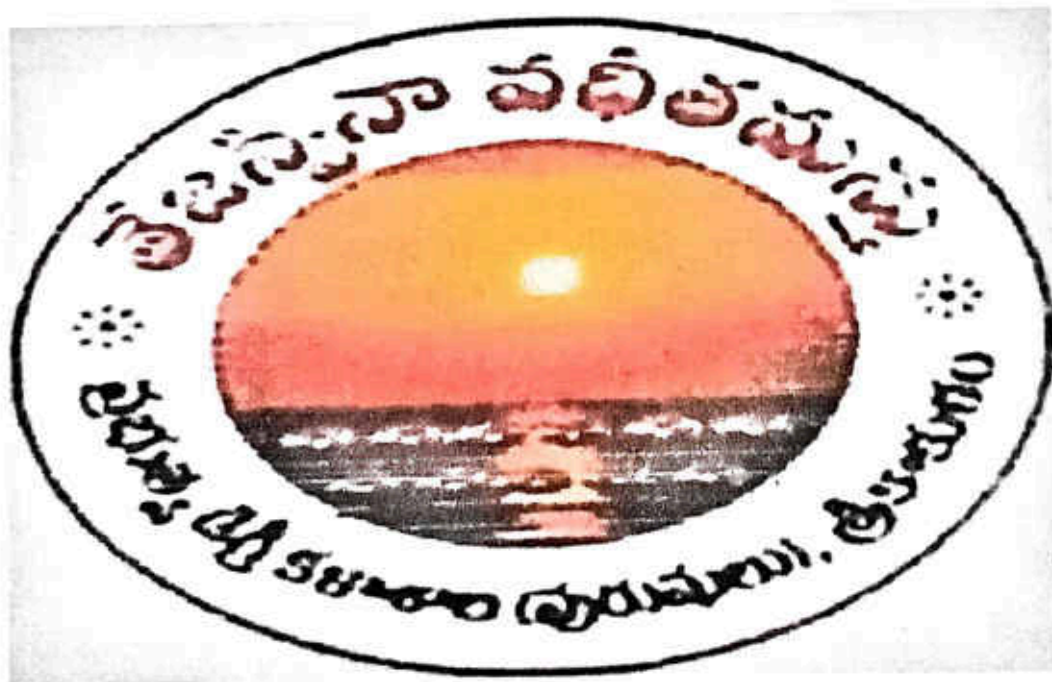


COMMUNITY SERVICE PROJECT

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

BY
NALLA.SRINIVAS
2222001566009
Semester 2 (MCIC)
Batch 2022-2025

Under the supervision of
Dr.D.Santhi priya
Lecturer in Chemistry
GOVERNMENT DEGREE COLLEGE(Men), SRIKAKULAM



Website: www.gcmsklm.ac.in

ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete the **community service project**. Special thanks to Mentor Dr.D.Santhi priya 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.

CERTIFICATE

I certified that NALLA.SRINIVAS studying BSC MCIC 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: SRIKAKULAM



Project guide:

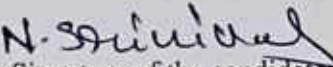
Dr.D.Santhi priya
Lecturer in Chemistry
GDC (M), Srikakulam

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-MCIC is a record of bonified project work carried out by me under the guidance of Dr.D. Santhi priya . I further declare that the work reported in this project has not been submitted and will not be submitted either in part or in full, for the award of any other degree in this institute or other institute or University,

Date:

Place: SRIKAKULAM

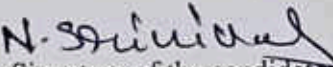

Signature of the candidate

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-MCIC is a record of bonified project work carried out by me under the guidance of Dr.D. Santhi priya . I further declare that the work reported in this project has not been submitted and will not be submitted either in part or in full, for the award of any other degree in this institute or other institute or University,

Date:

Place: SRIKAKULAM


Signature of the candidate

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 Lakshminarsupeta 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 ailments, their food intake based on quantity per day and their food habits.

3. Qualitative study:

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

4. Data collection:

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

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

CONCLUSION

I'm NALLA.SRINIVAS, studying in B.SC first year MCIC 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
NALLA.SRINIVAS

Problem - Identified

Problem:

- * In our village have insufficient access to Purified drinking water and drainage in our village.
- * Due to impact of low income and technical solution communication.
- * And internal manage water continuation from agricultural Industries and waste disposed.
- * Lack of sustainable developing of Drinking water.
- * and the drinking water has started overflowing on roads there and it's flowing in the streets.
- * It feels very bad and to ask to us for too much mosquito problem.
- * In standing water which may be spread of dengue, malaria and other health problems attacks.

Report:- implementation of direct, borewell recharge, or Govt. tap connection is possible to improve the availability of water for drinking.

