

COMMUNITY SERVICE PROJECT

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

BY
MAMIDIPALLI MURALI
2222001566007
Semester 2 (MCIC)
Batch 2022-2025

Under the supervision of
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Lecturer in Chemistry
GOVERNMENT DEGREE COLLEGE(Men), SRIKAKULAM



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ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete the **community service project**. Special thanks to 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 botany for their able guidance and support to complete this project

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

CERTIFICATE

I certified that MAMIDIPALLI MURALI studying BSC MCIC group has complete and submitted the project report on "FOOD HABITS" further partial fulfillment of the requirements for the award of Bachelor of Science under my supervision during the academic year 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 bonifed 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:

18/10/2019

Place:

S/B. Murali
Signature of the candidate

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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.

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.

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 MAMIDIPALLI MURALI, 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
MAMIDIPALLI MURALI

Sweets
0-3 SERVINGS

Meat, Poultry, Fish, Eggs
0-7 SERVINGS

Omega-3 Foods
1-3 SERVINGS

Flavonoid Foods
2-4 SERVINGS

Calcium Foods
2-4 SERVINGS

Vegetables
7-13 SERVINGS



- Daily Tea
- Alcohol in moderation

Vegetable Oils and Condiments
(Use Saffron, Bay Leaf, Mustard, Onion, Garlic, Herbs and Spices)
SPARINGLY, 1-2 TABLESPOONS

Fruit
2-4 SERVINGS

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







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

Name of the Student : Mamidali Murali

Group : 18SC MCIIC

Registration Number : 2222001566007

Area of the Survey conducted: Vikram Puram

House No.	Habitat /Ward	Panchayat /Municipality	Post office	Mandal	District
3-112	ward	Sunkidi	Vikram Puram	Sompeta	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Kalyan	M	45		Farmer	1000/-
2	M. Saji	F	40	4th class	Farmer	900/-
3	M. Manju	F	20	Degree		
4	M. Sai	M	20	ITI		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: Nil 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: N/A ✓
- (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: 9365129341
- (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) water problems
- (ii)
- (iii)

Place: vikramapuram.
Date: 9/5/23

M. Mutha
Signature of the Student


Signature of the Mentor



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



Name of the student : *mamidipelli mchali*
Group : *BSC (MCIT)*
Name of the mentor : *N.O.santhi priya*
Name of the project : *food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>7-12</i>	<i>S. Manjula</i>	<i>Village Vikramapuram</i>	<i>Kaviti</i>	<i>SRIKAKULAM</i>

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

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

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

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

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

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

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

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Signature of the Student

[Signature]

Signature of the Mentor



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

Name of the Student : Mamidipalli Manjula

Group : GSC MIC

Registration Number : 22220156607

Area of the Survey conducted: Vikramapuram

House No.	Habitat /Ward	Panchayat /Municipality
3-112	ward	Srinivadi
Post office	Mandal	District
Shaga puram	Sumpeta	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Khelo	M	45	-	Farming	1500/-
2	M. Sasi	F	40	4th class	Farming	9/2 - 300
3	M. Manjula	F	20	degree	-	
4	M. Sai	M	20	7th	-	

2. Social Status details: ✓

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

3. Economic Status details:

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

(ii) House status (Own/ Rented): ✓

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

(iv) Availability of Agricultural land: Yes/ No ✓

(v) Extent of Agricultural land: 10 Acres

(vi) Livestock resources: Cows 1 Oxen 1 Buffaloes 1 Sheep/Goats 1

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

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

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

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

4. Health Details:

(i) Ailments in Family: None

(ii) Treatment in which Hospital: Govt/Private

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

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9905129841

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

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

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

(i) water problem

(ii)

(iii)

Place: Vikram Palam

Date: 9/5/23

M. M. Setai

Signature of the Student

Signature of the Mentor



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



Name of the student : *Manjivitha Manali*
Group : *B.Sc (B.C.N)*
Name of the mentor : *Dr. B. Sankarapriya*
Name of the project : *Food Habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>7-15</i>	<i>B. Sandhya</i>	<i>Village</i>	<i>Aaruthi</i>	<i>SRIKAKULAM</i>

- 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

M. M. M. M.

Signature of the Student

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

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

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

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

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

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

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

Restful sleep No impact little impact big impact none

Health No impact little impact big impact none

Weight No impact little impact big impact none

Mental condition No impact little impact big impact none

[Signature]
Signature of the Mentor



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

Name of the Student : Mamidipalli Murali

Group : T BSC

MCIC

Registration Number : 222200156607

Area of the Survey conducted: Vikramapuram

House No.	Habitat: /Ward	Panchayat /Municipality	District
<u>3-112</u>	<u>ward</u>	<u>Sunkidi</u>	<u>Sriakulam</u>
Post office	Mandal		
<u>Shogaipuram</u>	<u>Mandal</u>	<u>Sampala</u>	<u>Sriakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>M. Rishi</u>	<u>M</u>	<u>45</u>	<u>—</u>	<u>Farmer</u>	<u>1500/-</u>
<u>2</u>	<u>M. Gali</u>	<u>F</u>	<u>40</u>	<u>Athelaw</u>	<u>Farmer</u>	<u>1200</u>
<u>3</u>	<u>M. Manju</u>	<u>F</u>	<u>20</u>	<u>Degree</u>	<u>—</u>	<u>—</u>
<u>4</u>	<u>M. Sai</u>	<u>M</u>	<u>20</u>	<u>14th</u>	<u>—</u>	<u>—</u>

2. Social Status details:

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

(iii) Religion: —

3. Economic Status details:

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

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

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 10 Acres

(vi) Livestock resources: Cows 1 Oxen 1 Buffaloes 1 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: No ✓
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S No	Name of the Person	Gender	Age	Nature of Disability

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

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 6305129341
- (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) water problem
- (ii)
- (iii)

Place: VIKRAM PALLEM
 Date: 2/5/22

M. MURALI
 Signature of the Student

Signature of the Mentor

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?

