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ASSESSMENT LEVEL OF PHYSICAL ACTIVITY AND PSYCHO-EMOTIONAL HEALTH STATUS OF THE BOGOMOLETS NATIONAL MEDICAL UNIVERSITY STUDENTS UNDER CONDITIONS OF DISTANCE LEARNING ORGANIZATION**Kalashchenko Svitlana¹, Lutsak Olena², Hrynzovskyi Anatolii³, Kovalchuk Oleksandr⁴, Martynenko Serhii⁵, Kondratiuk Mykola⁶**

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Abstract: *deterioration of epidemiological situation in the country and educational institutions due to the spread of coronavirus infection prompted the government to change the educational process and move it to distance learning. Psychological support and assistance of future doctors are critical, as, in our country, there is a growing shortage of medical staff, namely doctors, during the COVID-19 pandemic. One way to solve the above problems is to study students of higher medical institutes (SHMI) views on the transition to distance learning, which is essential to identify weaknesses and issues in the higher medical institutions of our country and to purposefully take measures to improve the pedagogical process based on identified needs. The aim of our research includes assessment of the level of physical activity and psycho-emotional health of the higher medical education seekers' of the healthcare field specialty 222 medicine using distance education under quarantine conditions (additional psycho-emotional impact) and establish ways for improving it with a combination of distance education and different psycho-emotional impact. A survey was conducted among 155 Bogomolets National Medical University SHMI of the 1st and 2nd year of study. Developed by us questionnaire have included questions about the assessment of the educational process organization (at the classroom and at «distance»), SHMI routine (work and leisure), namely amount of their spending time for sports and on the gadget use. Significant attention had been given to SHMI assessment of their health, psycho-emotional state, and level of adaptation during the study. During processing results of the motor activity study of surveyed SHMI had been revealed an insufficient level of motor activity. Thus, only 14% of SHMI do morning gymnastics, 29% of respondents go in for sports three times a week. We also found that a significant proportion of respondents have not enough duration of night sleep, which negatively affects the study's success and potentially worsens their health. Analysis of the surveyed SHMI work and rest schedule shows that most SHMI sleep at night on weekdays for 6 to 7 hours (72%). 25% of respondents have a sleep duration of up to 5 hours and only 3% of respondents have slept more than 9 hours. However, chronic insomnia can gradually lead not only to diseases but also to disorders such as, decreasing concentration memory impairment, reduce performance and work efficiency. Significant mental and psycho-emotional overload during distance education requires establishing of physiological day regime.*

Assessment of the functional state of SHMI allows timely attention and identifies certain risk groups among SHMI. Currently, distance education is developing rapidly due to quarantine restrictions, the rapid development of the Internet, and the constant improvement of communication methods. Therefore, it is essential to improve the effective organization of distance education in terms of providing SHMI with the required level of knowledge and paying due attention to problem issues.

Keywords: [surveys and questionnaires](#), [distance education](#), [students](#), [universities](#), [mental health](#).

Introduction. Deterioration of epidemiological situation due to the spread of coronavirus infection prompted the government to take care of the population's health and preserve the working capacity of the population of Ukraine, change the educational process, and transfer it to distance learning. Much of the world's higher education institutions have switched to distance or blended education. In Ukraine, distance learning has also been introduced in higher education institutions, particularly in medical universities like Bogomolets National Medical University, Bukovinian State Medical University, and National Pirogov Memorial Medical University Vinnytsya, etc.

According to the order of the Ministry of Education and Science of Ukraine dated 16.03.2020 № 406, «On organizational measures to prevent the spread of coronavirus COVID-19» was issued order Bogomolets National Medical University 18.03.20 № 160 «On the organization of distance learning of the students (interns) during quarantine COVID-19». Education for students of Bogomolets National Medical University has been carried out on the distance learning platform LIKAR_NMU.

The order of the Ministry of Education and Science (MES) of Ukraine from the MES of Ukraine dated 14.05.2020 № 1 / 9-249 «Regarding the organization of current, semester control and certification of students using distance technologies» include some recommendations. Those proposals have practical use in those cases when students have no possibility to offline study at the university or college. This process can be affected by man-made disasters, natural disasters, quarantines, epidemic outbreaks, etc.

