

A COMMUNITY SERVICE PROJECT REPORT ON  
**HEALTH SURVEY**

Submitted in partial fulfilment for the award of the  
degree of **BACHELOR OF TECHNOLOGY**

IN

**Computer Science and Engineering**

By

Potlapalli Pallavi

22A81A05O3

Under the Esteemed Supervision of  
**MR.G.NATRAJ**  
Assistant Professor



Department of computer science and Engineering (Accredited by N.B.A)  
**SRI VASAVI ENGINEERING COLLEGE(Autonomou)**  
(Affiliated to JNTUK, Kakinada)Pedatadepalli, Tadepalligudem-534101, AP 2023-2024

SRI VASAVI ENGINEERING COLLEGE  
(Autonomous)

Department of Computer Science and Engineering

Pedatadepalli, Tadepalligudem



# Certificate

This is to certify that the Community Service Project Report entitled “**HEALTH**” survey done in Pedatadepalli village, submitted by SHAIK SAHEDHA ([22A81A05P1](#)), for the award of the degree of Bachelor of Technology in the Department of Computer Science and Engineering during the academic year 2023-2024.

Name of Project Guide

Mr.G.Natraj  
Assistant professor

Head of the Department

Dr. D Jaya Kumari  
Professor&HOD

SRI VASAVI ENGINEERING COLLEGE (Autonomous)  
 PEDATADEPALLI, TADEPALLIGUDEM-534 101  
 Department of Computer Science & Engineering (Accredited by NBA)

Project Log Book

|  |                        |
|--|------------------------|
| Student Name                           | Pottapalli Pallavi     |
| Regd. Number                           | 22A81A0503             |
| Branch                                 | CSE                    |
| Year                                   | 2nd                    |
| Title of the Community Service Project | Basic Health Awareness |
| Guide Name                             | MR G1 Natraj           |

| S. No | Date     | Guidance Given                    | Student Activities | Target Achieved | Signature of the Guide |
|-------|----------|-----------------------------------|--------------------|-----------------|------------------------|
| 1     | 17/05/23 | Suggested her to do walking daily | Survey             | Yes             | JG                     |
| 2     | 18/05/23 | recommended to eat protein food   | Survey             | Yes             | JG                     |
| 3     | 19/05/23 | Advised to maintain some diet     | Survey             | Yes             |                        |

Vision: To evolve as a centre of academic and research excellence in the area of Computer Science and Engineering.

Mission: To utilize innovative learning methods for academic improvement.

To encourage higher studies and research to meet the futuristic requirements of Computer Science and Engineering.

To inculcate Ethics and Human values for developing students with good character.

SRI VASAVI ENGINEERING COLLEGE (Autonomous)  
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 Department of Computer Science & Engineering (Accredited by NBA)

|   |          |  |        |     |    |
|---|----------|--|--------|-----|----|
| 4 | 20/05/23 | Schedule a proper diet                 | Survey | Yes | JG |
| 5 | 21/05/23 | Advised to take proper medicines       | Survey | Yes | JG |
| 6 | 23/05/23 | Suggested to take less salt intake     | Survey | Yes | JG |
| 7 | 24/05/23 | Make sure to have a physical diet      | Survey | Yes | JG |
| 8 | 26/05/23 | Avoid overeating, overworking yourself | Survey | Yes | JG |
| 9 | 27/05/23 | Maintain time to time diet             | Survey | Yes | JG |

Project Guide

Project Coordinator

Head of the Department

Head of the Department  
 Dept. of Computer Science & Engineering  
 Sri Vasavi Engineering College  
 TADEPALLIGUDEM-534 101

Vision: To evolve as a centre of academic and research excellence in the area of Computer Science and Engineering.  
 Mission: To utilize innovative learning methods for academic improvement.  
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 To inculcate Ethics and Human values for developing students with good character.

REDM NOTE IT 59 | PALLAVI

## ACKNOWLEDGEMENT

First and foremost, we sincerely salute to our esteemed institute SRI VASAVI ENGINEERING COLLEGE, for giving us this golden opportunity to fulfill our warm dream to become engineer. Our sincere gratitude to our project guide Mr.G.Natraj Assistant Professor, Department of Computer Science and Engineering, for his timely cooperation and valuable suggestions while carrying out this project.

We express our sincere thanks and heart full gratitude to Dr. D. Jaya Kumari, M.Tech, Ph.d, Professor & Head of the Department of Computer Science and Engineering, for permitting us to do our project. We express our sincere thanks and heart full gratitude to Dr. G.V.N.S.R. Ratnakara Rao, Principal, for providing a favorable environment and supporting us during the development of this project.

Our special thanks to the management and all the teaching and non-teaching staff members, Department of Computer Science and Engineering, for their support and cooperation in various ways during our project work. It is our pleasure to acknowledge the help of all those respected individuals.

We would like to express our gratitude to our parents, friends who helped to complete this Project.