75

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

junk food, oil food

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

Restful sleep

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

Health

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

Weight.

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

Mental condition.

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

M.M.C.A. 11

Signature of the Student

[Signature]
Signature of the Mentor



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

Name of the Student : Mamidi Palli Marali

Group : IBSC MCIC

Registration Number : 2222001566007

Area of the Survey conducted: Vikram Puram

House No.	3-112	Habitat /Ward	ward	Panchayat /Municipality	Sunkidi
Post office	Bhogapuram	Mandal	sompeta	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Phulo	M	45	—	Farmer	1000/-
2	M. Saji	F	40	4th class	Farmer	1200/-
3	M. Manju	F	20	degree	—	1200/-
4	M. Sai	M	20	ITI	—	—

2. Social Status details:

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

3. Economic Status details:

- (i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow ✓
(ii) House status (Own/ Rented): ✓
(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection ✓
(iv) Availability of Agricultural land: Yes/ No ✓
(v) Extent of Agricultural land: NO Acres
(vi) Livestock resources: Cows — Oxen — Buffaloes — Sheep/Goats —

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No Yes No
- (ii) Do you have Mobiler: Yes Yes No
- (iii) Mobile Number: 6305129341
- (iv) Do you have Computer/Laptop: Yes/No Yes No
- (v) Is internet available at home: Yes/No Yes No

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

- (i) water problem
- (ii)
- (iii)

Place: Vikram Puram.

Date: 10/5/22

M. Anitha
Signature of the Student


Signature of the Mentor



Name of the student : *Manjupathi Murali*
Group : *BSC CMCST*
Name of the mentor : *P.O. Sanku Raja*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>6-58</i>	<i>Yokalyan</i>	<i>Vikramapuram</i>	<i>Sompeta</i>	<i>Srikakulam</i>

- How many times a day do you eat? *3*
- 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 c. dinner d. others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? *No*

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

Sweet foods:

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

Fresh vegetables & Fruits:

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

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

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

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

no

11. Do you know your current body mass index?

no

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

yes

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

oil mod junk food

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

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

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Signature of the Student

[Signature]
Signature of the Mentor



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

Name of the Student : Mamidipalli murali

Group : PSC MCIC

Registration Number : 2222001566007

Area of the Survey conducted: Vikram Puram

House No.	3-112	Habitat /Ward	ward	Panchayat /Municipality	Sunkidi
Post office	Bhogapuram	Mandal	Compeda	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Khejo	M	45	—	Farming	1500
2	M. Sasi	F	40	Athletan	Farming	D/W 300
3	M. Manju	F	20	Degree	—	
4	M. Sai	M	20	iti	—	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: No Acres

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

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 930512934
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

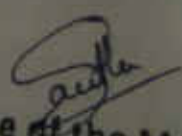
6. Any specific problems identified in the village/ Ward:

- (i) water problems
- (ii)
- (iii)

Place: Vikram puram

Date: 10/5/23

M. Murali
Signature of the Student


Signature of the Mentor

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

Name of the student : *MAHENDRAPALLE MURALI*
 Group : *BSC (MCIS)*
 Name of the mentor : *A. D. Venkatesh Prasad*
 Name of the project : *Food Habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>6-68</i>	<i>Ch. padma</i>	<i>Vikramapuram</i>	<i>Sompeta</i>	<i>Srikakulam</i>

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

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

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

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

M. ACUAJI
Signature of the Student

[Signature]
Signature of the Mentor



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

Name of the Student : Mamidipalli murali

Group : JRC MCIC

Registration Number : 2222001566007

Area of the Survey conducted: Vikram Puram

House No.	3-112	Habitat /Ward	kurid	Panchayat /Municipality	sunkidi
Post office	Bhoga Puram	Mandal	Stimpeta	District	srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. K. K. D.	M	45	—	Farmer	1000
2	M. Sasi	F	40	High school	Farmer	n/w 300
3	M. Manju	F	20	degree	—	—
4	M. Sai	M	20	ITI	—	—

2. Social Status details:

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

3. Economic Status details:

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

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

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: No 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: ✓ 10
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

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

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

5. Other Details:


- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 6305129341
- (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) water problem
- (ii)
- (iii)

Place: vikram puram
 Date: 10/5/23

M. MURALI
 Signature of the Student


 Signature of the Mentor



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



Name of the student : MAMPOZPALLI MAURALI
Group : B-50 (MC21)
Name of the mentor : S.P.D. SATHI PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
6-72	E. APPARAJA	VIKRAMPUJAH	SAMPETA	SRIKAKULAM

- How many times a day do you eat? 2 (6M)
- 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? less than 25% 25% 50% 75% 80% 90%
9. How much of your diet consists of vegetables and non-animal products? less than 25% 25% 50% 75% 90%
10. Do you or have you ever has cholesterol problems? No Yes
11. Do you know your current body mass index? No Yes
12. Have you ever been on a diet, if so, what kind? No Yes
13. Mention the food items from the healthiest to the unhealthiest from your point of views? *fruit veg*
14. How much do you think a healthy diet affects?
- | | | | |
|-------------------|--|---|--|
| Restful sleep | a. No impact. <input type="radio"/> | B. little impact <input checked="" type="radio"/> | D. none <input type="radio"/> |
| Health | a. No impact. <input checked="" type="radio"/> | B. little impact <input type="radio"/> | c. big impact. D. none <input type="radio"/> |
| Weight. | a. No impact. <input type="radio"/> | B. little impact <input checked="" type="radio"/> | c. big impact. D. none <input type="radio"/> |
| Mental condition. | A. No impact. <input checked="" type="radio"/> | B. little impact <input type="radio"/> | c. big impact. D. none <input type="radio"/> |