→ prevent excess of water and improve drainage system in our world.

signature of the student:
N. Shrivastava

Sweets
0-3 SERVINGS

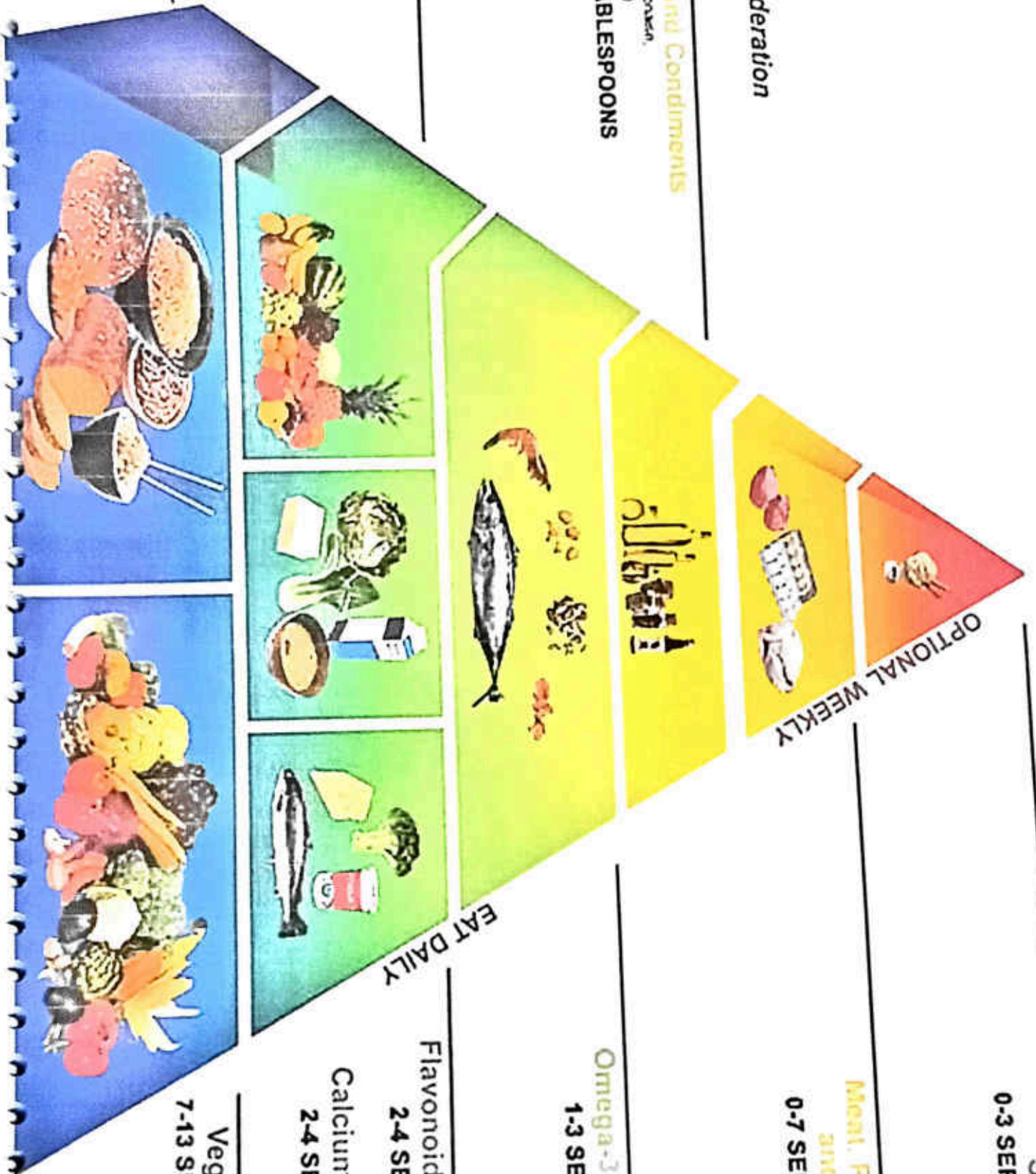
Meat, Poultry
and Eggs
0-7 SERVINGS

- Daily Tea
- Alcohol in moderation

Vegetable Oils and Condiments
(low-sodium soy sauce, miso paste,
Chinamen herbs and spices)
SPARINGLY, 1-2 TABLESPOONS

Fruit
2-4 SERVINGS

Rice, Noodles,
Beans and Other
Whole Grains
7-13 SERVINGS



Omega-3 Foods
1-3 SERVINGS

Flavonoid Foods
2-4 SERVINGS

Calcium Foods
2-4 SERVINGS

Vegetables
7-13 SERVINGS





GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY CONSOLIDATION REPORT

Name of the student : Nalla Srinivas

Group : B.Sc (MCIC)

Name of the Mentor : Dr. D. Santhi Priya.

Name of the Project : SOCIO - ECONOMIC SURVEY CONSOLIDATION REPORT

Ward/ Habitat	SRN Colony	Panchayat	Thandiyam	Post Office	Ponduru
Mandal	Ponduru	District	Srikakulam	Pin Code	532168

1. Total Number of Houses in the Habitat/Ward: 22

2. Number of Houses Caste-wise:

SC _____ ST _____ OC _____ BC-A _____ BC-B 22 BC-C _____ BC-D _____

3. Common Health problems in the Habitat/Ward:

(i) fever problem.