Potlapalli Pallavi(22A81A~~5~~03)

**SRI VASAVI ENGINEERING COLLEGE (Autonomous)**  
**Department of Computer Science and Engineering**  
**Pedatadepalli,Tadepalligudem**  
**(2023-2024)**  
**Community Service Project for the UG Program**  
**Health Survey**

Name of the Student : Potlapalli Pallavi

Reg No :(22A81A05O3)

Branch : CSE

Semester : 3

Topic : Health

Area : Pedatadepalli,Tadepalligudem

Project Guide : Mr.G.Nataraj Asst Professor

(Student)

(Project Guide)

Mr.G.Natraj

Asst Professor

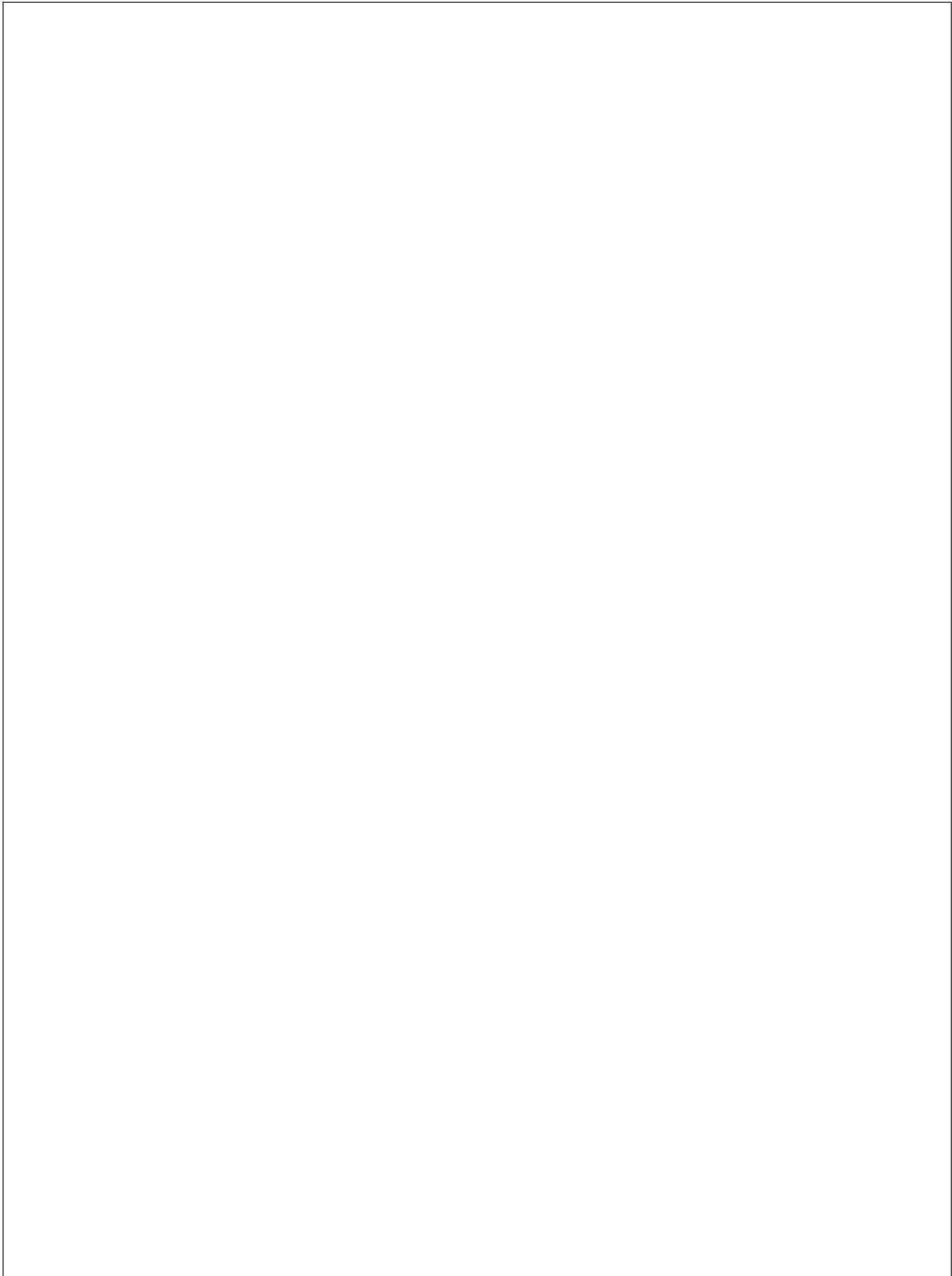
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## INTRODUCTION

Health is a multifaceted and invaluable aspect of human existence. It encompasses the overall well-being of an individual, both physically and mentally. This includes the absence of illness, the presence of vitality, and the ability to adapt and thrive in various life situations. Health extends beyond the individual, affecting communities and societies at large. It is a dynamic state influenced by genetics, lifestyle choices, environmental factors, and access to healthcare. Recognizing the importance of health is a fundamental step towards leading a fulfilling and meaningful life, as it empowers individuals to make informed decisions, prioritize self-care, and contribute to a healthier world. In this context, exploring the various dimensions of health and understanding its significance is essential for personal growth, societal progress, and the promotion of well-being for all.

