



Program Book

Community Service Project



AP STATE COUNCIL OF HIGHER
EDUCATION

(A STATUTORY BODY OF GOVERNMENT OF ANDHRA PRADESH)

**SURVEY ON HHEALTH AND HYGIENE (ORALHYGIENE) AT
VISAKHAPATNAM AND RELIVEEDHI AREAS**

BY

KOYYA TEJA SIVA GANESH

REGD.NO:: 720130805237



Estd : 1860

**PROJECT WORK SUBMITTED TO MRS. A.V.N COLLEGE,
AFFILIATED TO ANDHRA UNIVERSITY, VISAKHAPATNAM FOR
THE PARTIAL FULFILMENT OF DEGREE OF**

BACHELOR OF SCIENC

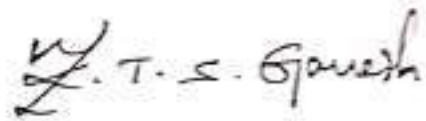
2020 – 2023

DECLARATION

I, KOYYA TEJA SIVA GANESH, Student of II B.Sc – C.B.Z, Mrs. A.V.N College, affiliated to Andhra University here by declared that this project entitled “Survey on HEALTH AND HYGIENE (ORAL HYGIENE) at Visakhapatnam and Relliveedhi area” is a genuine work carried out by me under the guidance of Mrs. Dr. Archana, Lecturer in ZOOLOGY, Mrs.A.V.N College, Visakhapatnam, Andhra Pradesh. Furthermore, this project work was not submitted to any other institution or University for awarding any Degree.

DATE: 16/03/2023

PLACE: Visakhapatnam

K. T. S. Ganesh

Name & Signature of the student

MRS. A.V.N COLLEGE


VISAKHAPATNAM – 530001

ANDHRA PRADESH



CERTIFICATE

This is to certify that project entitled as "Survey on HEALTH AND HYGIEN (ORALHYGIENE) at VISAKHAPATNAM AND RELLIVEEDHI area" is bonafide work done by KOYYA TEJA SIVA GANESH(Regd.no:720130805237), B.Sc – C.B.Z student under my guidance. I certify that the project work done by him/her is original and has not been submitted to any other information


(M. Simhadri Naidu)

PRINCIPAL
MRS. A.V.N. COLLEGE
VISAKHAPATNAM

A. Archana

(A. Archana)

MENTOR

Program Book for Community Service Project

Name of the Student: KOYYA TEJA SIVA GANESH

Name of the College: MRS. ANN COLLEGE.

Registration Number: 7201308052

Period of CSP: From: Oct-1, 2022 To: Dec-31, 2022

Name & Address of the Community/Habitation: TELUKULA VEEDHI, RELLIVEDHI,
VISAKHAPATNAM, ANDHRA PRADESH
PIN CODE: 530001
INDIA

Instructions to Students for Community Service Project

Please read the detailed Guidelines on Community Service Project hosted on the website of AP State Council of Higher Education <https://apsche.ap.gov.in>

Link:

<https://apsche.ap.gov.in/Pdf/Guidelines%20for%20the%20OJT%20Internship%20Community%20Service%20Project.pdf>

1. It is mandatory for all the students to complete 2 months (180 hours) of Community Service Project as a part of the 10 month mandatory internship/on the job training.
2. Consider yourself as a committed volunteer in the community, you work with.
3. Every student should identify the village/community/habitation for Community Service Project (CSP) in consultation with the College Principal/the authorized person nominated by the Principal.
4. Report to the community/habitation as per the schedule given by the College. You must make your own arrangements of transportation to reach the community/habitation.
5. You will be assigned with a Faculty Guide from your College. He/She will be creating a WhatsApp group with your fellow volunteers. Post your daily activity done and/or any difficulty you encounter during the programme.
6. You should maintain punctuality in attending the CSP. Daily attendance is compulsory.
7. You are expected to learn about the community/habitation and their problems.
8. Know the leaders and the officials of the community/habitation.
9. While in project, always wear your College Identity Card.
10. If your College has a prescribed dress as uniform, wear the uniform daily.
11. Identify at least five learning objectives in consultation with your Faculty Guide. These learning objectives can address:
 - Information about the community, including the realities and problems of the society.
 - Need for creating awareness on socially relevant aspects/programs.
 - Acquiring specific Life Skills.
 - Learning areas of application of knowledge and technologies related to your discipline.
 - Identifying developmental needs of the community/habitation.