(ii)

(iii)

4. Number of White Ration Cards: 22

5. Number of Illiterates in the Ward/ Habitat/ Village: 40%

6. Number of Graduates in the Ward/ Habitat/ Village: 30%

7. Number of Job Holders: 50%

8. Number of PWD People: 1

9. Number of DWACRA Groups in the Ward/ Habitat/ Village: 2

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

11. Bus facility available: Yes / No

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

(i) Drainage Problem

(ii) Road Problem

(iii) Dust Problem.

(iv)

Signature of the Mentor

N. Srinivas
Signature of the Student



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla. srinivas

Group : B.Sc (MCIC).

Registration Number : 1813 (2222001566009)

Area of the Survey conducted: S.R.N. colony

House No	2-40	Habitat /Ward	Thandjam	Panchayat /Municipality	Thandjam
Post office	Ponduru	Mandal	Ponduru	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. Sushama	Male	45	10th	weaver	10,000/-
(2)	G. Laxmi	Female	34	10th	weaver	10,000/-
(3)	G. Hanu	Female	12	7th		
(4)	G. Vayshini	Female	8	4th		
(5)	G. Venkata Sri hassha	Male	8	4th		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 9533257533
- (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: S.R.N. colony.
 Date: 16/05/2023

N. Srinivas
 Signature of the Student

[Signature]
 Signature of the Mentor



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



Name of the student **N-SRINIVAS**
Group **1st B.SC (MCIC)**
Name of the mentor **DR.D.SANTHI PRIYA**
Name of the project **FOOD HABITS**

House No	Name of the person	Village / Ward	Mandal	District
2-40	Goyu Laxmi	Thandyam	Ponduru	Srikakulam

- How many times a day do you eat? **3 times**
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - 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? **Yes.**
- 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?

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

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

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

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

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

N. Stival
Signature of the Student

[Signature]
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : NALLA.SRINIVAS

Group : BSc (MCIC)

Registration Number : 1813 (2222001566009)

Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandiyam	Panchayat /Municipality	Thandiyam
Post office	Pondurum	Mandal	Pondurum	District	Srikakulam.

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Kalepu. Nagayaju	Male	40	ITI	Automecanic	15,000/-
(2)	K. Uma	Female	38	7th	House wife	
(3)	K. Nagamani	Female	18	Nursing		
(4)	K. Ledwanth	Male	16	I.T.I		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 9573924312 .

(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: S.R.N. colony .

Date: 16/05/2023

N. Srinivas
Signature of the Student

Santhos
Signature of the Mentor



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



Name of the student : N. SRINIVAS
Group : 1st B.Sc (MCIC)
Name of the mentor : Dr. D. SANTHI PRIYA.
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	K. Uma	Thandjam	Ponduru	Sriakulam

- How many times a day do you eat? 5 times.
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? No.

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

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

Fresh vegetables & Fruits:

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

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

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

10. Do you or have you ever has cholesterol problems? **NO**

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

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

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

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

Restful sleep

a. No impact.



B. little impact

c. big impact D. none

Health

a. No impact.



B. little impact

c. big impact. D. none

Weight.

a. No impact.



B. little impact

c. big impact. D. none

Mental condition.

A. No impact.



B. little impact

c. big impact. D. none

N. Srinivas

Signature of the Student

Sudhi

Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla. Srinivas
Group : B.Sc (MCIC)
Registration Number : 1813(2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandyan	Panchayat /Municipality	Thandyan
Post office	Thandyan	Mandal	Ponduru	District	Sriakulam

1. Household Details:

S No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Goru. Appayya	M	60	8 th	Welder	10,000/-
(2)	Goru. Saja. Vathi	F	55		Welder	10,000/-
(3)	Goru. Rajesh	M	29	Degree	Employment	18,000/-
(4)	Goru. Syamala	F	17	Inter		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 95739 10851 ✓

(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: S.R.N. Colony

Date: 16/05/2023

N. Srinivas
Signature of the Student

authi
Signature of the Mentor



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



Name of the student : Nalla. Srinivas
Group : B.Sc (MCIC)
Name of the mentor : Dr.D. Santhi Priya .
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	, Mandal	District
	<u>Goswami. Sasaswathi</u>	<u>thandiyam</u>	<u>Ponduru</u>	<u>srikakulam</u>

- How many times a day do you eat? 4 time .
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - d. others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

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

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

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

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

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

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

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

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

N. Srinivas

Signature of the Student

Sauji

Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla. Seetha. S.