When it comes to health, it's all about taking care of our bodies and minds. It's important to prioritize exercise, eat nutritious food, and get enough rest. Good health is essential for a happy and fulfilling life. It involves taking care of our physical and mental well-being through regular exercise, nutritious eating, and proper rest. Prioritizing health can lead to increased energy, improved mood, and reduced risk of diseases. Health is a treasure, my friend. It's all about nourishing our bodies with good food, staying active, and finding balance in life. Taking care of our physical and mental well-being is key to living our best lives.



**7- How frequently do you get your health checkup?**

- a) Once in 2 months    b) Once in 6 months    c) Once a year  
 d) Only when needed    e) Never get it done    f) Other (Please specify)

**8 - How often do you exercise?**

- a) Every day    b) Once in two days    c) Once a week  d) Once a month    e) Never

**9 - Have you had an allergic reaction or received treatment for it?**

- a) Yes, I did. I also received treatment    b) I had it but did not receive treatment  c) I've never had

**10 - What level of function can you carry out routine tasks?**

- a) Excellent level  b) Good level    c) Intermediate level    d) Bad level    e) Terrible level

**11 - Have you experienced depression or psychological distress in the last four weeks?**

- a) Yes very much  b) Sometimes    c) Never

**12 - How much have your emotional issues impacted your interactions with friends and family over the past four weeks?**

- a) It didn't affect me at all  b) Very little    c) Moderate    d) Quite a few    e) Too much

**13 - How would you rate your treatment process?**

- a) Wonderful  b) Above average    c) Average    d) Below average    e) Very poor

**14 - Do you use any medication regularly?**

a) Yes      b) No

15 - What various medications have you used over the last 24 hours?

Ans. Thyroxine

16 - How was the doctor's attitude towards you on a scale of 1 to 10?

Ans. 9

17 - How do you rate the local hospitals in your area?

a) Excellent    b) Good    c) Average    d) Poor

18 - Please rate (1-10) your agreement with the following: Health insurance is affordable.

5

19 - Which of the following have you experienced pain in the past month?

a) Heart    b) Kidney    c) Lung    d) Stomach.    e) Other (Please specify)

20 - Do you recommend this health facility to your family and friends?

a) Definitely yes    b) Yes    c) No    d) Definitely not

21. Did you suffer from covid-19 ?

a) Yes      b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_

## HEALTH SURVEY

Name of the person : SK. Faridha

Age : 22

Date of survey : 30/05/2023

Mobile number :

Address : Sajjapuram, Tanuku, A.P., 534211, India

Health surveys are a necessary and helpful instrument for decision-making when crafting a health plan. Health surveys provide specific information about the epidemiological situation, health trends, life habits, and the use of health services from the patients' point of view.

How was your experience the last time you visited a doctor's office? How long did you have to wait? Did they apply any health survey to get your opinion? Let's talk about it.

1- How healthy do you feel on a scale of 1 to 10?

9

2 - How often do you go to the hospital?

- a) Once a week
- b) Once every two weeks
- c) Once a month
- d) Once every three months
- e) Once a year
- f) Other :

3 Do you have any chronic diseases?

- a) Yes
- b) No

4 - Does anyone in your family members have a hereditary disease?

- a) Yes
- b) No

5 - Do you have any genetic diseases? Ans . NO

6 - Do you regularly use alcohol and/or drugs?

- a) Yes to both
- b) Only to drugs
- c) Only to alcohol
- d) No

**7 - How frequently do you get your health checkup?**

- a) Once in 2 months
- b) Once in 6 months
- c) Once a year
- d) Only when needed
- e) Never get it done
- f) Other (Please specify)

**8 - How often do you exercise?**

- a) Every day
- b) Once in two days
- c) Once a week
- d) Once a month
- e) Never

**9 - Have you had an allergic reaction or received treatment for it?**

- a) Yes, I did. I also received treatment
- b) I had it but did not receive treatment
- c) I've never had

**10 - What level of function can you carry out routine tasks?**

- a) Excellent level
- b) Good level
- c) Intermediate level
- d) Bad level
- e) Terrible level

**11 - Have you experienced depression or psychological distress in the last four weeks?**

- a) Yes very much
- b) Sometimes
- c) Never

**12 - How much have your emotional issues impacted your interactions with friends and family over the past four weeks?**

- a) It didn't affect me at all
- b) Very little
- c) Moderate
- d) Quite a few
- e) Too much

**13 - How would you rate your treatment process?**

- a) Wonderful
- b) Above average
- c) Average
- d) Below average
- e) Very poor

**14 - Do you use any medication regularly?**

a) Yes

b) No

15 - What various medications have you used over the last 24 hours?

Ans. None

16 - How was the doctor's attitude towards you on a scale of 1 to 10?

Ans. 9

17 - How do you rate the local hospitals in your area?

a) Excellent b) Good c) Average d) Poor

18 - Please rate (1-10) your agreement with the following: Health insurance is affordable.