People with violation of the usual rhythm of life (for example, during the pandemic COVID-19) (Ivanova LS, 2020, Yurieva LM & Shornikov AV, 2021) have a higher risk of the emergence of psychological disorders, loss of ability to satisfy basic needs, distortion of awareness of the social role, etc. The use of restrictive measures including quarantine has an impact on obtaining necessary knowledge by medical students and on society as a whole (Yuryeva LN et al., 2020, Khanyukov OO, etc., 2020). Also, it led to increasing of the digitalization of students' educational process, that including the active use of distance education methods (Kholodova, Yu.B., 2020, Yurieva LM & Shornikov AV, 2021). It can cause depression for people from 18 to 24 years old, obsessive thoughts, and panic attacks, the root cause of which may be the fear of contracting an infectious disease. Pro-

longed mental stress caused by COVID-19 is a source of anxiety (Ohorenko, VV & Shornikov, AV, 2019), and this can affect the individual's protection mechanisms from stress and leads to the development of psychosomatic disorders. Some researchers (Martin A., Chilton J. 2020) believe that depressive disorders and suicidal thoughts are more common for medical students than for their peers studying in other educational institutions. Studies of the researchers from the United States (Thomas L. Schwenk et al., 2010) showed that medical students from the University of Michigan Medical School demonstrate higher rates of depression (14.3%) from moderate to severe depressive disorders. Also, research has shown that students of third and fourth courses have more often suicidal ideation (7.9%) than first and second-year students (1.4%), medical students are less often seek medical help (Chandratre S., 2020). In addition, some studies have shown that medical students have demonstrated the initial level of mental health problems, including «burnout syndrome,» mental stress (Molodynski, A., 2020, Scott J Halperin, 2021). During the COVID-19 pandemic, psychological support and assistance for future doctors are essential because in our country is a growing shortage of medical staff; first of all, doctors of some fields such as emergency care, resuscitation, general practitioners - family medicine. One way to solve the above problems is to study students' views on the transition to distance learning, which is essential to identify weaknesses and issues in the higher medical institutions of our country and to purposefully take measures to improve the pedagogical process based on identified needs.

Our study aimed to assess the state of the level of physical activity and psycho-emotional health of students' first and 2nd level medical education in the field of health care in the specialty 222 medicine using distance learning in quarantine measures. Also, we want to establish ways to improve it with a combination of distance learning and additional psycho-emotional impact.

Methods. We conducted a survey among 155 Bogomolets National Medical University students of the 1st and 2nd year of study. The sample is representative (sample calculation was performed by use of licensed program IBM SPSS Statistics Base v.22). According to the questions of the questionnaire, which have developed by the staff of Bogomolets National Medical University together with NSC «Institute of Biology and Medicine», a survey was carried out remotely at a convenient time for respondents. By e-mail, we sent to students a link

with questionnaire (Google-Forms). According to the Law of Ukraine «On Personal Data Protection» (2010), the survey was analyzed the anonymous primary information that has received from students.

Criteria for inclusion of students were: training course (first or second), the form of education (full-time). The exclusion criterion was the age of respondents (over 24 years old) and in that case when students declined the questionnaire. Processing of statistical data was performed by the licensed program IBM SPSS Statistics Base v.22, which is used to analyze qualitative data (Huryanov VG et al., 2018), Fisher's angular transformation method, Mac Nemar criterion (subject to the Yates Amendment).

The questionnaire has included questions that are aimed at assessing students of higher medical institutes (SHMI) the level of physical activity and psycho-emotional state of health, namely: assess the educational process organization (at the classroom and at «distance»), work, and SHMI leisure. The issues of work and leisure were included in the following questions: the amount of spending time for sports and on the gadget use. Particular attention did pay to SHMI assessment of their health, psycho-emotional state, and level of adaptation during the study. Anthropometric indicators of SHMI were also taken into account, particularly body weight and its change during distance learning. The educational process took place in classrooms and remotely at the platform LIKAR_NMU with the use of teaching materials in text form, presentations and videos, and elements of interactive learning (discussion, brainstorming, case method).

