7816074102

Commissionerate of Collegiate Education , Government of Andhra Pradesh

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

1	Name of the Student	V. Komali
2	Regd. No. of the Student	Y20309038
3	Year	IInd year BSC [B2C]
4	Program studying (BA/B.Com/B.Sc etc.,)	BSC [B2C]
5	Program Combination	
6	Name of the Mentor	G. Mani kumar
7	Name of the CSP	Life style diseases and their risk factors in Vinukonda
8	Place of CSP execution	Reddipalem

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

V. Komali

G. Mani Kumar
Lec in Botany
Mentor

Verified

Commissionerate of Collegiate Education , Government of Andhra Pradesh

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

1	Name of the Student	V. komali
2	Regd. No. of the Student	2030990 38
3	Year	IInd year
4	Program studying (BA/B.Com/B.Sc etc.,)	BSc [BZC]
5	Program Combination	
6	Name of the Mentor	G. Mani kumar
7	Name of the CSP	Life style disease And their risk factors In Vinukonda
8	Place of CSP execution	Reddipalem

S.No	Date	Work done	No.of hours spent
7.	7 - 6 - 2022	10	2hours
8.	8 - 6 - 2022	2	3hours
9.	9 - 6 - 2022	2	4hours
10.	10 - 6 - 2022	2	3hours
11.	11 - 6 - 2022	2	2hours
12.	12 - 6 - 2022	5	4hours

V. komali

G. Mani Kumar
Lec in Botany
mentor

Life style Diseases AND Their Risk Factors IN Vinukonda URBAN Population

Team members:-

BSc [BZC] Students

1. Ipraparthom Srilatha
2. palepogu madhavi
3. Golla Srilakshmi
4. Bhavanasi Aswini
5. Avula Anitha
6. Tirumala srinu
7. Amruthapudi Blessi
8. paleti Bhargivi
9. vasipalli Komali
10. shaik Reshma
11. Kodomala yuvaraj
12. Bathena Ruthu Kamala

Principal:- Dr. K. Sreeni Vasarao garu

Faculty MENTOR:- G. Mani Kumar

Internal viva committee:-

1. CH. Haribabu
2. BRK Kishore
3. K.V.S Koteswara-rao

Title:- Life style diseases and their risk Factors in vinukonda urban population

Aim :- To identify the life style diseases and their risk factors in vinukonda urban population of palanadu district.

Methods Adapted:- community survey and community awarness.

Time line:-

First week:- community survey; This includes the door-to-door survey along with the collection of data in the form of the questionatine. Different age groups are selected for as collection of data. A compa-rative study of the life style diseases and the risk factors in young, adult old people is taken up for this purpose.

Second week:- community awarness, under this programe an attempt to create the awarness regoarding the life style disease has been made by the team members different age

Groups are adressed separately for this pu
-pose.

Third week:- All the data collected has been compl
-d in the form of project report this includ
-es the analysis of data Based on this
definite conclusions are drawan regarding the
prevalance of the disease This includes
the graphical representation of The data.

Fourth week:- It includes the presentation of
our project work to the internal viva commi
-tte at the college level individually.

Tools and technogues used:-

Although no specific cinical tools are used
in this project the formate listed below
are used for collecting data are drawing
conclesions.

1. austionare
2. tabular columns
3. Graphical representations.

SGrk GroVeamenf Degreem college Vinekonda

Life style disease and their risk factors in vinekonda urban population

Questionnaire

Name of the student :-

Name of the Faculty mentor :-

Name of the village :-

Family Details :-

1) How old are you?

2) you male a Female ?

3) How would you describe your body and physical condition.

4) How many members of your family have a hestory of the heart diseases?

5) In General which type of food do you mostly to Eat?

6. Do you smoke a cigerette a have you used tobacco related products in the past?

7. Non-smoker and non-tobacco users?

8. Do you sleep for about eight hour per night?

Are you physically active Exercise regularly or do you have non exercise or irregular physical activity?

9. Have you had your blood cholesterol checked recently?

10. Have you your blood pressure checked recently?

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

12. Do you eat of least five fruits and vegetables each day?

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

14. Do you stay away from cigerettes and other tobacco product

15. Do you avoid alchols and drugs?

16 Do you brush your teeth of least twice a day?

17. Do you see a dentist and Gp regularly

18 If you feel something went wrong?

18. Do you usually feel that you can manage all of the tasks required of you in a

Given day?

19. Do you have family and friends ready to help and support if you need?

Tabular columns used:-

SNO	Name of the Family Member	Grender	Age	Education	Profession

Health details column:-

S.NO.	Name of the person	Grender	Age	Nature of Disability

Introduction:-

Life style diseases are ailments that are primarily based on day to day habits of people. Habits that default people from activity and push them towards a secondary routine can cause a number of health issues that can lead to chronic non communicable diseases that can have their life threading

consequences.

NON communicable diseases kill around 40 million people each year that is around 70% of all deaths which occcurs globally. NCD are chronic and non-communicable from one the main type NCD are cardio vascular and chronic respiratory diseases in addition to cancer. NCDs such as cardio vascular diseases (CVD) stroke diabetes and certain forms of cancers are havily linked to life style choice, and hence they often known as life style diseases.