7

19 - Which of the following have you experienced pain in the past month?

a) Heart b) Kidney c) Lung d) Stomach. e) Other (Please specify)

20 - Do you recommend this health facility to your family and friends?

a) Definitely yes b) Yes c) No d) Definitely not

21. Did you suffer from covid-19 ?

a) Yes

b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_

# HEALTH SURVEY

Name of the person : SK .kaari

Age : 35

Date of survey : 81/05/2023

Mobile number :

Address

Ratrapati Rd, Timmarayapuram, Tanuku, AP

Health surveys are a necessary and helpful instrument for decision-making when crafting a health plan. Health surveys provide specific information about the epidemiological situation, health trends, life habits, and the use of health services from the patients' point of view.

How was your experience the last time you visited a doctor's office? How long did you have to wait? Did they apply any health survey to get your opinion? Let's talk about it.

1- How healthy do you feel on a scale of 1 to 10?

8

2 - How often do you go to the hospital?

a) Once a week      b) Once every two weeks      c) Once a month

d) Once every three months      e) Once a year

Other: Only when required

3 Do you have any chronic diseases?

a) Yes      b) No

4 - Does anyone in your family members have a hereditary disease?

a) Yes.      b) No

5 - Do you have any genetic diseases? Ans. No

6 - Do you regularly use alcohol and/or drugs?

a) Yes to both      b) Only to drugs      c) Only to alcohol      d) No

**7- How frequently do you get your health checkup?**

- a) Once in 2 months
- b) Once in 6 months
- c) Once a year
- d) Only when needed
- e) Never get it done
- f) Other (Please specify)

**8 - How often do you exercise?**

- a) Every day
- b) Once in two days
- c) Once a week
- d) Once a month
- e) Never

**9 - Have you had an allergic reaction or received treatment for it?**

- a) Yes, I did. I also received treatment
- b) I had it but did not receive treatment
- c) I've never had

**10 - What level of function can you carry out routine tasks?**

- a) Excellent level
- b) Good level
- c) Intermediate level
- d) Bad level
- e) Terrible level

**11 - Have you experienced depression or psychological distress in the last four weeks?**

- a) Yes very much
- b) Sometimes
- c) Never

**12 - How much have your emotional issues impacted your interactions with friends and family over the past four weeks?**

- a) It didn't affect me at all
- b) Very little
- c) Moderate
- d) Quite a few
- e) Too much

**13 - How would you rate your treatment process?**

- a) Wonderful
- b) Above average
- c) Average
- d) Below average
- e) Very poor

**14 - Do you use any medication regularly?**

- a) Yes      b) No

15 - What various medications have you used over the last 24 hours?

Ans. None

16 - How was the doctor's attitude towards you on a scale of 1 to 10?

Ans. 9

17 - How do you rate the local hospitals in your area?

- a) Excellent  b) Good c) Average d) Poor

18 - Please rate (1-10) your agreement with the following: Health insurance is affordable.

8

19 - Which of the following have you experienced pain in the past month?

- a) Heart b) Kidney c) Lung  d) Stomach. e) Other (Please specify)

20 - Do you recommend this health facility to your family and friends?

- a) Definitely yes  b) Yes c) No d) Definitely not

21. Did you suffer from covid-19 ?

- a) Yes  b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_

# HEALTH SURVEY

Name of the person : SK. Ashanoor

Age : 65

Date of survey : 22/05/2023

Mobile number :

Address

: Sajjanwaram, Tanuku rAP, 534211, India.

Health surveys are a necessary and helpful instrument for decision-making when crafting a health plan. Health surveys provide specific information about the epidemiological situation, health trends, life habits, and the use of health services from the patients' point of view.

How was your experience the last time you visited a doctor's office? How long did you have to wait? Did they apply any health survey to get your opinion? Let's talk about it.

1- How healthy do you feel on a scale of 1 to 10?

-1

2 - How often do you go to the hospital?

- a) Once a week
- b) Once every two weeks
- c) Once a month
- d) Once every three months
- e) Once a year
- f) Other :

3 Do you have any chronic diseases?

- a) Yes
- b) No

4 - Does anyone in your family members have a hereditary disease?

- a) Yes.
- b) No

5 - Do you have any genetic diseases? Ans . NO

6 - Do you regularly use alcohol and/or drugs?