12. Practice professional communication skills with team members, and with the leaders and officials of the community. This includes expressing thoughts and ideas effectively through oral, written, and non-verbal communication, and utilizing listening skills.
13. **Be regular in filling up your Program Book. It shall be filled up in your own handwriting. Add additional sheets wherever necessary.**
14. At the end of Community Service Project, you shall be evaluated by the person in-charge of the community/habitation to whom you report to.
15. There shall also be evaluation at the end of the community service by the Faculty Guide and the Principal.
16. Do not indulge in any political activities.
17. Ensure that you do not cause any disturbance to the inhabitants or households during your interaction or collection of data.
18. Be cordial but not too intimate with the persons you come across during your service activities.
19. You should understand that during this activity, you are the ambassador of your College, and your behavior during the community service programme is of utmost importance.
20. If you are involved in any discipline related issues, you will be withdrawn from the programme immediately and disciplinary action shall be initiated.
21. Do not forget to keep up your family pride and prestige of your College.
22. Remember that you are rendering valuable service to the society and your role in the community development will become part of the history of the community.

Community Service Project Report

Submitted in accordance with the requirement for the degree of.....

Name of the College: MYS. AVN COLLEGE.

Department: BOTANY, ZOOLOGY, CHEMISTRY

Name of the Faculty Guide: DR. A. ARCHANA, H.O.D of ZOOLOGY

Duration of the CSP: From Oct-01 To Dec-28, 2022

Name of the Student: KONA TEJA SIVA GANESH

Programme of Study B.S.C. CHEMISTRY, BOTANY, ZOOLOGY.

Year of Study: 1st year.

Register Number: 7101308052

Date of Submission: 16/03/2023

Student's Declaration

I, L.R.I.S. GANESH, a student of C.S.P. Program, Reg. No. 712013AZ051379 of the Department of Zoology, Mrs. A.V.N. College do hereby declare that I have completed the mandatory community service from..... to in Telavada, Vesabhi (Name of the Community/Habitation) under the Faculty Guideship of A. Archana, (Name of the Faculty Guide), Department of Zoology..... in Mrs. A.V.N. College.....

L.R.I.S. Ganesh

(Signature and Date)
16/03/23

Endorsements

Faculty Guide A. Archana

Head of the Department A. Archana

Principal 
PRINCIPAL
MRS. A.V.N. COLLEGE
VISAKHAPATNAM



Certificate from Official of the Community







This is to certify that *K. Teja. Siva. Ganesh*. (Name of the Community Service Volunteer) Reg. No. *720130805237* of *V. J. A. V. N. College*.... Name of the College) underwent community service in *TELUKUKHA. VEEDHI* (Name of the Community) from *Oct. 11*... to *Dec. 28*.....

The overall performance of the Community Service Volunteer during his/her community service is found to be *Good*..... (Satisfactory/Good).

P. B. N. Thirumani
(*Ward Administration Secretary*)
Authorized Signatory with Date and Seal



ACTIVITY LOG FOR THE FIRST WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1	Survey the selected Data people.	Data collection and Analysing.	
Day - 2	Survey the villagers.	Data collection and Analysing.	
Day - 3	Surveying the villagers.	Data collecting and Analysing.	
Day - 4	Surveying the villagers.	Data collection and Analysing.	
Day - 5	Surveying the villagers.	Data collection and Analysing.	
Day - 6	Surveying the villagers.	Data collection and Analysing.	

