CERTIFICATE

This is to certify that Patha Mareeambi, BZC student from SGK Govt Degree College, Vinukonda of Palnadu Dt has done his/her community service project work titled PREVELANCE OF LIFE STYLE DISORDERS IN VINUKONDA URBAN POPULATION in our Zoology department as part of curricuium

Lect in zoology

Commissionerate of Collegiate Education , Government of Andhra Pradesh

Format - III Community Service Project (CSP) - Student Daily Progress Report

1	Name of the Student	P. Mareem bi
2	Regd. No. of the Student	
3	Year	2022
4	Program studying (BA/B.Com/B.Sc etc.,)	BSC (BZC)
5	Program Combination	BZC
6	Name of the Mentor	Kishore Behara
7	Name of the CSP	life style diseases & the risk factors
8	Place of CSP execution	Vinukonda

S.No	Date	Work done	No.of hours spent
	1 - 6 - 2022	3	2 hours
	2 - 6 - 2022	2	1 hour
	3 - 6 - 2022	4	2hours
	4 - 6 - 2022	1	hour
	5 - 6 - 2022	3	2 hours
	6 - 6 - 2022	1	1 hour

Report:

Community service Project

Srimathi Gangineni Kalyani Degree college

Vinukonda

Life tyle Diseases And their Risk factors in Vinukonda urban Populations.

Principal: SRinivasaRao. Dr. K. (Ph. D)

Mentor: Kishore Behara Sir (lectures in Zoology)

S. G. K Govt Degree college (Vinukona)

Name of the student:

Name of the Faculty Mentor: B. R. K. Kishore

Name of the Villager / Interview: V. N. K. Guntur Dist—

Village / Area / colony / Locality: Vinukonda. Sainagar

life style Diseases and Their Risk factors in Vmukonda Urban population

Team Members:

BSC (B2c) studenty

J. Anju Deepthi

SK. Gousiya

G. Heleena latha

M. Hema latha

D. Anjali

Y. Aswini

Ch. Venkatesh

M. Gnop

N. Krupa Sangeeth

principal: Dr K. Srinivasa Rao

Faculty Mentor: Brk Kishore Sir

Title: Life style diseases and Their Risk factors in Vinukonda population.

Aim: To identify the Reasons and factors for the rising incidence of life style disease in Vinukonda

Methods Adopted: Community Survey and community awerness

time line:

first week: community survey Thij includes The door to door survey alay with the collection of date in the form of question different age groups are selected for the collection of date a comparative study of prevelence of life style. People is taken up for thij purpose

second week: comunity awareness under the programe an attend to create the awerness regarging the lifestyle

Third week: All the date collected has been compiled in the form of project report.

fourth week: It includes the proulation of our project work to the faculty Mentor of the college level individualy

Tools and technical Used: All Through in specipic clinical fad are used in thij project The formates Litend below are used for colecting date and drawing conclutions.

① Question naire

② tubular columns

③ Graphical Representation

S.G.K Govt Degree college (VNK)

Palanadu (Dist)

community service project

Life style diseases and their Risk factors in Vinukona urban population.

Questionnaire:

Name of the student:

Name of the mentor: B.R.K. Kishore Sir

Name of the Village / interviewe:

Village / Area / colony / Locality:

1) How old are you?

20-39 years old

40-59 yearsold

60-80 yearsold

2) ~~Are~~ you Male of female:

Female

Male

3) How would you describe you body and physical condition:

lean

Average

over weight

Obese

4) How often do you eat, out consume junk food and fast

Every day (all Meals)

Every day (1 Meal)

All emal days

twice a week

Onee a week

onee a month

5) in general, which type of foods do you mostly like eat?

Bland and boiled

salty

oily and salty

sweet

6) Do you a smoke cigerettes or have you used tobaco Related Produces in the past?

A) * Non - smoker 2 non - tobaco user

* smoke 1-10 (1gare HE7 a day)

* smoke 11-19 cigere HE/ a day

* smoke 20-29 cigarettes per day

7) Have you hed you blood cholesterol cheeked recently?

Below 180Mg

181 Mg - 250 mg

251 Mg - 280 Mg

Above 281 Mg

not checked

8) Do you sleep for above eight hours per night?

yes (or) NO

9) Do you got sleep easily and sleep tragh night?

yes (or) no

10) Do you eat at least five fruits and vegetables each day

yes (or) NO

11) Do you limit the amount of sugar and salt in your diet?

yes (or) NO

12) Do you stay away from cigarattes and other tobacco produ

yes (or) NO

13) Do you avoid Alcohal and drugs?

yes (or) NO

14) Do you see a dentist and GP regularly if you feel something is wrong?

yes (or) NO

15) Do you family and friends ready to help support you if needed?

yes (or) NO

signature of the participate

signature of Mentor

signature of the student

Tabular Colany Area

Si No	5-25	Age group 25-50	sot	Number disabiles is Reported	
	young	Audult	old	yes	No
	29	60	28	yes	

°Introduction:

life style disease can be dermed as diseas linked with one's life style. incre diseases are non-commu they are cavsed by 10c of physical Unbesity.

Non - Modified Risk factors:

Age:

Roce

Gender, Grewitries.