M. Murali

Signature of the Student

Samir
Signature of the Mentor



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

Name of the Student : Mamidilli Murali
Group : A.R.S. MCIC

Registration Number : 2222-001566007

Area of the Survey conducted: Vikram Puram

1. Household Details:

House No	Habitat / Ward	panchayat / Municipality	District	
3-112		Sudd	Sriakulam	
Shoga Puram	Mandal	Sompa		

S.No.	Name of the Person	Gender	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Kulu	M	45		Farming	1000/-
2	M. Sasi	F	40	High	Farming	9/2000
3	M. Manju	F	20	High		
4	M. Sai	M	20	High		

2. Social Status details:

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

(ii) Sub-Caste:

(iii) Religion:

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 1.0 Acres

(vi) Livestock resources: Cows 2 Oxen 2 Buffaloes 2 Sheep/Goats 2

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

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

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

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

4. Health Details:

(i) Allments in family: No

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

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

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 6305129341

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

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

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

(i) water problems

(ii)

(iii)

Place: **Wigram puzam**

Date: **11/5/23**

M. Muthaiah

Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : MANJUSHEELA MURALI
Group : BUT CAGERT
Name of the mentor : D. D. SANKRISHNA
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
<u>5-17</u>	<u>Manjushela</u>	<u>Venampuru</u>	<u>Sompeta</u>	<u>Srikakulam</u>

- How many times a day do you eat? 3 times
- Please answer the following according to your particular eating habits?
 - ~~a~~ I eat a good breakfast
 - I experienced feeling of hunger during the day
 - I eat meat.
 - ~~d~~ I eat vegetables
 - ~~e~~ I eat fruits.
 - ~~f~~ 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 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	<input type="radio"/>	once a day	<input type="radio"/>	several times a week	<input type="radio"/>
less often	<input type="radio"/>	never	<input type="radio"/>		<input checked="" type="radio"/>
- Fresh vegetables & Fruits:

Several times a day	<input checked="" type="radio"/>	once a day	<input type="radio"/>	several times a week	<input type="radio"/>
less often	<input type="radio"/>	never	<input type="radio"/>		<input type="radio"/>

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

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

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

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

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

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

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


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

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

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

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

M. MURSI
Signature of the Student


Signature of the Mentor



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

Name of the Student : mamidalli murali

Group : IBSL MCIC

Registration Number : 2222 00 15 66 00 7

Area of the Survey conducted: Vikram Puram

House No.	3-112	Habitat /Ward	ward	Panchayat /Municipality	sunkidi
Post office	Bhoga Puram	Mandal	Sompeta	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Khele	M	45		Framer	1500
2	M. Sali	F	40	Attclass	Framer	W 300
3	M. MANJU	F	20	Degree		
4	M. Sali	M	20	ITI		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: no Acres

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

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

4. Health Details:

(i) Allments in family: Nil ✓

(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: 9305129341 ✓

(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) water problem

(ii)

(iii)

Place: Vikram Puram

Date: 11/5/23

Signature of the Student

Signature of the Student

Signature of the Mentor



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



Name of the student : *MAMDOOPALLI MURALI*
Group : *B.SCC(MED)*
Name of the mentor : *Dr. D. Sarthi Praga*
Name of the project : *FOOD HABITS*

House No	Name of the person	Village / Ward	Mandal	District
<i>6-75</i>	<i>Y. Jothna</i>	<i>Village</i>	<i>Sampeta</i>	<i>Srikakulam</i>

- How many times a day do you eat? *3*
- 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
 - ~~Tunch~~
 - 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 had cholesterol problems? No Yes

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

12. Have you ever been on a diet, if so, what kind? No Yes

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 Roast 57% food

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

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

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

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

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

M. M. Wally
 Signature of the Student

[Signature]
 Signature of the Mentor



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

Name of the Student : manidali musali
Group : 1st c mcic

Registration Number : 2222001566007

Area of the Survey conducted: Vikram Puram

House No.	Habitat /Ward	Panchayat /Municipality	District
<u>3-112</u>	<u>ward</u>	<u>Sunkidi</u>	<u>Sriakulam</u>
<u>Rhoga Puram</u>	<u>Mandal</u>	<u>Sompala</u>	

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/Monthly)
<u>1</u>	<u>M. Khele</u>	<u>M</u>	<u>45</u>	<u>-</u>	<u>Farming</u>	<u>1000/-</u>
<u>2</u>	<u>M. Sali</u>	<u>F</u>	<u>40</u>	<u>Attelam</u>	<u>Earning</u>	<u>Old 300</u>
<u>3</u>	<u>M. Manju</u>	<u>F</u>	<u>20</u>	<u>Dgmc</u>		
<u>4</u>	<u>M. Sai</u>	<u>M</u>	<u>20</u>	<u>9th</u>		

2. Social Status details:

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

(iii) Religion:

3. Economic Status details:

(i) Type of House: Hul/ 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: N/A Acres

(vi) Livestock resources: Cows 1 Oxen 1 Buffaloes 1 Sheep/Goats 1

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 6305129341
- (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) water problem
- (ii)
- (iii)

Place: VIKRAM PURAM

Date: 11/5/23

Signature of the Student
M. MURALI

Signature of the Mentor



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



Name of the student : MAMDOO PALEI MURALI
Group :
Name of the mentor : BSC (MCC)
Name of the project : D-D-SANKA PAIYA
FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
5-71	K. Jyoti	VIRAMPURAM	SAMPETA	SRIKAKULAM

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

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

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

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

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

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

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

M. M. M. S. S. S.
Signature of the Student

Signature of the Mentor



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

Name of the Student : namidalli murali

Group : BSC MCIL

Registration Number : 2222 001566007

Area of the Survey conducted: vitram puram

House No.	3-112	Habitat /Ward	ward	Panchayat /Municipality	sunkidi
Post office	ghoga puram	Mandal	sompeta	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Khele	M	45		Feramer	1000/-
2	M. Sasi	F	40	+the class	Feramer	0/w 300
3	M. Manju	F	20	Degree		
4	M. Sai	M	20	iti		