- a) Yes to both
- b) Only to drugs
- c) Only to alcohol
- d) No

**7- How frequently do you get your health checkup?**

- a) Once in 2 months    b) Once in 6 months    c) Once a year  
 d) Only when needed    e) Never get it done    f) Other (Please specify)

**8 - How often do you exercise?**

- a) Every day    b) Once in two days    c) Once a week    d) Once a month     e) Never

**9 - Have you had an allergic reaction or received treatment for it?**

- a) Yes, I did. I also received treatment    b) I had it but did not receive treatment     c) I've never had

**10 - What level of function can you carry out routine tasks?**

- a) Excellent level    b) Good level     c) Intermediate level    d) Bad level.    e) Terrible level

**11 - Have you experienced depression or psychological distress in the last four weeks?**

- a) Yes very much     b) Sometimes    c) Never

**12 - How much have your emotional issues impacted your interactions with friends and family over the past four weeks?**

- a) It didn't affect me at all     b) Very little    c) Moderate    d) Quite a few    e) Too much

**13 - How would you rate your treatment process?**

- a) Wonderful     b) Above average    c) Average    d) Below average    e) Very poor

**14 - Do you use any medication regularly?**

a) Yes

b) No

**15 - What various medications have you used over the last 24 hours?**

Ans. BP-tablet

**16 - How was the doctor's attitude towards you on a scale of 1 to 10?**

Ans. 8

**17 - How do you rate the local hospitals in your area?**

a) Excellent b) Good c) Average d) Poor

**18 - Please rate (1-10) your agreement with the following: Health insurance is affordable.**

8

**19 - Which of the following have you experienced pain in the past month?**

a) Heart b) Kidney c) Lung d) Stomach. e) Other (Please specify)

**20 - Do you recommend this health facility to your family and friends?**

a) Definitely yes  b) Yes c) No d) Definitely not

**21. Did you suffer from covid-19 ?**

a) Yes

b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_

# HEALTH SURVEY

Name of the person : Sk. Aisha

Age : 48

Date of survey : 02/05/2023

Mobile number :

Address : Sajjapuram, Tanuku, AP, 534211, India.

Health surveys are a necessary and helpful instrument for decision-making when crafting a health plan. Health surveys provide specific information about the epidemiological situation, health trends, life habits, and the use of health services from the patients' point of view.

How was your experience the last time you visited a doctor's office? How long did you have to wait? Did they apply any health survey to get your opinion? Let's talk about it.

1- How healthy do you feel on a scale of 1 to 10?

8

2 - How often do you go to the hospital?

a) Once a week      b) Once every two weeks      c) Once a month

d) Once every three months      e) Once a year      f) Other :

3 Do you have any chronic diseases?

a) Yes  b) No

4 - Does anyone in your family members have a hereditary disease?

a) Yes.  b) No

5 - Do you have any genetic diseases? Ans. NO

6 - Do you regularly use alcohol and/or drugs?

a) Yes to both    b) Only to drugs    c) Only to alcohol  d) No

**7- How frequently do you get your health checkup?**

- a) Once in 2 months    b) Once in 6 months    c) Once a year  
d) Only when needed    e) Never get it done    f) Other (Please specify)

**8 - How often do you exercise?**

- a) Every day    b) Once in two days    c) Once a week    d) Once a month    e) Never

**9 - Have you had an allergic reaction or received treatment for it?**

- a) Yes, I did. I also received treatment    b) I had it but did not receive treatment    c) I've never had

**10 - What level of function can you carry out routine tasks?**

- a) Excellent level    b) Good level    c) Intermediate level    d) Bad level.    e) Terrible level

**11 - Have you experienced depression or psychological distress in the last four weeks?**

- a) Yes very much    b) Sometimes    c) Never

**12 - How much have your emotional issues impacted your interactions with friends and family over the past four weeks?**

- a) It didn't affect me at all    b) Very little    c) Moderate    d) Quite a few    e) Too much

**13 - How would you rate your treatment process?**

- a) Wonderful    b) Above average    c) Average    d) Below average    e) Very poor

**14 - Do you use any medication regularly?**

Yes      b) No

15 - What various medications have you used over the last 24 hours?

Ans. body Pain killers

16 - How was the doctor's attitude towards you on a scale of 1 to 10?

Ans. 8

17 - How do you rate the local hospitals in your area?

a) Excellent  b) Good c) Average d) Poor

18 - Please rate (1-10) your agreement with the following: Health insurance is affordable.

8

19 - Which of the following have you experienced pain in the past month?

a) Heart b) Kidney c) Lung d) Stomach. e) Other (Please specify)

20 - Do you recommend this health facility to your family and friends?

a) Definitely yes  b) Yes c) No d) Definitely not

21. Did you suffer from covid-19 ?

a) Yes  b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_

# HEALTH SURVEY

Name of the person : Vijaya

Age : 30

Date of survey : 03/05/2023

Mobile number :

Address : Timmaraipupuram, Tanuku, A.P, 534211, India

Health surveys are a necessary and helpful instrument for decision-making when crafting a health plan. Health surveys provide specific information about the epidemiological situation, health trends, life habits, and the use of health services from the patients' point of view.

How was your experience the last time you visited a doctor's office? How long did you have to wait? Did they apply any health survey to get your opinion? Let's talk about it.