Results. According to the study results, it is founding that women (81.3%) predominated among the surveyed SHMI. The age of the respondents ranged from 18 to 24 years. We found that 27% of SHMI have chronic diseases: 14.5% are ophthalmic (myopia, dry eye syndrome), 6.5% otolaryngological (chronic tonsillitis), 4% of gastrointestinal tract diseases (chronic gastritis, chronic pancreatitis), and 2% for infections of other organs and systems (hypotension, migraine, psoriasis).

According to the survey, the bodyweight of SHMI during distance learning increased to 5 kg in 32%, significantly (over 5 kg) increased by 6%, decreased to 5 kg in 20%, remained unchanged in 42% of SHMI. The information obtained correlates with the data that 31% of SHMI do not exercise, 29% of respondents go in for sports three times a week, 24% — twice a week, 16% — once a week. In our analysis of the scientific literature, we have found that overweight and obesity, and related health problems, require considerable attention to this problem, as the number of overweight SHMI is growing steadily in today's world. The survey had conducted with SHMI preparing to become doctors, so they should have enough knowledge of a healthy lifestyle and adhere to bodyweight standards. However, the data found in our study indicate a lack of attention paid to this problem.

In the pandemic context and distance education, there has been a decrease in SHMI physical activity and an increase in the time SHMI spend at home in front of computers. The lifestyle of modern SHMI often includes many adverse factors that can lead to being overweight. Among the most common factors are poor diet, sedentary lifestyle, and lack of exercise. It is necessary to pay attention to the above problem, as timely correction of body weight in young people can regard as the primary means of preventing obesity in adulthood.

When analyzing the work and rest schedule of the surveyed SHMI, it found that the vast majority of SHMI sleep at night on a weekday for 6-7 hours (72%). In 25% of respondents, the sleep duration is up to 5 hours, only 3% sleep more than 9 hours. However, on the weekend, the share of SHMI who sleep more than 9 hours increases to 61%, SHMI who spend 6-7 hours on sleep is 38%, sleep up to 5 hours on the weekend was only on 1% of respondents. Insufficient night sleep of SHMI can attribute to the fact that 18% of SHMI combine work with study, 82% — spend time only on reflection. The combination of research and work allows SHMI to improve their financial situation, teaches them to make decisions independently, helps to develop independence and responsibility. Employment in the future specialty helps to get better acquainted with the chosen profession, acquire professional knowledge and skills, gain experience in the thing, and later, after graduation, gain competitive advantages in employment. Also, among the advantages, in the case of work in the specialty, we can note the emergence of a professional interest in a particular topic, which allows you to choose your future professional specialization better. However, the combination of study and work has disadvantages: SHMI has a shortage of time, which leads to a decrease in the quality of education. Most SHMI sacrifice sleep to free up free time. Unfortunately, a significant number of SHMI do not follow the daily routine. Very often, young people deprive themselves of enough sleep at night. However, chronic insomnia can gradually lead to many diseases and decreased concentration, memory impairment, decreased performance, and efficiency. According to (Horobey MP et al., 2013, Estevan I, Sardi R, 2021), SHMI need to sleep 7-9 hours a day for good health and a high-efficiency level.

The negative impact of reducing rest at night is exacerbating by decreasing the time that higher education SHMI devote to physical activity. According to the literature (Horobey MP and others, 2013, Soldatenko SA, 2011), physical activity has a pronounced positive effect on health when a person is active in sports for 6-8 hours per week, walks in the fresh air for at least 2-3 hours for a day. According to our survey, only 7% of SHMI spend 2-3 hours or more outdoors on weekdays (school), 61% — on weekends.

SHMI insufficient time for sleep and rest can lead to physical and emotional overload, hurting young peo-

Table 1. Interval assessment of the frequency of manifestation of a satisfactory duration of time allocated by SHMI for physical activity and sleep on weekdays

Sign	Sample size	Frequency of manifestation of a satisfactory indicator		Significance level, p
		abs. number	% (95% PI)	
Physical activity	n=155	82	52,9 (45-60,7)	p<0,001
Sleep		5	3,2 (1-6,6)	

ple’s psycho-emotional state. In recent years, researchers (Malkhazov, OR, 1976-2000) note that current SHMI has characterized unsatisfactory indicators of both level of physical activity and emotional health.