2. Social Status details:

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

3. Economic Status details:

- (i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow
(ii) House status (Own/ Rented):
(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection
(iv) Availability of Agricultural land: Yes/ No
(v) Extent of Agricultural land: No Acres
(vi) Livestock resources: Cows Oxen Buffaloes Sheep/Goats

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 6305129341
- (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) water problems
- (ii)
- (iii)

Place: vikram puram
 Date: 12/5/23

M. Murali
 Signature of the Student

[Signature]
 Signature of the Mentor



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



Name of the student : MADHUPALLI SURAJ
Group : BSC (MC21)
Name of the mentor : S.D. SANKH PRIYA
Name of the project : FOOD HABITS

House No	Name of the person	Village / Ward	Mandal	District
<u>6-99</u>	<u>J. Rajaraj</u>	<u>Village</u>	<u>SOMPETA</u>	<u>SRIKAKULAM</u>

- How many times a day do you eat? 3
- 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 you ever been on a diet, if so, what kind?
no

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

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

Restful sleep
~~A. No impact.~~ B. little impact C. big impact. D. none

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

Weight.
d. No impact. ~~B. little impact~~ c. big impact. D. none

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

M. Murali
Signature of the Student

Dr. J. S. Suresh
Signature of the Mentor



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



Name of the student : *MANJODHARINI MURALI*
Group : *BSC (M)(2C)*
Name of the mentor : *M. S. Sathya Prasad*
Name of the project : *Food Habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>6-85</i>	<i>K. Geetha</i>	<i>Village</i>	<i>Sampeta</i>	<i>SRIKAKULAM</i>

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



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

Name of the Student : mamidalli murali
Group : 10SE MEC

Registration Number : 2222 0015 66007

Area of the Survey conducted: Vikram Purnam

House No.	3-112	Habitat /Ward	ward	Panchayat /Municipality	Sunkidi
Post office	Rhoga Purnam	Mandal	Sampeta	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. Kalyan	M	45		Farmer	1000/-
2	M. Sasi	F	40	4th class	Farmer	7000
3	M. Manju	F	20	Degree		
4	M. Sai	M	20	11 th		

2. Social Status details:

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

(ii) Sub-Caste:

(iii) Religion:

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: Nil Acres

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



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

Name of the Student : maridalli murali

Group : 1BSC MCIC

Registration Number : 2222 0015 06007

Area of the Survey conducted: Vikram puram

House No.	3-112	Habitat /Ward	ward	Panchayat /Municipality	sun kidi
Post office	Bhoga Puram	Mandal	sompeta	District	srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	M. keshu	M	45	-	Farming	1000/-
2	M. Sasi	F	40	ttch/au	Farming	o/w 300
3	M. manju	F	20	degree		
4	M. Sai	M	20	iti		

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented): ✓

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

(iv) Availability of Agricultural land: Yes/ No ✓

(v) Extent of Agricultural land: 1.10 Acres

(vi) Livestock resources: Cows 1 Oxen 1 Buffaloes 1 Sheep/Goats 1



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



Name of the student : MM0202/0012 MYSMAIS
 Group : BSC (NCE)
 Name of the mentor : Dr. D. SANKHAR PRASAD
 Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
<u>1-25</u>	<u>Y- Arora</u>	<u>Village</u>	<u>Compta</u>	<u>Srikakulam</u>

1. How many times a day do you eat? 3

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

(vi) Do you have own toilet? Yes/No ✓
(vii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify ✓
(viii) Do you have White Ration Card? Yes/No ✓

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

4. Health Details:

(i) Allments in family: None ✓

(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: 6305129341

(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) water problems

(ii)

(iii)

Place: Vikram Puram

Date: 12/5/23

M. M. Chavali

Signature of the Student

Signature of the Mentor [Signature]

8. What percentage of your regular diet consists of meat products? 0% 25% 50% 75% 90% less than 25% 25% 50% 75% 90% less than 25%

9. How much of your diet consists of vegetables and non-animal products? 0% 25% 50% 75% 90% less than 25% 25% 50% 75% 90% less than 25%

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

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

12. Have you ever been on a diet, if so, what kind? No Yes

13. Mention the food items from the healthiest to the unhealthiest from your point of views? No Yes
all food vegetable

14. How much do you think a healthy diet affects? No impact little impact big impact none

Restful sleep No impact little impact big impact none

Health No impact little impact big impact none

Weight No impact little impact big impact none

Mental condition No impact little impact big impact none

No impact little impact big impact none

M. Murali
Signature of the Student

Signature of the Mentor

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
No
11. Do you know your current body mass index?
No
12. Have you ever been on a diet, if so, what kind?
Yes
13. Mention the food items from the healthiest to the unhealthiest from your point of views?
oil food
14. How much do you think a healthy diet affects? *Vegetable*

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

M. Mursi
 Signature of the Student

[Signature]
 Signature of the Mentor



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

Name of the Student : Mamidalli murali
Group : ABE meic
Registration Number : 22220156607
Area of the Survey conducted: Vikram Puram

House No.	Habitat /Ward /Mandal	Panchayat /Municipality	District
<u>3-112</u>	<u>Ward</u>	<u>Sompeta</u>	<u>Sriakulam</u>
<u>Post office</u>	<u>gudga Puram</u>		

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>M. Rulu</u>	<u>M</u>	<u>45</u>		<u>Evamgy</u>	<u>1000/-</u>
<u>2</u>	<u>M. SASI</u>	<u>F</u>	<u>40</u>	<u>ATHCHA</u>	<u>Evamgy</u>	<u>900</u>
<u>3</u>	<u>M. Manju</u>	<u>F</u>	<u>20</u>	<u>Degree</u>		
<u>4</u>	<u>M. Sai</u>	<u>M</u>	<u>20</u>	<u>ITI</u>		