WEEKLY REPORT

WEEK - 1 (From Dt...~~Dt~~...~~Al~~.. to Dt...~~Oct~~...~~07~~....)

Objective of the Activity Done: To collect ~~demographic data~~ ~~data~~.

Detailed Report:

In this first block, our resident group is team with 5 members to do community service project in Telivada ~~Palluram~~ ~~area~~, which is under Palluram, Vidyanagar 530001. We selected Health and Oral Hygiene.

This helps to maintain daily Health and Hygienic habits of people by giving Awareness on Health and Hygiene: Oral hygiene.







In the first week, we collectively went to the community to check over look the condition and situation in village. What we found in that area are:

→ Area has a cement road with street lights with dust cleaners.







→ Area is beside, the Telivada, KGM hospital.

In this first block, we collectively ^{surveyed} ~~found~~ more than a 15 houses in this area and collected data about their habits.







ACTIVITY LOG FOR THE SECOND WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1	Created a Programme on health and oral hygiene.	Analysis	
Day - 2	Survey the villagers	Data collection and analysis	
Day - 3	Survey the villagers	Data collection and analysis	
Day - 4	Survey the villagers	collect data and analysis	
Day - 5	Giving speech on oral hygiene.	writing the survey matter into records	
Day - 6	Giving lectures about the health. Proper.	Data collected and analysed.	

ACTIVITY LOG FOR THE SECOND WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1	Third Week starts about the hygienic qualities.	Awareness from us and we concluded their problems.	
Day - 2	Health and Hygiene Programme conducted	Given some measur-remets regarding Health & Hygiene to avoid disease.	
Day - 3	Usage of teeth brush and soaps for stay Hygienic lecturers.	uses of Hygienic items	
Day - 4	Survey about given and conducted programmes	Data collection and written in records	
Day - 5	Surveying the villagers	Data collection and Analysis.	
Day - 6	Survey the villagers	Data collection and Analysis.	

ACTIVITY LOG FOR THE FIFTH WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1	Organising the Primary data collected through Survey	Writing data analysis	
Day - 2	Tabulation of collected data for Analysis.	Data - Analysis decision - making	
Day - 3	Making tables for better Understanding	Analytic Problems	
Day - 4	Analysing the Organised data and collected data from more sourced	research the data and Analysis	
Day - 5	Making data suitable to form final report and final reporting	Decision Making Project Manage - ment	
Day - 6	Submission of final report by team in college.	Community Service Project final report.	

Evaluation by the Person in-charge in the Community/Habitation

Student Name: KOYYA TEJA SIVA GANESH

Registration No: 720130805237

Period of CSP: From: Oct-01 To: Dec-28, 2022

Date of Evaluation: 16/03/2023

Name of the Person in-charge: DR. Archana, H.O.D of Zoology

Address with mobile number: Visakhapatnam, 7661269632

Please rate the student's performance in the following areas:

Please note that your evaluation shall be done independent of the Student's self-evaluation

Rating Scale: 1 is lowest and 5 is highest rank

1) Oral communication	1	2	3	4	5
2) Written communication	1	2	3	4	5
3) Proactiveness	1	2	3	4	5
4) Interaction ability with community	1	2	3	4	5
5) Positive Attitude	1	2	3	4	5
6) Self-confidence	1	2	3	4	5
7) Ability to learn	1	2	3	4	5
8) Work Plan and organization	1	2	3	4	5
9) Professionalism	1	2	3	4	5
10) Creativity	1	2	3	4	5
11) Quality of work done	1	2	3	4	5
12) Time Management	1	2	3	4	5
13) Understanding the Community	1	2	3	4	5
14) Achievement of Desired Outcomes	1	2	3	4	5
15) OVERALL PERFORMANCE	1	2	3	4	5