SHMI level of physical activity and mental health is considered an essential aspect of research in the context of a nation’s health, its scientific, social, and human potential. The risks of occurrence or exacerbation of existing diseases increase in the period of increased mental and emotional load, entrance exams, sessions, crises of adolescence, predisposition to depressive disorders. According to many studies, modern people has characterized by the development of mental disorders. First, it is necessary to allocate the depressive disturbances, followed by self-criticism (asthenia, anxiety, hypochondria). According to the latest data, depression predominates in 9% of working-age and 5-6% of minors. Domestic researchers (Yevchenko NO, 2011) predict the further development of this pathology in the coming years.

The probability interval has determined by the Fisher angular transformation method (significance level $p = 0.05$). Qualitative assessment was performed of such indicators in SHMI as physical activity, length of time spent on sleep, and psycho-emotional state. Indicators received values satisfactorily and unsatisfactorily. Thus, when assessing the indicator of physical activity, the satisfactory group included respondents engaged in physical activity 2-3 times a week. The unsatisfactory group included SHMI who do not have weekly physical activity and exercise no more than once a week.

In the satisfactory group, when assessing the length of time allocated by respondents to sleep, respondents were included that on weekdays to sleep 8 hours or more. In the unsatisfactory group were SHMI who spend less than 8 hours of sleep on weekdays. When analyzing the psycho-emotional state of the respondents had also made into two groups: the satisfactory group included SHMI who

rated their condition at eight or more points and the unsatisfactory group at seven and below points, respectively.

We found the difference (Table 1) is that the frequency of good physical activity (52.9% (95% CI 45% — 60.7%)), which SHMI perform weekly is higher ($p < 0.001$), than the frequency of adequate time allocated to sleep by them (3.2% (95% CI 1% — 6.6%)). The data obtained indicate a systematic lack of sleep on a weekday.

We used the McNemar test (based on the Yates amendment) to compare related samples to compare sleep and physical activity SHMI. After calculations, we have obtained the following values Chi-square = 57.55, the number of degrees of freedom $k = 1$; the difference at the level of significance $p < 0.001$. Thus, we can argue that the duration of physical activity affects the sleep time on weekdays in SHMI ($p < 0.001$).

The difference (Table 2) is that the frequency of good physical activity (52.9% (95% PI 45% — 60.7%)), which SHMI perform weekly is higher ($p < 0.001$) than the frequency of satisfactory assessment of psycho-emotional state in which SHMI assess themselves (29.7% (95% PI 22.8% — 37.1%)). After analyzing the information obtained, we can conclude that more than two-thirds of all respondents are dissatisfied with their psycho-emotional state during the remote teaching.

Mac Nemar’s criterion (based on the Yates Amendment) compares the psycho-emotional state of SHMI and their physical activity in related samples. The calculation yielded the following: Chi-square = 5.68, the number of degrees of freedom $k = 1$, a difference in the level of significance $p = 0.017$. Thus, we can argue that physical activity affects the subjective assessment of SHMI (Fig 1) when they assess their psycho-emotional state ($p = 0.017$).

Discussion. Nowadays learning, particularly distance learning, is a complex process and requires SHMI to spend a lot level of physical activity and mental effort, emotional stability, constant concentration, and system-

Table 2. Interval assessment of the frequency of manifestation of a good duration of time allocated by SHMI for physical activity and a satisfactory level of evaluation of SHMI psycho-emotional state

Sign	Sample size	Frequency of manifestation of a satisfactory indicator		Significance level, p
		abs. number	% (95% PI)	
Physical activity	n=155	82	52,9 (45-60,7)	p=0,017
Psycho-emotional state		46	29,7 (22,8-37,1)	