Group : B.Sc. (MCIC)

Registration Number : 1813 (2222001566009)

Area of the Survey conducted: S.R.N. Colony

House No.	5-63	Habitat /Ward	Thandyan	Panchayat /Municipality	Thandyan
Post office	Ponduru	Mandal	Ponduru	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	G. M. Mallibabu	Male	36	10 th	weaver	10,000/-
(2)	G. Jhansi	Female	25	Degree	housewife	
(3)	G. Venugopal	Male	5			
(4)	G. Lakshmi	Female	2			

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 9908839219 ✓

(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: S.R.N. colony

Date: 15/05/2023

N. Srinivas
Signature of the Student


Signature of the Mentor



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



Name of the student **N. SRINIVAS**
Group **1st B.Sc (MCIC)**
Name of the mentor **Dr. P. SANTHI PRIYA**
Name of the project **FOOD HABITS**

House No	Name of the person	Village / Ward	Mandal	District
5-63	G. Govu. Jhansi	Thandjam	Ponduru	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?
14. How much do you think a healthy diet affects?
- | | | |
|-------------------|-------------------------------------|------------------------|
| Restful sleep | <input checked="" type="checkbox"/> | |
| a. No impact. | B. little impact | c. big impact. D. none |
| Health | <input checked="" type="checkbox"/> | |
| a. No impact. | B. little impact | c. big impact. D. none |
| Weight. | <input checked="" type="checkbox"/> | |
| a. No impact. | B. little impact | c. big impact. D. none |
| Mental condition. | <input checked="" type="checkbox"/> | |
| A. No impact. | B. little impact | c. big impact. D. none |

N. S. Srinivas
 Signature of the Student

Sachin
 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : *Nalla. Srinivas.*

Group : *B.Sc (MCIC)*

Registration Number : *1813 (2222001566009)*

Area of the Survey conducted: *S.R.N. colony*

House No.	<i>2-102</i>	Habitat /Ward	<i>Thandjam</i>	Panchayat /Municipality	<i>Thandjam</i>
Post office	<i>Ponduram</i>	Mandal	<i>Ponduram</i>	District	<i>Srikakulam</i>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<i>(1)</i>	<i>Kakarla Kumadasu</i>	<i>Male</i>	<i>56</i>	<i>NO</i>	<i>weaver</i>	<i>12,000/-</i>
<i>(2)</i>	<i>K. Susila</i>	<i>Female</i>	<i>48</i>	<i>5th</i>	<i>Housewife</i>	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: *TSC-B* (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
(1)	K. Kumara Swami	Male	56	

(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: S.R. N. Colony .

Date: 15/05/2023

N. Srinivas
Signature of the Student

Santhi
Signature of the Mentor



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



Name of the student : N. SRINIYAS
Group : 1st B.Sc (MCIC)
Name of the mentor : Dr. D. SANTHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-12	Kakarla. Susila	Thangyam	Ponduru	Srikakulam

1. How many times a day do you eat? 4 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?

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

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

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

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

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

N. Srinivas
Signature of the Student

Srinivas
Signature of the Mentor



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

Name of the Student : Abhila. Srinivas
Group : B.Sc (MCIC)
Registration Number : 1813 (2222001566009)
Area of the Survey conducted: S.R.N. colony

House No.	<u>2-41</u>	Habitat /Ward	<u>thandyam</u>	Panchayat /Municipality	<u>thandyam</u>
Post office	<u>Ponduram</u>	Mandal	<u>Ponduram</u>	District	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	<u>Kalepu Bhaskar Rao</u>	<u>Male</u>	<u>37</u>	<u>10th</u>	<u>Automechanic</u>	<u>10,000/-</u>
(2)	<u>K. Sujatha</u>	<u>Female</u>	<u>27</u>	<u>7th</u>	<u>house wife</u>	
(3)	<u>K. Gunna Sri</u>	<u>Female</u>	<u>9</u>	<u>5th</u>		
(4)	<u>K. Jahn</u>	<u>Female</u>	<u>7</u>	<u>2nd</u>		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ DC (ii) Sub-Caste: BC-B (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: 9848360755

(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:

Date:

N. Srinivas
Signature of the Student

Santosh
Signature of the Mentor



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



Name of the student N. SRINIVAS
Group 1st BSC (MCIC)
Name of the mentor Dr. D. SANTHI PRIYA
Name of the project FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-41	Kalepu. Sujatha	Thandham	Ponduru	Srikakulam

- How many times a day do you eat? 4 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

N. Srinivas
Signature of the Student

Santha
Signature of the Mentor



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

Name of the Student : Nalla. Srinivas
Group : B.SC (MCIC)
Registration Number : 1818 (2222001566009)
Area of the Survey conducted: F.R.N. Colony

House No.	2-95	Habitat /Ward	Thandyan	Panchayat /Municipality	Thandyan
Post office	Ponduram	Mandal	Ponduram	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	GODU. Bhagyataxmi	female	38			5,000/-
(2)	G. Chandika	female	19	nursing		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 7075300504

(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: SIRINI colony.