Date: 16/03/23

P. B. N. Tharun
(Word Administrative Secretary)
Signature of the Supervisor
1088193

Student Self-Evaluation for the Community Service Project

Student Name: KOYYA IEJA SIVA GANESH

Registration No: 720130805237

Period of CSP: From: Oct-1 To: Dec-28, 2022

Date of Evaluation: 16/03/2023

Name of the Person in-charge: Dr. Archana, H.O.D of Zoology

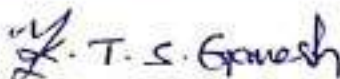
Address with mobile number: Visakhapatnam, 7661869632

Please rate your performance in the following areas:

Rating Scale: 1 is lowest and 5 is highest rank

1) Oral communication	1	2	3	4	5
2) Written communication	1	2	3	4	5
3) Proactiveness	1	2	3	4	5
4) Interaction ability with community	1	2	3	4	5
5) Positive Attitude	1	2	3	4	5
6) Self-confidence	1	2	3	4	5
7) Ability to learn	1	2	3	4	5
8) Work Plan and organization	1	2	3	4	5
9) Professionalism	1	2	3	4	5
10) Creativity	1	2	3	4	5
11) Quality of work done	1	2	3	4	5
12) Time Management	1	2	3	4	5
13) Understanding the Community	1	2	3	4	5
14) Achievement of Desired Outcomes	1	2	3	4	5
15) OVERALL PERFORMANCE	1	2	3	4	5

Date: 16/03/23


Signature of the Student



Visakhapatnam, Andhra Pradesh, India
20-100-50, Gola Veedhi, Jagadamba Junction,
Visakhapatnam, Andhra Pradesh 530020, India
Lat 17.702106°
Long 83.300673°



Visakhapatnam, Andhra Pradesh, India
P832+927, Jagadamba Junction, Visakhapatnam, Andhra
Pradesh 530001, India
Lat 17.703812°



Visakhapatnam, Andhra Pradesh, India
20-106-4/3, Telukula Veedhi, Ralliveedhi, Visakhapatnam,
Andhra Pradesh 530020, India
Lat 17.70176°
Long 83.303894°



Visakhapatnam, Andhra Pradesh, India
P832+927, Jagadamba Junction, Visakhapatnam, Andhra
Pradesh 530001, India
Lat 17.7038°
Long 83.300653°



Visakhapatnam, Andhra Pradesh, India
20-106-4/3, Telukula Veedhi, Ralliveedhi, Visakhapatnam,
Andhra Pradesh 530020, India
Lat 17.701773°
Long 83.305407°



Visakhapatnam, Andhra Pradesh, India
P822+PFX, Ralliveedhi, Visakhapatnam, Andhra Pradesh
530001, India
Lat 17.701961°
Long 83.301109°



QUESTIONARE

Health And Hygiene: Oral Hygiene

Name: V. SanyasRao

Gender: male

Age: 63

Occupation:

1. Do you know about the importance oral health? Yes/ No
If yes from whom Self
2. Do you brush your teeth daily? Yes/ No
3. How often do you brush your teeth? Yes/ No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/ No
a) tooth brush b) neem stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/ No
6. Are they regularly consumed Yes/ No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/ No
(if yes: For how many years _____)
8. Do you have cavity, spoiled tooth? Yes/ No
(Age-number of teeth damaged)
9. Do have teeth loss? Yes / No
(Yes: How many tooth 3)
10. How often you visit dental doctor Yes/ No
(If Yes: how many time _____)
11. Any dental treatment they follow No
12. Are they any smokers / alcohol drinker Yes / No
13. What is there tooth condition Average
14. Do they consume Tobacco products and paan Yes/ No