**1- How healthy do you feel on a scale of 1 to 10?**

8

**2 - How often do you go to the hospital?**

a) Once a week      b) Once every two weeks      c) Once a month

d) Once every three months      e) Once a year      f) Other :

**3 Do you have any chronic diseases?**

a) Yes    b) No

**4 - Does anyone in your family members have a hereditary disease?**

a) Yes.  b) No

**5 - Do you have any genetic diseases? Ans . NO**

**6 - Do you regularly use alcohol and/or drugs?**

a) Yes to both    b) Only to drugs    c) Only to alcohol  d) No

**7- How frequently do you get your health checkup?**

- a) Once in 2 months    b) Once in 6 months    c) Once a year  
d) Only when needed    e) Never get it done    f) Other (Please specify)

**8 - How often do you exercise?**

- a) Every day    b) Once in two days    c) Once a week    d) Once a month    e) Never

**9 - Have you had an allergic reaction or received treatment for it?**

- a) Yes, I did. I also received treatment    b) I had it but did not receive treatment    c) I've never had

**10 - What level of function can you carry out routine tasks?**

- a) Excellent level    b) Good level    c) Intermediate level    d) Bad level    e) Terrible level

**11 - Have you experienced depression or psychological distress in the last four weeks?**

- a) Yes very much    b) Sometimes    c) Never

**12 - How much have your emotional issues impacted your interactions with friends and family over the past four weeks?**

- a) It didn't affect me at all    b) Very little    c) Moderate    d) Quite a few    e) Too much

**13 - How would you rate your treatment process?**

- a) Wonderful    b) Above average    c) Average    d) Below average    e) Very poor

**14 - Do you use any medication regularly?**

Yes      b) No

15 - What various medications have you used over the last 24 hours?

Ans. diabetic tabs.

16 - How was the doctor's attitude towards you on a scale of 1 to 10?

Ans. 9

17 - How do you rate the local hospitals in your area?

a) Excellent b) Good c) Average d) Poor

18 - Please rate (1-10) your agreement with the following: Health insurance is affordable.

7

19 - Which of the following have you experienced pain in the past month?

a) Heart b) Kidney c) Lung d) Stomach. e) Other (Please specify) Head

20 - Do you recommend this health facility to your family and friends?

a) Definitely yes b) Yes c) No d) Definitely not

21. Did you suffer from covid-19 ?

a) Yes       b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_

# HEALTH SURVEY

Name of the person : Shaik. Vahidha

Age : 24

Date of survey : 04/05/2023

Mobile number :

Address : Timmaragipuram, Tanuku, A.P. 534211, India.

Health surveys are a necessary and helpful instrument for decision-making when crafting a health plan. Health surveys provide specific information about the epidemiological situation, health trends, life habits, and the use of health services from the patients' point of view.

How was your experience the last time you visited a doctor's office? How long did you have to wait? Did they apply any health survey to get your opinion? Let's talk about it.

1- How healthy do you feel on a scale of 1 to 10?

8

2 - How often do you go to the hospital?

a) Once a week      b) Once every two weeks      c) Once a month

d) Once every three months      e) Once a year      f) Other:

3 Do you have any chronic diseases?

a) Yes  b) No

4 - Does anyone in your family members have a hereditary disease?

a) Yes.  b) No

5 - Do you have any genetic diseases? Ans. NO

6 - Do you regularly use alcohol and/or drugs?

a) Yes to both    b) Only to drugs    c) Only to alcohol     d) No

**7- How frequently do you get your health checkup?**

- a) Once in 2 months    b) Once in 6 months    c) Once a year  
 d) Only when needed    e) Never get it done    f) Other (Please specify)

**8 - How often do you exercise?**

- a) Every day    b) Once in two days    c) Once a week  d) Once a month    e) Never

**9 - Have you had an allergic reaction or received treatment for it?**

- a) Yes, I did. I also received treatment    b) I had it but did not receive treatment  c) I've never had

**10 - What level of function can you carry out routine tasks?**

- a) Excellent level  b) Good level    c) Intermediate level    d) Bad level    e) Terrible level

**11 - Have you experienced depression or psychological distress in the last four weeks?**

- a) Yes very much  b) Sometimes    c) Never

**12 - How much have your emotional issues impacted your interactions with friends and family over the past four weeks?**

- a) It didn't affect me at all  b) Very little    c) Moderate    d) Quite a few    e) Too much

**13 - How would you rate your treatment process?**

- a) Wonderful  b) Above average    c) Average    d) Below average    e) Very poor

**14 - Do you use any medication regularly?**

a) Yes

b) No

**15 - What various medications have you used over the last 24 hours?**

Ans. Stomach ache - tabs

**16 - How was the doctor's attitude towards you on a scale of 1 to 10?**

Ans. 8

**17 - How do you rate the local hospitals in your area?**

a) Excellent b) Good c) Average d) Poor

**18 - Please rate (1-10) your agreement with the following: Health insurance is affordable.**

8

**19 - Which of the following have you experienced pain in the past month?**

a) Heart b) Kidney c) Lung d) Stomach. e) Other (Please specify)

**20 - Do you recommend this health facility to your family and friends?**

a) Definitely yes  b) Yes c) No d) Definitely not

**21. Did you suffer from covid-19 ?**

a) Yes

b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_

# HEALTH SURVEY

Name of the person : S.K. Marthanbi

Age : 34

Date of survey : 31/6/2023

Mobile number :

Address : Timmarajapuram, Tanuku - Ap. India

Health surveys are a necessary and helpful instrument for decision-making when crafting a health plan. Health surveys provide specific information about the epidemiological situation, health trends, life habits, and the use of health services from the patients' point of view.

