

A COMMUNITY SERVICE PROJECT REPORT ON
HEALTH SURVEY

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

IN

Computer Science and Engineering

By

SRIYA BADAMPUDI

22A81A05K5

**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(Autonomous)
(Affiliated to JNTUK, Kakinada)Pedatadepalli,
Tadepalligudem-534101, AP
2023-24**

**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 **Sriya Badampudi (22A81A05K5)**, 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

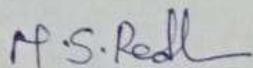
Head of the Department

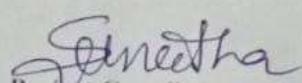
Dr. D Jaya Kumari
Professor&HOD

Project Log Book

Student Name	MURARI VENKATA SAI MAHESH
Regd. Number	20A81A05N4
Branch	CSE
Year	3rd
Title of the Community Service Project	Academic Performance Improvement
Guide Name	Mrs M.S. Radha Mangamani

S. No.	Date	Guidance Given	Student Activities	Target Achieved	Signature of the Guide
1.	7/11/22	Conduct a survey	Survey	Yes	Rdl
2.	8/11/22	Identify a problem	Survey	Yes	Rdl
3.	8/11/22	Behave Polite	Survey	Yes	Rdl
4.	9/11/22	Don't go with Personal Info	Survey	Yes	Rdl
5.	10/11/22	work relate to domain	Survey	Yes	Rdl
6.	10/11/22	Identify the problem	Survey	Yes	Rdl
7.	11/11/22	Don't go with personal Info	Survey	Yes	Rdl
8.	12/11/22	work relate to domain	Survey	Yes	Rdl
9.	13/11/22	Identify the problem	Survey	Yes	Rdl
10.	16/11/22	Make a report	Survey	Yes	Rdl


M.S. Radh
Project Guide


Sneetha
Project Coordinator


HC
Head of the Department

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

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.

Sriya Badampudi

(22A81A05K5)

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 : Sriya Badampudi

Regd No : 22A81A05K5

Branch : CSE

Semester : 3

Topic : Health

Area : Pedatadepalli,Tadepalligudem

Project Guide : Mr.G.Natraj Asst.Professor

(Student)

(Project Guide)

Mr.G.Natraj
Asst.Professor

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- ❖ Introduction
- ❖ Academic Performance Improvement Survey
- ❖ Awareness program & Photographs of Surveys
- ❖ Observation
- ❖ Suggestions
- ❖ Conclusion

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.

HEALTH SURVEY

Name of the person : V. Ratnam

Age : 46

Date of survey : 17-5-23

Mobile number : 9444136531

Address : Nidada village.

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 Other

3 - Do you have any chronic diseases?

- a) Yes No

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

- 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

Name

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

Age

Date

8 - How often do you exercise?

Mob

Add

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pla

life

No

Dir

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

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

1.

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

2.

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 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 Very little c) Moderate d) Quite a few e) Too much

13 - How would you rate your treatment process?

a) Wonderful 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. Nothing used.

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

Ans. 7

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. 10

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. No

HEALTH SURVEY

Name of the person : M. Naga Lakshmi

Age : 25

Date of survey : 17-5-23

Mobile number : 7993022067

Address : Nidadavole

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.

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1- How healthy do you feel on a scale of 1 to 10? **5**

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?

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- 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

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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. Tyroid medicines

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

Ans. 10

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. No

HEALTH SURVEY

Name of the person: Y-Vani
Age: 27
Date of survey: 18-06-23
Mobile number: 967680846
Address: Alidadavole.

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? 10

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

3 Do you have any chronic diseases?

- a) Yes No

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

- a) Yes 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?

- d) 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?

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- 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. NO

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. NO

HEALTH SURVEY

Name of the person : A. Anusha.

Age : 32

Date of survey : 18-5-23

Mobile number : 6303125046

Address : Nidadavole.

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 No

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

a) Yes No

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

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
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- 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
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- c) Moderate
- d) Quite a few
- e) Too much

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

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a) Yes b) No

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

Ans. No

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

Ans. 10

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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. No

HEALTH SURVEY

Name of the person : G1 - Naga Lakshmi

Age : 30

Date of survey : 19-5-23

Mobile number : 6300 8346 81

Address : Nidadavole

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? 5

2 - How often do you go to the hospital?