QUESTIONARE

Health And Hygiene: Oral Hygiene

Name: M. Bharathi

Gender: Female

Age: 55

Occupation: House wife

1. Do you know about the importance oral health? Yes/No
If yes from whom Self
2. Do you brush your teeth daily? Yes/No
3. How often do you brush your teeth? Yes/No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/No
a) tooth brush b) neem stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/No
6. Are they regularly consumed Yes/No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/No
(if yes: For how many years _____)
8. Do you have cavity, spoiled tooth? Yes/No
(Age-number of teeth damaged)
9. Do have teeth loss? Yes /No
(Yes: How many tooth _____)
10. How often you visit dental doctor Yes/No
(If Yes: how many time _____)
11. Any dental treatment they follow _____
12. Are they any smokers /alcohol drinker Yes /No
13. What is there tooth condition _____
14. Do they consume Tobacco products and paan Yes/No

QUESTIONARE
Health And Hygiene: Oral Hygiene

Name: V. Aadhi

Gender: male

Age: 36

Occupation: Daily Laboury

1. Do you know about the importance oral health? Yes/ No
If yes from whom Self
2. Do you brush your teeth daily? Yes/ No
3. How often do you brush your teeth? Yes/ No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/ No
a) tooth brush b) neem stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/ No
6. Are they regularly consumed Yes/ No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/ No
(if yes: For how many years _____)
8. Do you have cavity, spoiled tooth? Yes/ No
(Age-number of teeth damaged)
9. Do have teeth loss? Yes / No
(Yes: How many tooth _____)
10. How often you visit dental doctor Yes/ No
(If Yes: how many time _____)
11. Any dental treatment they follow NO
12. Are they any smokers /alcohol drinker Yes / No
13. What is there tooth condition _____
14. Do they consume Tobacco products and paan Yes/ No

QUESTIONARE
Health And Hygiene: Oral Hygiene

Name: K. Sathish

Gender: male

Age: 21

Occupation: student

1. Do you know about the importance oral health? Yes/ No
If yes from whom Self
2. Do you brush your teeth daily? Yes/ No
3. How often do you brush your teeth? Yes/ No
a) once b) Twice c) Irregularly
4. what type of material you use to clean teeth? Yes/ No
a) tooth brush b) neam stick c) charcoal b) any other
5. Do you have bleeding gums Yes/ No
6. Are they regularly consumed Yes/ No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/ No
(if yes: For how many years)
8. Do you have cavity, spoiled tooth? Yes/ No
(Age-number of teeth damaged)
9. Do have teeth loss? Yes / No
(Yes: How many tooth)
10. How often you visit dental doctor Yes/ No
(If Yes: how many time)
11. Any dental treatment they follow
12. Are they any smokers /alcohol drinker Yes / No
13. What is there tooth condition Gyand
14. Do they consume Tobacco products and paan Yes/ No

QUESTIONARE
Health And Hygiene: Oral Hygiene

Name: V. Raju

Gender: Male

Age: 35

Occupation: Self-employed

1. Do you know about the importance oral health? Yes/No
If yes from whom Self
2. Do you brush your teeth daily? Yes/No
3. How often do you brush your teeth? Yes/No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/No
a) tooth brush b) neem stick c) charcoal b) any other
5. Do you have bleeding gums Yes/No
6. Are they regularly consumed Yes/No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/No
(if yes: For how many years)
8. Do you have cavity, spoiled tooth? Yes/No
(Age-number of teeth damaged)
9. Do have teeth loss? Yes /No
(Yes: How many tooth)
10. How often you visit dental doctor Yes/No
(If Yes: how many time)
11. Any dental treatment they follow
12. Are they any smokers /alcohol drinker Yes /No
13. What is there tooth condition Good
14. Do they consume Tobacco products and paan Yes/No

QUESTIONNAIRE
Health And Hygiene: Oral Hygiene

Name: V. Ashok

Gender: Male

Age: 13

Occupation: School student

1. Do you know about the importance oral health? Yes/ No
If yes from whom class teacher
2. Do you brush your teeth daily? Yes/ No
3. How often do you brush your teeth? Yes/ No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/ No
a) tooth brush b) neem stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/ No
6. Are they regularly consumed Yes/ No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/ No
(if yes: For how many years _____)
8. Do you have cavity, spoiled tooth? Yes/ No
(Age-number of teeth damaged) (2)
9. Do have teeth loss? Yes / No
(Yes: How many tooth 4)
10. How often you visit dental doctor Yes/ No
(If Yes: how many time 2)
11. Any dental treatment they follow Cavity treatment
12. Are they any smokers /alcohol drinker Yes / No
13. What is there tooth condition Average
14. Do they consume Tobacco products and paan Yes/ No