How was your experience the last time you visited a doctor's office? How long did you have to wait? Did they apply any health survey to get your opinion? Let's talk about it.

1- How healthy do you feel on a scale of 1 to 10?

8

2 - How often do you go to the hospital?

a) Once a week      b) Once every two weeks      c) Once a month

d) Once every three months      e) Once a year      f) Other :

3 Do you have any chronic diseases?

a) Yes  b) No

4 - Does anyone in your family members have a hereditary disease?

a) Yes.  b) No

5 - Do you have any genetic diseases? Ans . No

6 - Do you regularly use alcohol and/or drugs?

a) Yes to both    b) Only to drugs    c) Only to alcohol  d) No

**7- How frequently do you get your health checkup?**

a) Once in 2 months    b) Once in 6 months    c) Once a year

d) Only when needed    e) Never get it done    f) Other (Please specify)

**8 - How often do you exercise?**

a) Every day    b) Once in two days    c) Once a week  d) Once a month    e) Never

**9 - Have you had an allergic reaction or received treatment for it?**

a) Yes, I did. I also received treatment    b) I had it but did not receive treatment  c) I've never  
had

**10 - What level of function can you carry out routine tasks?**

a) Excellent level    b) Good level  c) Intermediate level    d) Bad level.    e) Terrible level

**11 - Have you experienced depression or psychological distress in the last four weeks?**

a) Yes very much  b) Sometimes    c) Never

**12 - How much have your emotional issues impacted your interactions with friends and  
family over the past four weeks?**

a) It didn't affect me at all  b) Very little    c) Moderate    d) Quite a few    e) Too much

**13 - How would you rate your treatment process?**

a) Wonderful  b) Above average    c) Average    d) Below average    e) Very poor

**14 - Do you use any medication regularly?**

- a) Yes      b) No

15 - What various medications have you used over the last 24 hours?

Ans. Gastric tablet

16 - How was the doctor's attitude towards you on a scale of 1 to 10?

Ans. 9

17 - How do you rate the local hospitals in your area?

- a) Excellent   b) Good   c) Average   d) Poor

18 - Please rate (1-10) your agreement with the following: Health insurance is affordable.

6

19 - Which of the following have you experienced pain in the past month?

- a) Heart   b) Kidney   c) Lung   d) Stomach.   e) Other (Please specify)

20 - Do you recommend this health facility to your family and friends?

- a) Definitely yes    b) Yes   c) No   d) Definitely not

21. Did you suffer from covid-19 ?

- a) Yes       b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_

# HEALTH SURVEY

Name of the person @Vijaya Lakshmi

Age : 38

Date of survey : 3/6/23

Mobile number :

Address : Timmarejupuram, Sanuku, AP, 531211, India

Health surveys are a necessary and helpful instrument for decision-making when crafting a health plan. Health surveys provide specific information about the epidemiological situation, health trends, life habits, and the use of health services from the patients' point of view.

How was your experience the last time you visited a doctor's office? How long did you have to wait? Did they apply any health survey to get your opinion? Let's talk about it.

1- How healthy do you feel on a scale of 1 to 10?

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2 - How often do you go to the hospital?

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d) Once every three months      e) Once a year      f) Other :

3 Do you have any chronic diseases?

a) Yes    b) No

4 - Does anyone in your family members have a hereditary disease?

a) Yes.    b) No

5 - Do you have any genetic diseases? Ans . Nope

6 - Do you regularly use alcohol and/or drugs?

a) Yes to both    b) Only to drugs    c) Only to alcohol    d) No

**7- How frequently do you get your health checkup?**

- a) Once in 2 months    b) Once in 6 months    c) Once a year  
 d) Only when needed    e) Never get it done    f) Other (Please specify)

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Ans. Gastric tabs

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21. Did you suffer from covid-19 ?

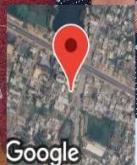
- a) Yes    b) No

If yes, how has it affected your health? Ans. \_\_\_\_\_



GPS Map Camera

Tanuku, Andhra Pradesh, India  
QM5R+5RW, Timmarajupuram, Tanuku, Andhra  
Pradesh 534211, India  
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Long 81.69206°  
17/05/23 05:37 PM GMT +05:30