2. Social Status details:

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

3. Economic Status details:

- (i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow
(ii) House status (Own/ Rented):
(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection
(iv) Availability of Agricultural land: Yes/ No
(v) Extent of Agricultural land: 1¹⁰ Acres
(vi) Livestock resources: Cows 5 Oxen 2 Buffaloes 2 Sheep/Goats 2

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

4. Health Details:

(i) Allments in family: ✓

(ii) Treatment in which Hospital: Govd/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: 8305129341 ✓

(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) water problems

(ii)

(iii)

Place: Villayam Puzam

Date: 12/5/23

M. Mutha

Signature of the Student

Signature of the Mentor





Name of the student : MANJUSREE
 Group : BIC (6121)
 Name of the mentor : B.D. SANKAR
 Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
<u>1-61</u>	<u>G. Sankar</u>	<u>Abad</u>	<u>Sompeta</u>	<u>SRIKAKULAM</u>

- How many times a day do you eat? 3
- 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 meal
 - 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 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? 0% 25% 50% 75% 90% less than 25% more than 75%
9. How much of your diet consists of vegetables and non-animal products? 0% 25% 50% 75% 90% less than 25% more than 75%
10. Do you or have you ever had cholesterol problems? No Yes
11. Do you know your current body mass index? No Yes
12. Have you ever been on a diet, if so, what kind? Yes No
13. Mention the food items from the healthiest to the unhealthiest from your point of view?
fruit veg
14. How much do you think a healthy diet affects? *vegetable*
- Restful sleep No impact B. little impact C. big impact D. none
- Health No impact B. little impact C. big impact D. none
- Weight: No impact B. little impact C. big impact D. none
- Mental condition. No impact B. little impact C. big impact D. none
- No impact B. little impact C. big impact D. none

M. MURPHY
Signature of the Student

[Signature]
Signature of the Mentor



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

Name of the Student : Manidalli Murali
Group : 18C MCIC

Registration Number : 2222001566007

Area of the Survey conducted: Vikram Purnam

House No.	<u>3-112</u>	Habitat /Ward	<u>Ward</u>	Panchayat /Municipality	<u>Sunkodi</u>
Post office	<u>Shoga Purnam</u>	Mandal	<u>Sompeta</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	M. Kalub	M	45		Farmer	1000/-
2	M. Sasu	F	40	4th class	Farmer	900/-
3	M. Manju	F	20	Degree		
4	M. Sai	M	20	iti		

2. Social Status details:

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

3. Economic Status details:

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

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

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 10 Acres

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

(vi) Do you have own toilet? Yes/No ✓
LPG/Kerosene/Wood/ others specify _____

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

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

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

4. Health Details:

(i) 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. Aarogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 6305129341 ✓

(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) water problem

(ii)

(iii)

Place: R Vikram puram

Date: 13/5/23

M. Murali
Signature of the Student

Signature of the Mentor



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



Name of the student : MANJUPALLE NURANA
 Group : B-56 (NICE)
 Name of the mentor : Dr. D. Sarma. Pooja
 Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
<u>5-64</u>	<u>J. Sarathy</u>	<u>Village</u>	<u>empeta</u>	<u>SRIKAKULAM</u>

- How many times a day do you eat? 3
- 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	<input type="radio"/>	once a day	<input checked="" type="radio"/>	several times a week	<input type="radio"/>
less often	<input type="radio"/>	never	<input type="radio"/>		
- Fresh vegetables & Fruits:

Several times a day	<input checked="" type="radio"/>	once a day	<input type="radio"/>	several times a week	<input type="radio"/>
less often	<input type="radio"/>	never	<input type="radio"/>		

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

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

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

11. Do you know your current body mass index?
N/A

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

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

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

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

Weight.
b. little impact
c. big impact. D. none

Mental condition.
c. big impact. D. none

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

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

Signature of the Student
N. M. M. M. M. M.

Signature of the Mentor
[Signature]



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

Name of the Student : manidalli m wali
Group : ASC MEDIC
Registration Number : 22222001666007
Area of the Survey conducted: Vikram Puram

House No.	Habitat /Ward	Panchayat /Municipality
<u>3-112</u>	<u>Ward</u>	<u>Sunkidi</u>
Post office	Mandal	District
<u>Bhoga Puram</u>	<u>Sompeta</u>	<u>Sriakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/Monthly)
<u>1</u>	<u>M. Kuld</u>	<u>M</u>	<u>44</u>	<u>—</u>	<u>Farmer</u>	<u>1500</u>
<u>2</u>	<u>M. Sasi</u>	<u>F</u>	<u>40</u>	<u>Highly</u>	<u>Farmer</u>	<u>0/350</u>
<u>3</u>	<u>M. Manju</u>	<u>F</u>	<u>20</u>	<u>Degree</u>		
<u>4</u>	<u>M. Sasi</u>	<u>M</u>	<u>20</u>	<u>ITI</u>		

2. Social Status details:

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

3. Economic Status details:

- (i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow
(ii) House status (Own/ Rented):
(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection
(iv) Availability of Agricultural land: Yes/ No
(v) Extent of Agricultural land: 26 Acres
(vi) Livestock resources: Cows — Oxen — Buffaloes — Sheep/Goats —

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

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

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

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

4. Health Details:

(i) Allments in family: Nil Govt/Private

(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 Sh. Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 6305129341

(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) water problems

(ii)

(iii)

Place: Vilgram Puzam,

Date: 13/5/23

M. Mutha

Signature of the Student

Prathna
Signature of the Mentor



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



Name of the student : KOMALAKRISHNA MURALI
 Group : B-1111
 Name of the mentor : Dr. JANKI PALLA
 Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
<u>1-89</u>	<u>B. Muthu</u>	<u>Villige</u>	<u>Bempet</u>	<u>Sriakulam</u>

- 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 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

Signature of the Student

Mr. Mulla

Signature of the Mentor

[Signature]

- No impact.
- Mental condition.
- No impact.
- Weight.
- No impact.
- Health.
- No impact.
- Restful sleep.