Date: 14/05/2023

N. Srinivas
Signature of the Student

Srinivas
Signature of the Mentor



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



Name of the student N. SRINIVAS
Group 1st B.SC (MCIC)
Name of the mentor DR. D. SANTHI PRIYA
Name of the project FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-95	Godu. Bhagyalaxmi Chandhan	Pondur	Pondur	Srikakulam

- How many times a day do you eat? 4 times.
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week

less often never

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

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

10. Do you or have you ever has cholesterol problems? *NO*

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

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

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

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

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

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

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

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

N. Srivastava
Signature of the Student

Sauri
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Natha. Srinivas
Group : B.Sc (MCIC)
Registration Number : 1818 (2222001566009)
Area of the Survey conducted: S.R.N. colony

House No.	.	Habitat /Ward	<u>Thandyan</u>	Panchayat /Municipality	<u>Thandyan</u>
Post office	<u>Ponduram</u>	Mandal	<u>Ponduram</u>	District	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	<u>Ainkam. Paidi Bath</u>	<u>Male</u>	<u>59</u>	.	<u>wiver</u>	<u>10,000/-</u>
(2)	<u>A. APPala nasa Samma</u>	<u>Female</u>	<u>56</u>		<u>wiver</u>	
(3)	<u>A. Srinu</u>	<u>Male</u>	<u>26</u>	<u>7th</u>	<u>Thone mechanic</u>	<u>8,000/-</u>

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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
(1)	A. Paichisain	Male	59	Paralysis

(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: 7995527737

(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: S.R.N. Colony

Date: 14/05/2023

N. Srinivas

Signature of the Student

Paichisain

Signature of the Mentor



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



Name of the student : N. SRINIVAS
Group : 1st B.Sc (M.C.I.C).
Name of the mentor : Dr. D. SANTHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	Annam. Appala Narasaini	Thandjam	Ponduru	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?

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

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

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

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

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

N. Srinivas
Signature of the Student

Sankhi
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla Srinivas
Group : B.Sc (MCIC)
Registration Number : 1818 (2222001566009)
Area of the Survey conducted: S.R.N. colony.

House No.		Habitat /Ward	Thandyam	Panchayat /Municipality	Thandyam
Post office	Ponduram	Mandal	Ponduram	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Ankani Paidiswi	Male	55		Village	10,000/-
(2)	A. Ishayathi	Female	47	7th	Housewife	
(3)	A. Mahesh	Male	24	I.T.I		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 79935 24164 ✓

(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: S.R.N. Colony.

Date: 14/05/2023

N. Srinivas
Signature of the Student

Senthil
Signature of the Mentor



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



Name of the student : N-SRINIVAS
Group : 1st BSc (MCIC)
Name of the mentor : DR.D. SANTHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	Ankam. Bhadrathi	Thandyan Pouduru		Srikakulam

- How many times a day do you eat? 4 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? No

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

10. Do you or have you ever has cholesterol problems? **NO**

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

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

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

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

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

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

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

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

N. Srinivas
Signature of the Student

Sudhi
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla Srinivas
Group : B-SC (MCIC)
Registration Number : 1818 (2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandyan	Panchayat /Municipality	Thandyan
Post office	Ponduram	Mandal	Ponduram	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Kodumoti. Satyadas	Male	62		Viwes	10,000/-
(2)	K. Rathnalu	Female	59		housewife	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 7207334924

(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: S.R.N. colony

Date: 14/05/2023

N. Srinivas
Signature of the Student

Sanku
Signature of the Mentor



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



Name of the student : N. SRINIVAS
Group : 1st B.Sc (MCIC)
Name of the mentor : DR. D. SANTHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	K. Rathimalu	Thandiyam	Pondur	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?

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

Restful sleep

a. No impact.



B. little impact

c. big impact. D. none

Health

a. No impact.

B. little impact

c. big impact. D. none

Weight.

a. No impact.



B. little impact

c. big impact. D. none

Mental condition.

A. No impact.



B. little impact

c. big impact. D. none

N. Stiniuf

Signature of the Student

Singh

Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla. Srinivas
Group : BSC(MCI)
Registration Number : 1818 (2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandjam	Panchayat /Municipality	Thandjam
Post office	Ponduram	Mandal	Ponduram	District	Srikakulam

1. Household Details:

S.No	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Tulika Laxmana	M	55	-	Wives	10,000/-
(2)	T. Laxmi	F	48	-	Wives	10,000/-
(3)	T. Sai Kumar	M	21	3 rd Degree		
(4)	T. Siva	M	18	1 st Degree		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 77310 26194

(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)

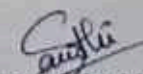
(ii)

(iii)

Place: S.R.N. colony.