Non-modified risk factors:-

1. Age
2. Race
3. Grender
4. Genetic

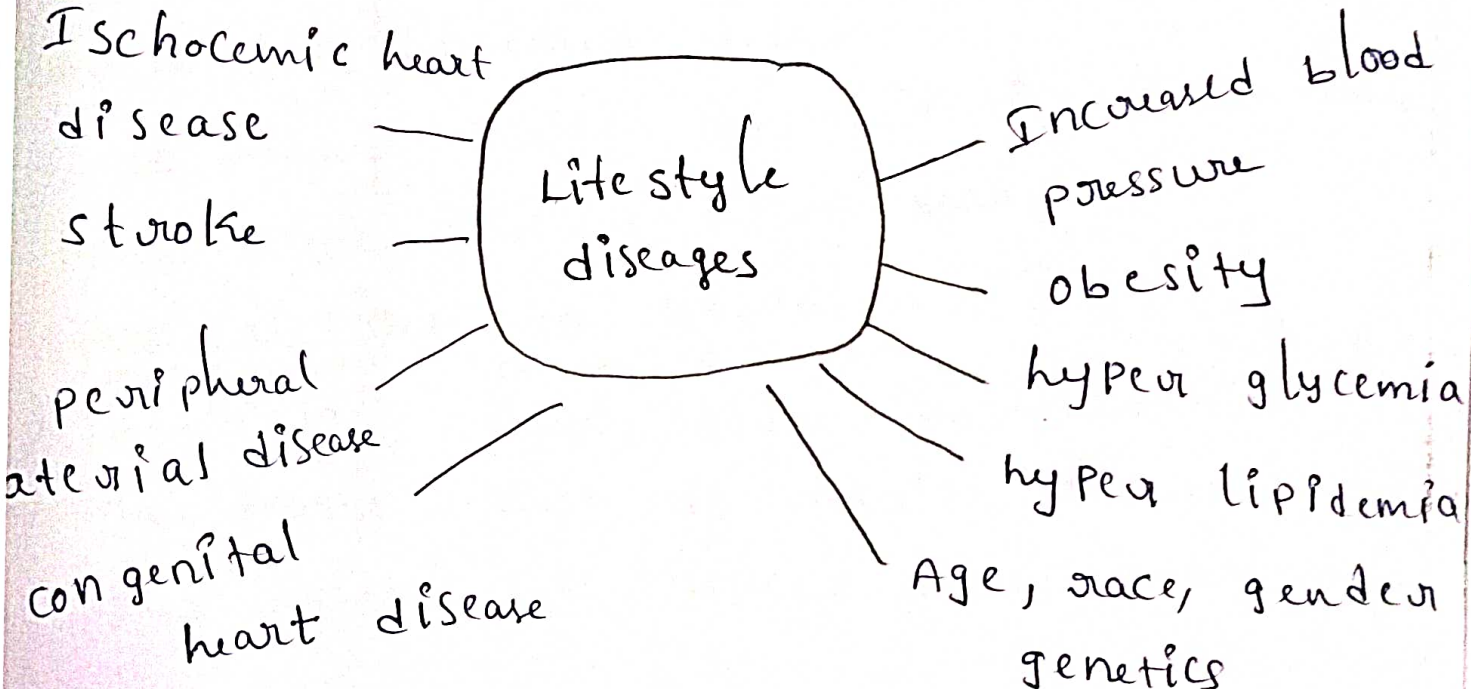
Metabolic risk factors:-

1. Increased blood pressure obesity.
2. Increase blood glucose levels or hyper glycemia
3. Increase levels of facts in blood or hyper lipidemia.

factors globally with 19% of global deaths distributed to it followed by obesity and hyper glycemia.

Four main Life style disease:

1. Ischaemic heart disease
2. stroke
3. Peripheral arterial disease
4. congenital heart disease



OBservations made during the community survey:-

The life style disease are very common in people who are sedentary without regular exercise have the habit of the smoking and drinking.

2 many people who are illiterate and have no idea about the balanced diet use ge -tting these life style disease.

3 some literates with smoking and drinking habits one also affecting.

4 the people who are with a worry of tensi -ons and pressure are getting these disea -ses.

5. so many people are don't even know that about the balanced diet.

6. so many people are sufferering from these life style diseases every year.

pre cautions to be taken:-

1. The people must taken balanced diet
2. The people must do regular excerise
3 they must less depend upon carbohydrate diets.
4. The people should check up regularly
5. people should be follow yoga and medi -dation used should calm.

life style diseases and risk-factors :-

person with balanced diet and good habits.

compared health risks with a person ha -ving bad habits.