- B. little impact
- c. big impact. D. none
- B. little impact
- c. big impact. D. none
- B. little impact
- c. big impact. D. none
- B. little impact
- c. big impact. D. none

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

Vegetable

views?

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

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

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

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

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



Name of the Student : Mamidala Murali
 Group : 4th MCIC
 Registration Number : 222202156607

Area of the Survey conducted : Vikram Puram

House No.	3-112
Post office	Ghoga Puram
Habitat	Ward
Mandal	Sompeta
Panchayat / Municipality	Sunkidi
District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender	M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	H. Kalia	M		45			
2.	M. Sai	F		40	Attending	Farmer	100/-
3.	M. Manju	F		20	Regular		9000
4.	M. Sai	M		20	Hi		

2. Social Status details:

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

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow
 (ii) House status (Own/ Rented):
 (iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection
 (iv) Availability of Agricultural land: Yes/ No
 (v) Extent of Agricultural land: Acres
 (vi) Livestock resources: Cows Oxen Buffaloes Sheep/Goats

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: *6385129391*
- (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) *water problems*
- (ii)
- (iii)

Place: *VIRAMPURAM*

Date: *14/5/23*

M. S. U. S. A. S. I.
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : MAMUDHARAJU MURALI
Group : BSC (NCC)
Name of the mentor : Dr. D. SATHI PAIYA
Name of the project : FOOD HABITS

Roll No	Name of the person	Village / Ward	Mandal	District
<u>1-88</u>	<u>B. BHARATH</u>	<u>Village</u>	<u>Sampeta</u>	<u>Srikakulam</u>

- How many times a day do you eat? 3
- 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?
- 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? 0% 25% 50% 75% 90% less than 25% less than 50%

9. How much of your diet consists of vegetables and non-animal products? 0% 25% 50% 75% 90% less than 25% less than 50%

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

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

12. Have you ever been on a diet, if so, what kind? No Yes

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 Starch food, oil food, vegetables

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

Restful sleep No impact little impact big impact none

Health No impact little impact big impact none

Weight

Mental condition. No impact little impact big impact none

No impact little impact big impact none

M. Wallace Jr.
Signature of the Student

[Signature]
Signature of the Mentor



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

Name of the Student : namidalli murali
Group : JASE MCIC

Registration Number : 22220D1566007
Area of the Survey conducted : Vikram Puram

House No.	Habitat /Vard /Mandal	Panchayat /Municipality /District	Sunkidi
<u>3-112</u>	<u>ward</u>	<u>Sompeta</u>	<u>Sriakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>011</u>	<u>M. Kalyan</u>	<u>M</u>	<u>45</u>		<u>Farmer</u>	<u>1000/-</u>
<u>2</u>	<u>M. Sasi</u>	<u>F</u>	<u>40</u>	<u>High School</u>	<u>Farmer</u>	<u>2/w 300</u>
<u>3</u>	<u>M. Manju</u>	<u>F</u>	<u>20</u>	<u>Degree</u>		
<u>4</u>	<u>M. Sai</u>	<u>M</u>	<u>20</u>	<u>11th</u>		

2. Social Status details:

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

3. Economic Status details:

- (i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow
(ii) House status (Own/ Rented): Own
(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection
(iv) Availability of Agricultural land: Yes/ No
(v) Extent of Agricultural land: No Acres
(vi) Livestock resources: Cows 2 Oxen 2 Buffaloes 2 Sheep/Goats 2

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 6805129341
- (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) water problem
- (ii)
- (iii)

Place: VIKRAMPUDAM

Date: 14/5/23

M. Murali

Signature of the Student

[Signature]

Signature of the Mentor



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



Name of the student : MAMDOZPALE MURALI
Group : BSC (MC21)
Name of the mentor : Dr. D. SANKU PRIYA
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
6-89	P. Praveen	Village	Prampeta	SRIKAKULAM

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

25% Less than 25%

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? *juice food no*

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

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

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

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

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

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

M. McNeal

Signature of the Student

Signature of the Mentor *[Signature]*



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

Name of the Student : Mamidalli murali
Group : JSSC MEC

Registration Number : 2222 0015 66 007

Area of the Survey conducted: Vikram puram

House No.	Habitat /Ward	Panchayat /Municipality	Post office	Mandal	District
<u>8-112</u>	<u>ward</u>	<u>Sunkidi</u>	<u>Shoga puram</u>	<u>Comptan</u>	<u>Sriakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1</u>	<u>M. Kalya</u>	<u>M</u>	<u>45</u>		<u>Farmer</u>	<u>1000/-</u>
<u>2</u>	<u>M. Gasi</u>	<u>F</u>	<u>40</u>	<u>High class</u>	<u>Farmer</u>	<u>also 300</u>
<u>3</u>	<u>M. Manju</u>	<u>F</u>	<u>20</u>	<u>Degree</u>		
<u>4</u>	<u>M. Sai</u>	<u>M</u>	<u>20</u>	<u>ITI</u>		

2. Social Status details:

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

(iii) Religion:

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 2/3 Acres

(vi) Livestock resources: Cows 2 Oxen 1 Buffaloes 1 Sheep/Goats 1

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

4. Health Details:

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

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

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

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 63085129341
- (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) water problem.
- (ii)
- (iii)

Place: Vixampalam

Date: 14/5/23

M. Maraji
Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : *MAMEDPALLI MURALI*
Group : *B-50 (MCDP)* *3*
Name of the mentor : *D.P.O. SANTHA PRIYA*
Name of the project : *Food Habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>6-90</i>	<i>B. ANANTH</i>	<i>Village</i>	<i>Sompeta</i>	<i>Srikakulam</i>