QUESTIONARE
Health And Hygiene: Oral Hygiene

Name: S. Nani

Gender: Male

Age: 23

Occupation: Student

1. Do you know about the importance oral health? Yes/ No
If yes from whom Self
2. Do you brush your teeth daily? Yes/ No
3. How often do you brush your teeth? Yes/ No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/ No
a) tooth brush b) neem stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/ No
6. Are they regularly consumed Yes/ No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks ✓
7. Do you have tooth sensitivity Yes/ No
(if yes: For how many years _____)
8. Do you have cavity, spoiled tooth? Yes/ No
(Age-number of teeth damaged)
9. Do have teeth loss? Yes / No
(Yes: How many tooth _____)
10. How often you visit dental doctor Yes/ No
(If Yes: how many time _____)
11. Any dental treatment they follow No Yes/ No
12. Are they any smokers /alcohol drinker Yes / No
13. What is there tooth condition Good Yes/ No
14. Do they consume Tobacco products and paan Yes/ No

QUESTIONARE
Health And Hygiene: Oral Hygiene

Name: K. Sagar

Gender: Male

Age: 26

Occupation: Self-employ

1. Do you know about the importance oral health? Yes/ No
If yes from whom Self
2. Do you brush your teeth daily? Yes/ No
3. How often do you brush your teeth? Yes/ No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/ No
a) tooth brush b) neem stick c) charcoal d) any other
5. Do you have bleeding gums Yes/ No
6. Are they regularly consumed Yes/ No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/ No
(if yes: For how many years)
8. Do you have cavity, spoiled tooth? Yes/ No
(Age-number of teeth damaged)
9. Do you have teeth loss? Yes/ No
(Yes: How many tooth)
10. How often you visit dental doctor Yes/ No
(If Yes: how many time)
11. Any dental treatment they follow
12. Are they any smokers /alcohol drinker Yes/ No
13. What is there tooth condition Good
14. Do they consume Tobacco products and paan Yes/ No

QUESTIONARE
Health And Hygiene: Oral Hygiene

Name: O. Seshu

Gender: Male

Age: 38

Occupation: Daily Labour

1. Do you know about the importance oral health? Yes/ No
If yes from whom Self
2. Do you brush your teeth daily? Yes/ No
3. How often do you brush your teeth? Yes/ No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/ No
a) tooth brush b) neem stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/ No
6. Are they regularly consumed Yes/ No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/ No
(if yes: For how many years _____)
8. Do you have cavity, spoiled tooth? Yes/ No
(Age-number of teeth damaged)
9. Do have teeth loss? Yes / No
(Yes: How many tooth _____)
10. How often you visit dental doctor Yes/ No
(If Yes: how many time _____)
11. Any dental treatment they follow No
12. Are they any smokers /alcohol drinker Yes / No
13. What is there tooth condition Good
14. Do they consume Tobacco products and paan Yes/ No

QUESTIONARE

Health And Hygiene: Oral Hygiene

Name: B. Appalarajasa

Gender: Female

Age: 53

Occupation: House Wife

1. Do you know about the importance oral health? Yes/No
If yes from whom Self
2. Do you brush your teeth daily? Yes/No
3. How often do you brush your teeth? Yes/No
a) once b) Twice c) Irregularly
4. what type of material you use to clean teeth? Yes/No
a) tooth brush b) neam stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/No
6. Are they regularly consumed Yes/No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/No
(if yes: For how many years 3 years ago)
8. Do you have cavity, spoiled tooth? Yes/No
(Age-number of teeth damaged)
9. Do have teeth loss? Yes /No
(Yes: How many tooth 2)
10. How often you visit dental doctor Yes/No
(If Yes: how many time 2)
11. Any dental treatment they follow sensitivity
12. Are they any smokers /alcohol drinker Yes /No
13. What is there tooth condition Average
14. Do they consume Tobacco products and paan Yes/No