Tabic Risk factore

Incresed blood pressure

obesity

Increse blood glucose levels is hyper glycemia.

Hyper Major life style Diseases:

Ishamic heart disease

stoke

lephral aterial disease

congenital heart disease.

S.G.K. GOVERNMENT DEGREE COLLEGE, VINUKONDA, PALANADU DISTRICT
COMMUNITY SERVICE PROJECT

NAME OF THE MENTOR : B.R.K. Krishna Sir

NAME OF THE CSP : **LIFE STYLE DISEASES AND THEIR RISK FACTORS IN VINUKONDA URBAN POPULATION**

Primary Information

- **Student Details:** Name: P. Mareem bi Group: Hall BSc (BZC)
  Ticket No: Phone No: 9573919621
- **Surveying Area Details:** Village/Ward Name:
  Date: 6/6/22 Time: 8:00 AM
- **Person Contacted for Survey:** Name: K. Maiyalas House No: —
  Caste: Gen ☐ BC ☑ SC ☐ ST ☐
  Income: < 1 lakh ☐ 2-4 lakhs ☑ 4-8 lakhs ☐ ≥8 lakhs ☐
  Type of House Building: Hut / Semi Pucca/ Pucca/ Apartment/ Bungalow ☐
  Nature of House building: Own/ Rented

Family Details:

S.No	Name of the Family member	Gender	Age	Education	Profession
	K Maiyya Bai	~~F~~ M	35	—	Daily wage ☐
	K. Saraswathi	32 F	31	—	
	K. Nandini	12 F	12	8th cl	Student
	K. Dakshan	6 M	6	2nd cl	Student

☐

Health Details:

(i) Diseases in family: No

(ii) Source of treatment: Govt. Hospital/ Private Hospital/Traditional Medicine

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

S.no.	Name of the person	Gender	Age	Nature of Disability ☐

COMMUNITY SERVICE PROJECT

Survey Questionnaire:

1.How old are you?

- ○ 20 - 39 years old
- ✓ 40 - 59 years old
- ○ 60 - 80 years old

2.Are you male or female?

- ○ Female
- ✓ Male

3. How would you describe you body and physical condition?

- ○ Lean
- ✓ Average
- ○ Overweight
- ○ Obese

4.How many members of your family have a history of heart disease?

- ✓ No known family history of heart disease
- ○ 1 family member 60 years or older with heart disease
- ○ 2 family members 60 years or older with heart disease
- ○ 1 family member younger than 60 years with heart disease
- ○ 2 family members younger than 60 years with heartdisease
- ○ 3 or more family members younger than 60 years with heart disease

5.How often do you eat-out, consume junk food and fast-food?

- ○ Everyday (all meals)
- ○ Everyday (1 meal)
- ○ Alternate days
- ○ Twice a week
- ○ Once a week
- ✓ Once a month

6.In general, which type of foods do you mostly like to eat?

- ○ Bland and boiled
- ○ Salty
- ✓ Oily and fatty
- ○ Sweet

7.Do you a smoke cigarettes or have you used tobacco related products in the past?

- ○ Non-smoker & non-tobacco user
- ○ Ex-tobacco smoker (6 months or more tobacco-free)
- ○ Smoke 1-10 cigarettes a day
- ✓ Smoke 11-19 cigarettes a day and/or chew tobacco infrequently
- ○ Smoke 20-29 cigarettes a day and/or chew tobacco infrequently
- ○ Smoke 30-39 cigarettes a day and/or chew tobacco frequently
- ○ Smoke 40 or more cigarettes a day and/or chew tobacco frequently

8.Are you physically active and exercise regularly or do you have no exercise or irregular physical activity?

- ○ Sedentary without regular exercise
- ○ Sedentary with regular exercise
- ✓ Active without regular exercise
- ○ Active with regular exercise

9.Have you had you blood cholesterol checked recently?

- ○ below 180 mg

- 181mg - 230mg
- 231 - 280mg
- above 281mg
- not checked

10. Have you had you blood pressure checked recently?

- Systolic Blood Pressure in mm/Hg
- below 120 untreated
- 120-140 untreated
- 142-160 untreated
- above 160 untreated
- 120-140 treated
- 142-160 treated
- above 160 treated
- not checked

11. *Do you sleep for about eight hours per night?*

- Yes
- No

12. *Do you go to sleep easily and sleep through the night?*

- Yes
- No

13. *Do you eat at least five fruits and vegetables each day?*

- Yes
- No

14. *Do you limit the amount of sugar and salt in your diet?*

- Yes
- No

15. *Do you stay away from cigarettes and other tobacco products?*

- Yes
- No

16. *Do you avoid alcohol and drugs?*

- ○ Yes
- ✓ No

17. *Do you brush and floss your teeth at least twice a day?*

- ✓ Yes
- ○ No

18. *Do you see a dentist and GP regularly if you feel something is wrong?*

- ✓ Yes
- ○ No

19. *Do you usually feel that you can manage all of the tasks required of you in a given day?*

- ✓ Yes
- ○ No

20. *Do you have family and friends ready to help and support you if needed?*

- ✓ Yes
- ○ No

Signature the participant

Signature of the mentor

Signature of the student