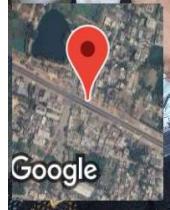


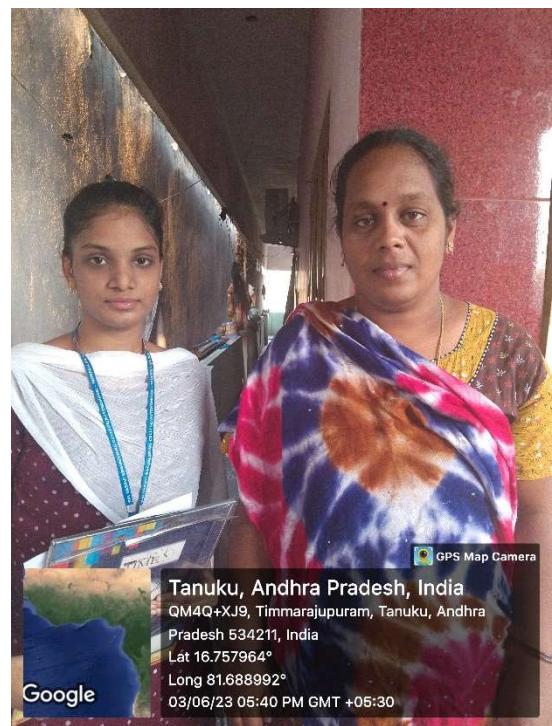
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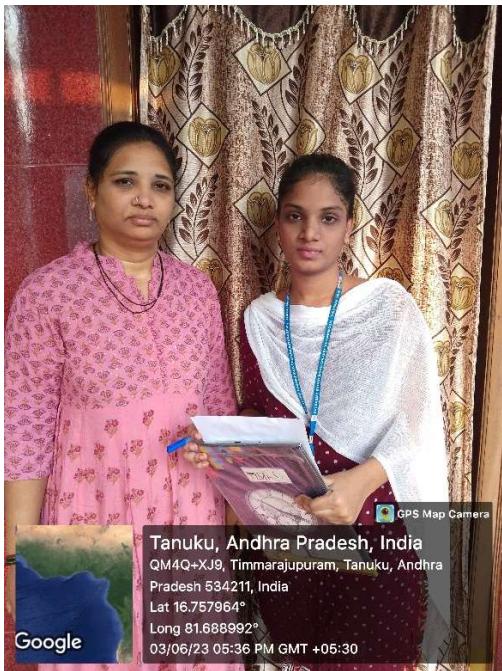


GPS Map Camera

Tanuku, Andhra Pradesh, India  
4a, NH16, Sajjapuram, Tanuku, Andhra Pradesh  
534211, India  
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Long 81.692978°  
20/05/23 05:43 PM GMT +05:30







## OBSERVATION

Health is a multifaceted aspect of our well-being. Here are a few observations:

**Prevention is Key:** Many health issues can be prevented through lifestyle choices like a balanced diet, regular exercise, and avoiding harmful habits like smoking.

**Mental Health Matters:** Mental health is just as important as physical health. Stress, anxiety, and depression can have a significant impact on overall wellbeing.

**Healthcare Disparities:** Disparities in access to healthcare and health outcomes exist, often due to socioeconomic factors and systemic inequalities.

**Personalized Medicine:** Advances in genetics and technology are leading to more personalized approaches to healthcare and treatments tailored to an individual's genetic makeup.

**Digital Health:** The integration of technology into healthcare is transforming the way we monitor and manage our health, from wearable fitness trackers to telemedicine.

**Aging Population:** Many countries are experiencing an aging population, leading to increased focus on geriatric care and healthcare services for seniors.

**Global Health Challenges:** Issues like pandemics, antibiotic resistance, and climate change's impact on health are global challenges that require international cooperation. **Holistic Health:** The recognition that health encompasses physical, mental, and social well-being has led to a more holistic approach to healthcare.

These observations highlight the complexity and evolving nature of the field of health.

## SUGGESTIONS

Some general health suggestions:

Balanced Diet: Eat a variety of foods including fruits, vegetables, lean proteins, whole grains, and healthy fats to ensure you get essential nutrients.

Regular Exercise: Aim for at least 150 minutes of moderate-intensity exercise or 75 minutes of vigorous-intensity exercise per week.

Adequate Sleep: Aim for 7-9 hours of quality sleep each night to support physical and mental health.

Stay Hydrated: Drink plenty of water throughout the day to maintain proper bodily functions.

Stress Management: Practice stress-reduction techniques like meditation, deep breathing, or yoga.

Regular Check-ups: Visit your healthcare provider for routine check-ups and screenings.

Limit Alcohol and Tobacco: If you consume alcohol, do so in moderation, and avoid tobacco products.

Hygiene: Maintain good personal hygiene, including regular handwashing to prevent illness.

Social Connections: Nurture your social relationships as they contribute to mental and emotional well-being.

Stay Informed: Stay informed about health-related topics and follow reputable sources for information.

## CONCLUSION

Maintaining good health is crucial for a fulfilling and happy life. It involves a combination of regular physical activity, a balanced diet, adequate sleep, and mental well-being. Prioritizing preventive healthcare, such as vaccinations and regular check-ups, can help prevent illnesses and promote longevity. Remember that health is an ongoing journey, and making small, sustainable changes in lifestyle can have a significant impact on your overall well-being.

Taking care of our health is super important. By prioritizing physical and mental well-being through exercise, healthy eating, and self-care, we can enjoy a happier and more fulfilling life. Remember, small steps can make a big difference.

Keep up the great work and stay healthy.