Date: 14/05/2023

N. Srinivas
Signature of the Student


Signature of the Mentor



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



Name of the student : N. SRINIYAS
Group : 1st . B.Sc (M.C.K).
Name of the mentor : Dr.D. SANTHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	Tutthika-Laxmi	Thandyan	Pondur	Srikakulam

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

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week

less often never

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

N. Srivastava
Signature of the Student

[Signature]
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla. Srinivas

Group : B.Sc (MCIC)

Registration Number : 1813 (2222001566009)

Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandjam	Panchayat /Municipality	Thandjam
Post office	Ponduru	Mandal	Ponduru	District	Srikakulam

1. Household Details:

S No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	Vattam. Ramana	M	45	-	welder	10,000/-
2	Vattam. Sathyvathi	F	39		house wife	
3	Vattam. Rajesh	M	22	B.Sc	soft ware	30,000/-
4	Vattam. Lokesh	M	20	MCA		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 9848886961
- (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: S.R.N. colony.
 Date: 13/05/2023

N. Srinivas
 Signature of the Student

[Signature]
 Signature of the Mentor



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



Name of the student : N. SRINIVAS
Group : 1st. B.Sc (MCIC)
Name of the mentor : Dr. D. SANTHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	vattam. shatvathi	thandyan ponduru		srikakulam

1. How many times a day do you eat? 4 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?

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

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

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

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

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

N. Srinivas
Signature of the Student

Sanku
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Srinivas
Group : B.Sc (MCIC)
Registration Number : 1813 (2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.	5-24	Habitat /Ward	Thandiyam	Panchayat /Municipality	Thandiyam
Post office	Ponduru	Mandal	Ponduru	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Baniseti-Poliraju	M	55	10 th	Daily weaver	10,000/-
(2)	B. Eswaramma	F	46	-	.	
(3)	B. Poliraju	M	16	1 st Inter		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 8790894819

(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: S.R.N. colony

Date: 13/05/2023

N. Srinivas
Signature of the Student

Sudhi
Signature of the Mentor



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



Name of the student N. SRINIVAS
Group 1st B.Sc (M.C.I.C.)
Name of the mentor DR. D. SANTHI PRIYA .
Name of the project FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
5-24	B. EDWARDS	Thandyan Ponduru	Ponduru	Srikakulam

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

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

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

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

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

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

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

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

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

N. Srinivas
Signature of the Student

Sanku
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Srinivas
Group : B.SG (MCIC)
Registration Number : 1813 (2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandiyam	Panchayat /Municipality	Thandiyam
Post office	Ponduru	Mandal	Ponduru	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Kodamati. Ramesh	M	36	8th	Daily wage	10,000/-
(2)	K. Sujatha	F	34			
(3)	K. Jagadish	M	11	6th		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 7287861544 ✓

(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: S.R.N. colony

Date: 13/05/2023

N. Srinivas
Signature of the Student


Signature of the Mentor



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



Name of the student **N. SRINIVAS**
Group **1st B.Sc (MCIC)**
Name of the mentor **Dr. D. SANTHI PRIYA .**
Name of the project **FOOD HABITS**

House No	Name of the person	Village / Ward	Mandal	District
	Kodumoti. Sujatha	Thandapani	Ponduru	Srikakulam

- How many times a day do you eat? **3 times**
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - 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**

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?

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

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

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

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

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

N. Srivivas
Signature of the Student

S. Srinivas
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Srinivas
Group : B.Sc (MCIC)
Registration Number : 1813C2222001566009
Area of the Survey conducted: S.R.N. colony

House No.		Habitat /Ward	Thandyan	Panchayat /Municipality	Thandyan
Post office	Ponduru	Mandal	Ponduru	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Murakala Dharma	♂ M	56		Welder	10,000/-
(2)	M. Sujala Laxmi	♀ F	50		Welder	10,000/-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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: 98668 13133

(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:

S.R.N. Colony

Date:

12/05/2023


Signature of the Student


Signature of the Mentor



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



Name of the student **N. SRINIVAS**
Group **1st B.SC (MCIC).**
Name of the mentor **DR. D. SANTHI PRIYA**
Name of the project **FOOD HABITS**

House No	Name of the person	Village / Ward	Mandal	District
	Murakala. Srujalaxmi	Thandjamm	Ponduru	Srikakulam

- How many times a day do you eat? **4 times**
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? **NO**
- What is your daily food intake frequency of the following food categories?

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

10. Do you or have you ever has cholesterol problems? **NO**

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

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

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

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

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

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

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

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

N. Divinod
Signature of the Student

Sudhi
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Srinivas
Group : B-SC (MCIC)
Registration Number : 1813(2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandyan	Panchayat /Municipality	Thandyan
Post office	Ponduru	Mandal	Ponduru	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	Murakala Sathyam	M	60	3 rd class	wiver	10,000/-
2	M. Kalavathi	F	54		wiver	10,000/-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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:
- (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: S.R.N. colony.

Date: 17/05/2023

N. Srinivas
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : N. SRINIVAS
Group : 1st. B. SC (M.C.I.C)
Name of the mentor : Dr. D. SANTHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	Mudakala. Kalavathi	Thandjam	Ponduru	Sri Kalahasti

- 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
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? No
- What is your daily food intake frequency of the following food categories?

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

10. Do you or have you ever has cholesterol problems? **NO**

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

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

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

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

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

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

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

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

N. Stivala
Signature of the Student

[Signature]
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla. Srinivas

Group : B-SC (MCIC).