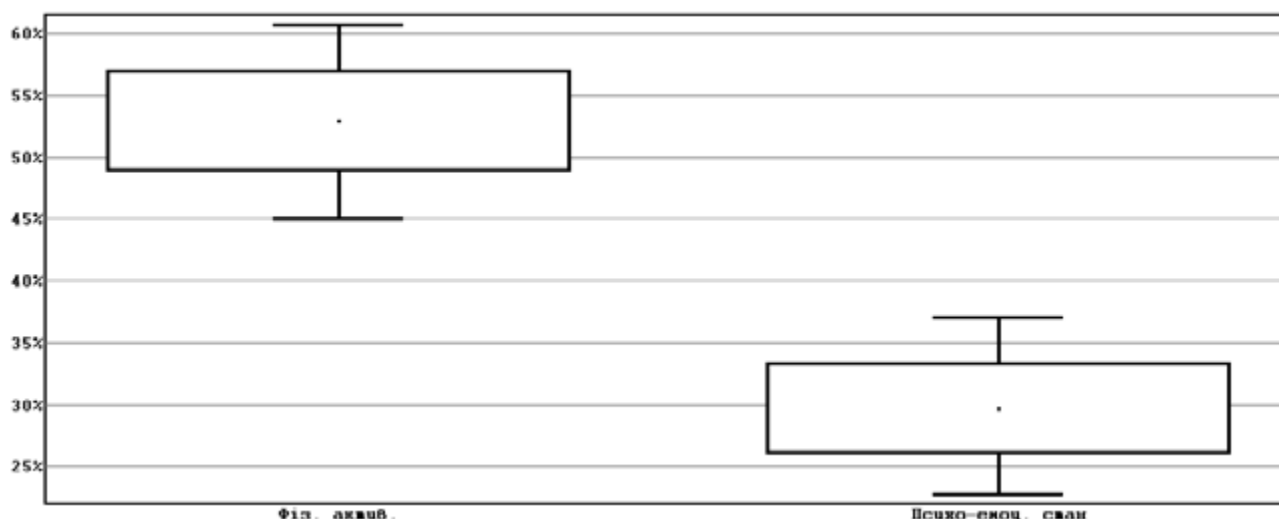


Fig 1. The influence of physical activity on the psycho-emotional state

atic allocation of time to complete tasks from the unit of independent preparation for classes. A significant amount of information, lack of habit to work remotely, need for adaptation to the educational process during pandemic conditions about COVID-19, insufficient time for sleep and rest can lead to physical and emotional overload, which negatively affects the psycho-emotional state of youth. According to our survey, 25% of SHMI live in a dormitory, and 75% — live in their apartments or rent housing. These data compare with the fact that only 67% of SHMI consider their workplace comfortable to study, and 33% — are forced to work in less comfortable conditions. Those results are significant for us because 76% of SHMI spend more than 4 hours on their homework.

The most favorable factor for improving mental activity is the activation of motor activity. We know that adequately organized physical activity and optimal physical activity directly affect physical fitness and cognitive performance preservation and improvement. Scientists also know that human health is 50% dependent on lifestyle (Rovnyy AS et al., 2014). Optimal physical activity has considered being one of the essential components of human health. The implementation of regular health classes based on increasing motivation for weekly exercise, CrossFit, cardio training will help SHMI join to the physical education program and increasing physical activity. This aspect is relevant for the comprehensive development of youth and requires (Yadviha YP et al., 2009) further in-depth study. According to our survey, a significant proportion of SHMI (50%) have never done morning exercises (motor), 35% — sometimes do, and only 14% of respondents often do exercises. According to the literature (Arefyev, 2014) revealed a clear relationship between motor activity and functional capabilities of the body. Scientists know that the features of skeletal muscles are related to the operating state of various organs and systems. Researchers have proved (Yadviha

YP et al., 2009) that systematic motor activity restores and increases the body's energy potential, adaptive reserve and affects life expectancy. The optimal type of recreation is the active type, which helps to restore all types of efficiency. Switching from physical activity and intellectual work primarily helps to increase human performance (Yadviha YP et al., 2009), and secondly, improves the body's coordination mechanisms.

Properly organized physical activity can improve not only the physical fitness and also the mental capacity of SHMI.

Thus, we can highlight the advantages of distance learning, such as self-organization skills, improving the effectiveness of acquired skills for continuous independent work, self-improvement. It is important to note that this form of educational process also has economic advantages — SHMI does not need to spend money on transportation and daily needs.