- How many times a day do you eat?
- 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 *3*
- 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?
- 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? less than 25% 25% 50% 75% 90%
9. How much of your diet consists of vegetables and non-animal products? less than 25% 25% 50% 75% 90%
10. Do you or have you ever had cholesterol problems?
11. Do you know your current body mass index?
12. Have you ever been on a diet, if so, what kind?
13. Mention the food items from the healthiest to the unhealthiest from your point of view?
14. How much do you think a healthy diet affects?
- | | | | | |
|------------------|---------------------------------|-------------------------------------|----------------------------------|----------------------------|
| Restful sleep | <input type="radio"/> No impact | <input type="radio"/> little impact | <input type="radio"/> big impact | <input type="radio"/> none |
| Health | <input type="radio"/> No impact | <input type="radio"/> little impact | <input type="radio"/> big impact | <input type="radio"/> none |
| Weight | <input type="radio"/> No impact | <input type="radio"/> little impact | <input type="radio"/> big impact | <input type="radio"/> none |
| Mental condition | <input type="radio"/> No impact | <input type="radio"/> little impact | <input type="radio"/> big impact | <input type="radio"/> none |

M. Murray
Signature of the Student

[Signature]
Signature of the Mentor



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

Name of the student : Meridipati Myrathi
Group : EGSE MFC

Registration Number : 22220156687
Area of the Survey conducted: Vikrahapuram

House No.	Habitat /Ward /Mandal	Panchayat /Municipality /District
<u>3-112</u>	<u>Surud</u>	<u>Sonkidi</u>
<u>Slaga puram</u>	<u>Sampeta</u>	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/weekly/ Monthly)
<u>1</u>	<u>M. Khr/D</u>	<u>M</u>	<u>47</u>	<u>-</u>	<u>Farming</u>	<u>1000/-</u>
<u>2</u>	<u>M. Sasi</u>	<u>F</u>	<u>40</u>	<u>Utkal</u>	<u>Farmer</u>	<u>0/w - 300</u>
<u>3</u>	<u>M. Manjan</u>	<u>F</u>	<u>20</u>	<u>Degree</u>		
<u>4</u>	<u>M. Sai</u>	<u>M</u>	<u>20</u>	<u>1st</u>		

2. Social Status details:

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

(iii) Religion:

3. Economic Status details:

(i) Type of House: Huf/ 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: 10 Acres

(vi) Livestock resources: Cows 2 Oxen 2 Buffaloes 2 Sheep/Goats 2

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

4. Health Details:

(i) Ailments in family: No Yes

(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 SH Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9305129341

(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) water problems

(ii)

(iii)

Place: Vikrampalem

Date: 16/5/23

P. Manoj

Signature of the Student

[Signature]
Signature of the Mentor



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



Name of the student : MARSDYANUS MUNEAS
Group : BRICKBUST
Name of the mentor : Dr. D. Sanku Pappu
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
<u>6-06</u>	<u>B. Anil</u>	<u>Village</u>	<u>Seppur</u>	<u>Sri Puthur</u>

- How many times a day do you eat? 3
- 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~~ b. lunch c. dinner d. others
- What does your main meal consist of and how it is prepared?
 - ~~Freshly prepared.~~ B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies? No

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

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

- Fresh vegetables & Fruits:
Several times a day once a day several times a week
less often never

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

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

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

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 NO

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


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

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

M. M. M. M.
 Signature of the Student


 Signature of the Mentor



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

Name of the Student : mamidipalli mustali

Group : I BSC MCIC

Registration Number : 2222001566007

Area of the Survey conducted: vikranapuram

House No.	7-6C	Habitat /Ward	Ward	Panchayat /Municipality	Sunkidi
Post office	Rajapuram	Mandal	Sompeta	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1	H. Mohan Rao	M	46	9	Labour	1800
2	H. Bhagavan	M	21	12	Labour	-
3	H. Kesava Rao	M	19	12	Labour	-

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: NO Acres

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

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

4. Health Details:

(i) Alliments in family: No Yes

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

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

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

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

5. Other Details:

(i) Do you have TV: Yes/No Yes No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9550915888

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

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

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

(i) water problem

(ii)

(iii)

Place: SriKakula m

Date: 26/5/23

M. M. W. G. A. J.

Signature of the Student

Signature of the Mentor



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



Name of the student : MANJUNATH
 Group : BVC (BSC)
 Name of the mentor : D.D. SANKAR PRASAD
 Name of the project : Food Habits

Roll No	Name of the person	Village / Ward	Mandal	District
<u>111</u>	<u>K. Aditya</u>	<u>Village</u>	<u>Channarayana</u>	<u>SRIKANTH</u>

- How many times a day do you eat? 3
- 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 meal.
 - 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 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	<input type="checkbox"/>	once a day	<input checked="" type="checkbox"/>	several times a week	<input type="checkbox"/>
less often	<input type="checkbox"/>	never	<input type="checkbox"/>		

Fresh vegetables & Fruits:

Several times a day	<input checked="" type="checkbox"/>	once a day	<input type="checkbox"/>	several times a week	<input type="checkbox"/>
less often	<input type="checkbox"/>	never	<input type="checkbox"/>		

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

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

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

No

11. Do you know your current body mass index?

No

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

Yes

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

Veget food

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

Vegetable

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.