Registration Number : 1813 (2222001566009)

Area of the Survey conducted: S.R. Nicotony

House No.	5-20	Habitat /Ward	Thandjam	Panchayat /Municipality	Thandjam
Post office	Ponduru	Mandal	Ponduru	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Murakala. Rajarao.	M	32	HNCA	Business	50,000/-
(2)	Murakala. Maheswari	F	28	B-tech	house wife	
(3)	M. Gunavardhan	M	3			

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: TBC-B (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: 96187 92867 ✓

(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: S.R.N. colony.

Date: 11/05/2023

N. Srinivas
Signature of the Student


Signature of the Mentor



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



Name of the student N. SRINIVAS
Group 1st B.Sc (M.C.I.C)
Name of the mentor DR. D. SANTHI PRIYA .
Name of the project FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
5-20	Murakala Maheswari	Thandyan	Ponduru	Srikakulam

- How many times a day do you eat? 4 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? No
- What is your daily food intake frequency of the following food categories?

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

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

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

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

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

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

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

N. Srinivas
Signature of the Student

Santosh
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Srinivas
Group : B.Sc (MCIC)
Registration Number : 1813(2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.	5-19	Habitat /Ward	Thandyam	Panchayat /Municipality	Thandyam
Post office	Ponduram	Mandal	Ponduram	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Murakala. Murali	M	30	IT-Diploma	Revenue	30,000/-
(2)	Murakala. Santhya	F	26	B.ED	house wife	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BE+B (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: 96189 94725 ✓

(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: S.R.N. Colony

Date: 11/05/2023

N. Srinivas
Signature of the Student

Sudha
Signature of the Mentor



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



Name of the student Nalla. Srinivas
Group B.Sc (MCIC)
Name of the mentor Dr. D. Santhi Priya.
Name of the project FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
5-19	Murabala Santhoshi	Thandiyam	Ponduru	Srikakulam

- How many times a day do you eat? 4 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - 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

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?

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

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

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

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

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

N. Stival
Signature of the Student

Paula
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Srividya
Group : B.Sc (MCIC)
Registration Number : 1813 (2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandyan	Panchayat /Municipality	Thandyan
Post office	Ponduru	Mandal	Ponduru	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Kondana. Ganesh	M	40		weaver	10,000/-
(2)	K. Bhagya Laxmi	F	35		weaver	10,000/-
(3)	K. Ranjya	F	17	2 nd Inter		
(4)	K. Teja	M	14	9 th class		

2. Social Status details:

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

(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: S.R.N. Colony

Date: 10/05/2023

N. Srinivas

Signature of the Student

S. Srinivas

Signature of the Mentor



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



Name of the student Nalla. Sarinivas
Group B.Sc (MCIC)
Name of the mentor Dr. D. Sathi Priya
Name of the project FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	<u>Kondana. Bhagyalaxmi</u>	<u>Thandayam</u>	<u>Ponduru</u>	<u>Srikakulam</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
- 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?
14. How much do you think a healthy diet affects?
- | | | |
|-------------------|-------------------------------------|------------------------|
| Restful sleep | <input checked="" type="checkbox"/> | |
| a. No impact. | B. little impact | c. big impact. D. none |
| Health | <input checked="" type="checkbox"/> | |
| a. No impact. | B. little impact | c. big impact. D. none |
| Weight. | <input checked="" type="checkbox"/> | |
| a. No impact. | B. little impact | c. big impact. D. none |
| Mental condition. | <input checked="" type="checkbox"/> | |
| A. No impact. | B. little impact | c. big impact. D. none |

N-Shivraj
 Signature of the Student

Sudhi
 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Nalla. Srinivas
Group : B.SOC(MCIC)
Registration Number : 1813(2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandgam	Panchayat /Municipality	Thandgam
Post office	Ponduru	Mandal	Ponduru	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Kalepu. Thavithaya	M	65	10 th	weaver	10,000/-

2. Social Status details:

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

(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: S.R.N. colony.

Date: 10/05/2023

N. Srinivas
Signature of the Student

Sudha
Signature of the Mentor



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



Name of the student Nalla. Srihiva
Group B.Sc (MCIC)
Name of the mentor Dr. D. Sarthi Priya
Name of the project FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	Kolepu. Thavitoya	Thandyan	Pondur	Srikakulam

- How many times a day do you eat? 4 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? NO

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

N. Stival
 Signature of the Student

[Signature]
 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : N. Srinivas
Group : B.Sc (MCIC)
Registration Number : 1813 (2222001566009)
Area of the Survey conducted: S.R.N. Colony

House No.		Habitat /Ward	Thandiyam	Panchayat /Municipality	Thandiyam
Post office	Ponduru	Mandal	Ponduru	District	SRIKAKULAM

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Kodamati. Lingaraju	M	32		Welder	10,000/-
(2)	K. Uma	F	29	5th	house wife	
(3)	K. Sivisha	F	11	6th		
(4)	K. Pawan	F	9	4th		
(5)	K. Pawan	M	7	2nd		

2. Social Status details:

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

(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: S.R.N. Colony.