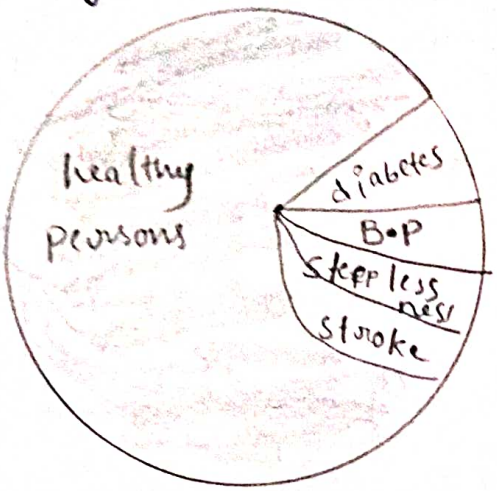


Fig:-A :- persons with good diet & habits.

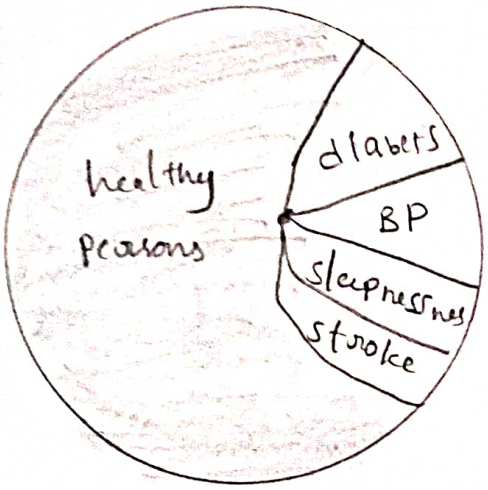


Fig:-B :- persons witho -ut bad habits and no balanced diet.

Discussions and conclusion:-

After this community scurvey the following conclusions are drawn.

1. The life style disease are attaching due to the life style leading by the people who are leading a irresponding-ble life having smoking and drinking alcohols and other anti social activities.

2. As we follow the balanced diet and regular

Exercise we may less attached by those disease
3 we all should be away from the cigera
-tte and alcohol we must not do even
passive smoking also these life style disea
-ses may causes death also.

so it is found that the people with
balanced and having regular excercises are havi
-ng less rise of life style diseases to Every
should change life style.

Acknowledgment:-

mani kumar sir [Botany lecture, S.Grk Govet degree college, NVK]

kishore sir [zoology lectures, SGrk, Gov degree colleg VPK]
V. komali and
All my class mates

Refcarence:-

Life style Diseases paper back - surendra, G Gattani
Ajay Dikshit sagar

Eat to Beat disease - Dr. William Li

why we get sick - Benjamin Bikman
phD.

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

NAME OF THE MENTOR :

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

Primary Information

- **Student Details:** Name: V. Komali Group: Hall BSc(BzC)
  Ticket No: Y20309038 Phone No: 9652966960
- **Surveying Area Details:** Village/Ward Name: Reddipalem
  Date: 1/6/2022 Time: 6:14 PM
- **Person Contacted for Survey:** Name: Vasipallimallayya House No: 6-53
  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
1.	V. మల్లయ్య	male	46		farmar ☐
2.	V. రంగమ్మ	Female	35		farmar
3.	V. వెంకటలక్ష్మి	Female	17	Inter	

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?

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

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

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

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

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

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

9.Have you had you blood cholesterol checked recently?

- o 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?*
- [x] Yes
- [ ] No

17. *Do you brush and floss your teeth at least twice a day?*
- [x] Yes
- [ ] No

18. *Do you see a dentist and GP regularly if you feel something is wrong?*
- [x] Yes
- [ ] No

19. *Do you usually feel that you can manage all of the tasks required of you in a given day?*
- [x] Yes
- [ ] No

20. *Do you have family and friends ready to help and support you if needed?*
- [x] Yes
- [ ] No

Signature the participant

Signature of the mentor

V. Komali

Signature of the student

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

NAME OF THE MENTOR :

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

Primary Information

- **Student Details:** Name: V. Komali Group: Hall BSc (B2C)
  Ticket No: Y20309903B Phone No: 9652966960
- **Surveying Area Details:** Village/Ward Name: Reddipalem SC colony
  Date: 1/6/2022 Time: 6:20 PM
- **Person Contacted for Survey:** Name: A. సుబ్బారెడ్డి 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
1.	A. సుబ్బారెడ్డి	Male	40	5th class	farmer ☐
2.	A. సుబ్బమ్మ	Female	38	5th class	Tailor
3.	A. చందు	Male	12	7th class	
4.	A. పెద్ద	Male	10	2nd class	

☐

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?

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

2.Are you male or female?

- o Female
- ✓ Male

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

- ✓ Lean
- o Average
- o Overweight
- o Obese

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

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

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

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

- o Bland and boiled
- o Salty
- o Oily and fatty
- o Sweet

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

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

- o Sedentary without regular exercise
- o Sedentary with regular exercise
- o Active without regular exercise
- o Active with regular exercise

9.Have you had you blood cholesterol checked recently?

- o 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
- [x] No

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

- [x] Yes
- [ ] No

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

- [ ] Yes
- [x] No

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

- [x] Yes
- [ ] No

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

- [x] Yes
- [ ] No

Signature the participant

Signature of the mentor

v. Komali

Signature of the student