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

M. Muzali

Signature of the Student

Signature of the Mentor



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

Name of the Student : Mamidipati Murali
Group : 2 BSC MCL
Registration Number : 2222001566007
Area of the Survey conducted: Vikramapuram

House No.	3-112	Habitat / Ward	wood	Panchayat / Municipality	Sunkurdi
Post office	Bhadrachalam	Mandal	Sampta	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	M. Kallu	M	45	—	—	—
2.	M. Raji	F	40	—	—	—
3.	M. Raju	F	20	—	—	—
4.	M. Raji	M	20	—	—	—

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 0.5 Acres

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

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

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

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

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

4. Health Details:

(i) Alliments in family: No Yes

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

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

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

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

5. Other Details:

(i) Do you have TV: Yes/No Yes No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 9305129341

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

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

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

(i) water problem

(ii)

(iii)

Place: Vithanapur am

Date: 16/5/23

M. M. W. S. S. S.

Signature of the Student

Signature of the Mentor



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



Name of the student : MANI 202PML2 MURUGU
 Group : BUC (MCS(1))
 Name of the mentor : Dr. D. VARAH
 Name of the project : Food Habits

Roll No	Name of the person	Village / Ward	Mandal	District
<u>103</u>	<u>S. SANKAR</u>	<u>Village</u>	<u>Chilukoti</u>	<u>SRIKAKULAM</u>

1. How many times a day do you eat?
MC: 3

2. Please answer the following according to your particular eating habits? MC: 1

- a. I eat a good breakfast
- b. I experienced feeling of hunger during the day
- c. I eat fruits.
- d. I eat vegetables.
- e. I eat dairy products
- f. 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? 25% less than 25% 75% 90%
9. How much of your diet consists of vegetables and non-animal products? 25% less than 25% 75% 90%
10. Do you or have you ever has cholesterol problems? No Yes
11. Do you know your current body mass index? No Yes
12. Have your ever been on a diet, if so, what kind? Yes No
13. Mention the food items from the healthiest to the unhealthiest from your point of views?
Very food
vegetable
14. How much do you think a healthy diet affects?
Restful sleep
a. No impact. **B.** little impact c. big impact. D. none
- Health
a. No impact. **B.** little impact c. big impact. D. none
- Weight
a. No impact. **B.** little impact c. big impact. D. none
- Mental condition.
 A. No impact. **B.** little impact c. big impact. D. none

M. M. M. M. M.
Signature of the Student

[Signature]
Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : *Mamidi Pruthi Murali*
 Group : *(D) BSC (M) I*
 Registration Number : *2022001565007*
 Name of the Mentor : *Dr. D. Sankar Prasad*
 Name of the Project : *SOC20 - ECONOMIC SURVEY IN ROAD HABITS*

Date & Day	Activity done	Number of Hours Spent	Signature of the student
9-5-23	SOC20 - ECONOMIC SURVEY	6 hours	M. Murali
10-5-23	SOC20 - ECONOMIC SURVEY	7 hours	M. Murali
11-5-23	SOC20 - ECONOMIC SURVEY	6 hours	M. Murali
12-5-23	SOC20 - ECONOMIC SURVEY	7 hours	M. Murali
13-5-23	SOC20 - ECONOMIC SURVEY	6 hours	M. Murali
14-5-23	SOC20 - ECONOMIC SURVEY	6:30 hours	M. Murali
15-5-23	SOC20 - ECONOMIC SURVEY	6:30 hours	M. Murali

[Signature]
 Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM
 COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : ANANDHARAJ ANANDHARAJ
 Group : (2) BERT (MISC)
 Registration Number : 2222001560009
 Name of the Mentor : DR. DIVYANANDHARAJAN
 Name of the Project : FOR HABIT OF PROJECT WRITING

Date & Day	Activity done	Number of Hours Spent	Signature of the student
Monday 29-5-23	PROJECT WRITING	2 hour	M. Anandharaj
Tuesday 30-5-23	PROJECT WRITING	5:30 hours	M. Anandharaj
31-5-23 Wednesday	PROJECT WRITING	6 hours	M. Anandharaj
1-6-23 Thursday	PROJECT WRITING	7 hours	M. Anandharaj
2-6-23 Friday	PROJECT WRITING	5:30 hours	M. Anandharaj
3-6-23 Saturday	PROJECT WRITING	7 hours	M. Anandharaj
4-6-23 Sunday	PROJECT WRITING	6 hours	M. Anandharaj
5-6-23 Monday	PROJECT WRITING	5 hours	M. Anandharaj
6-6-23 Tuesday	PROJECT WRITING	6 hours	M. Anandharaj
7-6-23 Wednesday	PROJECT WRITING	7 hours	M. Anandharaj

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM
 COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : M. Mithipathi Murali
 Group : 2 BVC (Metric)
 Registration Number : 2222001566007
 Name of the Mentor : Dr. D. Venkateswara Madam
 Name of the Project : Food Habits (Gardner Parganah)

Date & Day	Activity done	Number of Hours Spent	Signature of the student
<u>17-5-23</u>	<u>transer programme</u>	<u>5 hours</u>	<u>M. Mithipathi</u>
<u>18-5-23</u>	<u>Awardees programme</u>	<u>7 hours</u>	<u>M. Mithipathi</u>
<u>19-5-23</u>	<u>Awardees programme</u>	<u>8 hours</u>	<u>M. Mithipathi</u>

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIRAKULAM
COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : Manjupathi Surali
 Group : D Arc Centre
 Registration Number : 2222001586007
 Name of the Mentor : Dr. D. Ramk. Patya
 Name of the Project : Food Habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20/5/23	Food Habits	7 hrs	M. Manjupathi
21/5/23	Food Habits	5 hrs	M. Manjupathi
23/5/23	Food Habits	6:30 hrs	M. Manjupathi
24/5/23	Food Habits	4:30 hrs	M. Manjupathi
25/5/23	Food Habits	7:00 hrs	M. Manjupathi
26/5/23	Food Habits	5:30 hrs	M. Manjupathi
27/5/23	Food Habits	6:00 hrs	M. Manjupathi
27/5/23	Food Habits	5:30 hrs	M. Manjupathi
28/5/23	Food Habits	7:00 hrs	M. Manjupathi

Signature of the Mentor



Problems

- * In our village have internet and no purified drinking water
- * Due to report of road narrow and technical support in communications
- * In our natural water covered from agriculture wastes and waste disposal
- * Lack of sufficient dipping of drinking water
- * and the drinking water has started overflowing by roads in a pouring the street
- * If feel very bad and just to go to the multiple problem
- * Report :- implementation of direct benefit transfer scheme as per connection as possible to improve the ability employment exceeds in our village

Signature of Candidate

10.11.2021