Date: 9/05/2023

N. Srinivas
Signature of the Student


Signature of the Mentor



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



Name of the student : N. SRINIVAS
Group : B.Sc (MCIC)
Name of the mentor : D.D. SATHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
	Kadamati. Uma	Thandyan	Ponduru	Srikakulam

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

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

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

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

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

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

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

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

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

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

N. Srinival
Signature of the Student

Sudha
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : NALLA SRINIVAS.

Group : B.Sc (MCIC)

Registration Number : 1813 (2222001566009)

Area of the Survey conducted: Sri ram nagar colony

House No.	2-103	Habitat /Ward	Thandiyam	Panchayat /Municipality	Thandiyam
Post office	Ponduru	Mandal	Ponduru	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
(1)	Anem Srinivasa Rao	Male	60	7 th	weaver	10,000/-
(2)	A. Laxmi	Female	47		Housewife	
(3)	A. Durga Rao	male	25	8 th	Daily wages	7,000/-
(4)	A. Thirumala Rao	male	21	10 th		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: BC-B (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
(1)	Anem Larimi	Female	47	

- (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: 8374773679
 (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: S.R.N. colony.

Date: 9/05/2023.

N. Srinivas
 Signature of the Student


 Signature of the Mentor



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



Name of the student : Nalla. srinivas
Group : B-SC (MCIC)
Name of the mentor : DR.D. Santhi Prija .
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
2-103	Anem. laxmi	thandyan	Pondur	srikakulam

- How many times a day do you eat? 4 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - I eat dairy products
 - I eat sweets.
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

10. Do you or have you ever has cholesterol problems? *NO*

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

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

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

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

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

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

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

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

N. Srinivas
Signature of the Student

[Signature]
Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : N. Srinivas

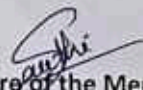
Group : B.Sc (MCIC)

Registration Number : 2222001566009

Name of the Mentor : Dr. D. Sathi Priya

Name of the Project : Socio-Economic survey in food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
9-5-23	SOCIO ECONOMIC SURVEY	6:00hrs	N. Srinivas
10-5-23	SOCIO ECONOMIC SURVEY	7:00hrs	N. Srinivas
11-5-23	SOCIO ECONOMIC SURVEY	7:30hrs	N. Srinivas
12-5-23	SOCIO ECONOMIC SURVEY	5:30hrs	N. Srinivas
13-5-23	SOCIO ECONOMIC SURVEY	6:00hrs	N. Srinivas
14-5-23	SOCIO ECONOMIC SURVEY	4:30hrs	N. Srinivas
15-5-23	SOCIO ECONOMIC SURVEY	6:30hrs	N. Srinivas
16-5-23	SOCIO ECONOMIC SURVEY	6:00hrs	N. Srinivas


Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : N. Srividya

Group : B.Sc(MCIC)

Registration Number : 2222001566009

Name of the Mentor : Dr.D. Santhi Priya

Name of the Project : Food Habits in Project writing.

Date & Day	Activity done	Number of Hours Spent	Signature of the student
Monday 29-5-23	Project writing	10:30hrs	N. Srividya
30-5-23 Tuesday	Project writing	8:30hrs	N. Srividya
31-5-23 Wednesday	Project writing	9:30hrs	N. Srividya
1-6-23 Thursday	Project writing	7:00hrs	N. Srividya
2-6-23 Friday	Project writing	3:00hrs	N. Srividya
3-6-23 Saturday	Project writing	4:00hrs	N. Srividya
4-6-23 Sunday	Project writing	7:00hrs	N. Srividya
5-6-23 Monday	Project writing	3:30hrs	N. Srividya
6-6-23 Tuesday	Project writing	5:00hrs	N. Srividya
7-6-23 Wednesday	Project writing.	2:30hrs	N. Srividya


Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : N. Srinivas

Group : BSC(MCIC)

Registration Number : 2222001566009

Name of the Mentor : Dr. D. Santhi Priya

Name of the Project : food habits (AWARENESS PROGRAMME)

Date & Day	Activity done	Number of Hours Spent	Signature of the student
17-5-23 Wednesday	AWARENESS PROGRAMME	5-hours	N. Srinivas
18-5-23 Thursday	AWARENESS PROGRAMME	7-hours	N. Srinivas
19-5-23 Friday	AWARENESS PROGRAMME	6-hours	N. Srinivas


Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : N. Srinivas

Group : B.Sc (MCIC)

Registration Number : 2222001566009

Name of the Mentor : Dr. D. Santhi Priya.

Name of the Project : food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20/5/23 Saturday	food Habits	7/hours	N. Srinivas
21/5/23 Sunday	food habits	5-hr	N. Srinivas
22/5/23 Monday	food habits	6:30hr	N. Srinivas
23/5/23 Tuesday	food habits	4:30hr	N. Srinivas
24/5/23 Wednesday	food habits	7:hr	N. Srinivas
25/5/23 Thursday	food habits	5:30hr	N. Srinivas
26/5/23 Friday	food habits	6. hr	N. Srinivas
27/5/23 Saturday	food habits	5:30hr	N. Srinivas
28/5/23 Sunday	food habits.	7:0hr.	N. Srinivas


Signature of the Mentor