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

3 Do you have any chronic diseases?

- Yes b) No

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

- a) Yes. 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 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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- 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. Tyroid

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

Ans. 5

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. Yes, it affected in sleeping.

HEALTH SURVEY

Name of the person : R. Janathi Rani

Age : 53

Date of survey : 19-5-23

Mobile number : 8143423675

Address : Nidadavole.

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2 - How often do you go to the hospital?

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

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

3 - Do you have any chronic diseases?

Yes b) No

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

a) Yes. 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 No

7 - How frequently do you get your health checkup?

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

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

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14 - Do you use any medication regularly?

a) Yes b) No

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

Ans. Tyroid, BP.

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

Ans. 10

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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?

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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. It doesn't affected.

HEALTH SURVEY

Name of the person : S.Varia Lakshmi

Age : 27

Date of survey : 20-05-23

Mobile number : 9177718626

Address : Klidadavole

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- a) Yes
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- a) Yes
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- Only when needed e) Never get it done f) Other (Please specify)

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8 - How often do you exercise?

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

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

1.

2 - 10 - What level of function can you carry out routine tasks?

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d

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

3

- a) Yes very much b) Sometimes Never

4

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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. No

HEALTH SURVEY

Name of the person P.S.U. Praneeth

Age 29

Date of survey 20-5-23

Mobile number 6300 588941

Address Nidadavole

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- b) No

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

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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. No

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. 9

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)

Nothing experienced.

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. No.

HEALTH SURVEY

Name of the person B.V.S. N. Murthy

Age 66

Date of survey 30-5-23

Mobile number 9440410057

Address Nidadavole

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? 10

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

Name: _____
Age: _____
Date: _____
Mo: _____
Adr: _____

8 - How often do you exercise?

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

He:
pla:
life:

- 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 I've never
had

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

- 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 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 Very little c) Moderate d) Quite a few e) Too much

13 - How would you rate your treatment process?

- 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. Sugar, Bp

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

Ans. 10

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. (O

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. No

HEALTH SURVEY

Name of the person : N. Phani Kumari

Age : 26

Date of survey : 21-5-23

Mobile number : 8499061805

Address : Nidadavole.

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:

3 Do you have any chronic diseases?

a) Yes No

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

a) Yes. 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 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. No

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. 10

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)
FEVER

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. No

HEALTH SURVEY

Name of the person : N. Vani
Age : 35
Date of survey : 21-5-23
Mobile number : 9492226365
Address : Nidadavole.

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 :

3 Do you have any chronic diseases?

- a) Yes No

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

- a) Yes 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 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 Other (Please specify)

8 - How often do you exercise?

- 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 I've never had

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

- a) Excellent level 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 Never

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

- 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?

- 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. No

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.

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)
Nothing

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. No

HEALTH SURVEY

Name of the person : N. Manga
Age : 58
Date of survey : 81-5-23
Mobile number : 8099904277
Address : Nidadavole

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. B.P. Sugar, Thyroid

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 Average d) Poor

18 - Please rate (1-10) your agreement with the following: Health insurance is affordable. 9

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?

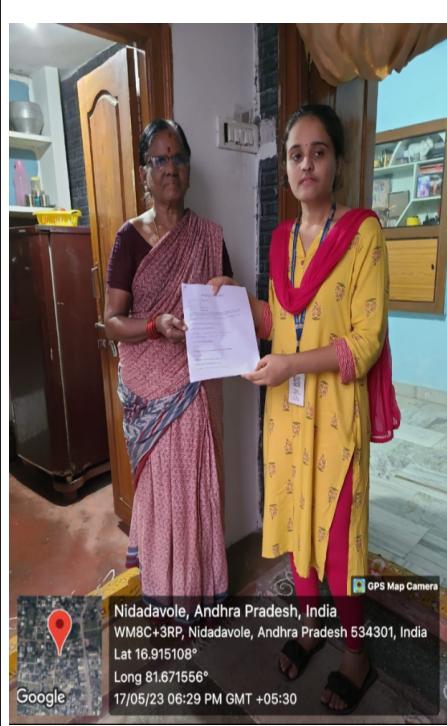
a) Definitely yes b) Yes c) No d) Definitely not

21. Did you suffer from covid-19 ?

a) Yes b) No

If yes, how has it affected your health? Ans. No

PHOTOGRAPHS WITH SURVEYEES





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 well-being.

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.