QUESTIONNAIRE
Health And Hygiene: Oral Hygiene

Name: S. Nagamma

Gender: Female

Age: 50

Occupation: House Wife

1. Do you know about the importance oral health? Yes/No ✓
If yes from whom Self
2. Do you brush your teeth daily? Yes/No ✓
3. How often do you brush your teeth? Yes/No
a) once ✓ b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/No
a) tooth brush ✓ b) neem stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/No ✓
6. Are they regularly consumed Yes/No
a) Tea ✓ b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/No ✓
(if yes: For how many years _____)
8. Do you have cavity, spoiled tooth? Yes/No ✓
(Age-number of teeth damaged)
9. Do have teeth loss? Yes /No ✓
(Yes: How many tooth 3)
10. How often you visit dental doctor Yes/No ✓
(If Yes: how many time _____)
11. Any dental treatment they follow No
12. Are they any smokers /alcohol drinker Yes /No ✓
13. What is there tooth condition Average
14. Do they consume Tobacco products and paan Yes/No ✓

QUESTIONARE

Health And Hygiene: Oral Hygiene

Name: B. Sanachi

Gender: Male

Age: 75

Occupation: .

1. Do you know about the importance oral health? Yes/ No
If yes from whom Self
2. Do you brush your teeth daily? Yes/ No
3. How often do you brush your teeth? Yes/ No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/ No
a) tooth brush b) neem stick c) charcoal d) any other _____
5. Do you have bleeding gums Yes/ No
6. Are they regularly consumed Yes/ No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/ No
(if yes: For how many years 7)
8. Do you have cavity, spoiled tooth? Yes/ No (3 tooth)
(Age-number of teeth damaged)
9. Do have teeth loss? Yes / No
(Yes: How many tooth 4)
10. How often you visit dental doctor Yes/ No
(If Yes: how many time 3 times)
11. Any dental treatment they follow removing of spoiled tooth
12. Are they any smokers /alcohol drinker Yes / No
13. What is there tooth condition Poor
14. Do they consume Tobacco products and paan Yes/ No

QUESTIONARE
Health And Hygiene: Oral Hygiene

Name: Gr. Dhani Yamma

Gender: Female

Age: 50

Occupation: House wife

1. Do you know about the importance oral health? Yes/No
If yes from whom Self
2. Do you brush your teeth daily? Yes/No
3. How often do you brush your teeth? Yes/No
a) once b) Twice c) Irregularly
4. What type of material you use to clean teeth? Yes/No
a) tooth brush b) neem stick c) charcoal b) any other _____
5. Do you have bleeding gums Yes/No
6. Are they regularly consumed Yes/No
a) Tea b) coffee c) chocolates d) sweets e) sticky substances/
soft drinks
7. Do you have tooth sensitivity Yes/No
(if yes: For how many years _____)
8. Do you have cavity, spoiled tooth? Yes/No
(Age-number of teeth damaged) (4)
9. Do have teeth loss? Yes /No
(Yes: How many tooth 3 (lost))
10. How often you visit dental doctor Yes/No
(If Yes: how many time 2)
11. Any dental treatment they follow removing spoiled tooth
12. Are they any smokers /alcohol drinker Yes /No
13. What is there tooth condition poor
14. Do they consume Tobacco products and paan Yes/No



Virtual Internship Completion Certificate

This is to certify that

KOYYA TEJA SIVA GANESH

Mrs. A.V.N. Degree College

has successfully completed 10 weeks
Robotic Process Automation (RPA) Virtual Internship
During Sep - Nov 2022

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