The disadvantages of this educational process are an insufficient physical activity of SHMI, which leads to overweight, violation of the daily routine of respondents, SHMI dissatisfaction with their psycho-emotional state, and inadequate night sleep duration (especially on weekdays). Currently, distance education is developing rapidly due to quarantine restrictions, the rapid development of the Internet, and the constant improvement of communication methods. Therefore, it is essential to improve the effective organization of distance education and provide SHMI with the required level of knowledge and pay attention to problem issues.

Conclusions. During the assessment of the level of physical activity and psycho-emotional state of Bogomolets National Medical University SHMI health in conditions of distance learning form, we established that:

1. Physical activity affects the subjective assessment of SHMI when they assess their psycho-emotional state ($p = 0.017$);

2. The duration of physical activity affects the time of sleep on weekdays in SHMI ($p < 0,001$);
3. A significant number of respondents do not have enough sleep at night, which negatively affects the success in education and potentially worsens their health;
4. Mental and psycho-emotional overload during the distance form of education requires establishing of physiological day regime. Assessment of the SHMI functional state will allow timely attention and identify certain risk groups among SHMI.

Obtained during the survey data will allow further prevention work with risk groups and correct students' of higher medical institutes health during the learning process and provide measures to normalize and regulate their level of physical activity and psycho-emotional state.

Proposed future measures will maintain the level of health of SHMI.

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ОЦІНКА ФІЗИЧНОГО ТА ПСИХО-ЕМОЦІЙНОГО СТАНУ ЗДОРОВ'Я СТУДЕНТІВ НМУ ЗА УМОВ ОРГАНІЗАЦІЇ ДИСТАНЦІЙНОЇ ФОРМИ НАВЧАННЯ

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Анотація: Погіршення епідеміологічного стану в державі та, зокрема, в освітніх закладах внаслідок розповсюдження коронавірусної інфекції, спонукало уряд змінити освітній процес та перевести його на дистанційну форму. Психологічна підтримка та допомога майбутніх лікарів вбачається критично значущою, так як у нашій країні наростає проблема нестачі медичного персоналу, а саме лікарів під час пандемії COVID-19. Одним шляхів вирішення вищевказаних проблем є вивчення думки студентів щодо переходу на дистанційну форму навчання, що вкрай необхідно для виявлення слабких місць та проблем у діяльності вищих медичних закладів нашої країни та для цілеспрямованого проведення заходів з приводу вдосконалення педагогічного процесу з урахуванням виявлених потреб. Метою нашого дослідження є оцінка рівня фізичної активності та психо-емоційного здоров'я здобувачів вищої медичної освіти (ЗВМО) в галузі охорони здоров'я за спеціальністю 222 медицина при застосуванні дистанційної форми освіти в умовах карантинних заходів (додатковий психо-емоційний вплив) та встановити шляхи щодо можливості його покращення за умов поєднання дистанційної форми навчання та додаткового психо-емоційного впливу. Проведено анкетування 155 ЗВМО 1-2 курсу НМУ. Розроблена нами анкета включала питання про оцінку організації навчально-

ОЦЕНКА УРОВНЯ ФИЗИЧЕСКОЙ АКТИВНОСТИ И ПСИХО-ЭМОЦИОНАЛЬНОГО СОСТОЯНИЯ ЗДОРОВЬЯ СТУДЕНТОВ НМУ ПРИ ОРГАНИЗАЦИИ ДИСТАНЦИОННОЙ ФОРМЫ ОБУЧЕНИЯ

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Аннотация: Ухудшение эпидемиологического состояния в государстве и, в том числе, в учреждениях образования в результате распространения коронавирусной инфекции, побудило правительство изменить образовательный процесс и перевести его на дистанционную форму. Психологическая поддержка и помощь будущим врачам есть критически значимой, так как в нашей стране увеличивается проблема нехватки медицинского персонала, а именно врачей во время пандемии COVID-19. Одним из путей решения вышеуказанных проблем является изучение мнения студентов о переходе на дистанционную форму обучения, что крайне необходимо для выявления слабых мест и проблем в деятельности высших медицинских учебных учреждений нашей страны и для целенаправленного проведения мероприятий по поводу совершенствования педагогического процесса с учетом выявленных потребностей. Целью нашего исследования является оценка уровня физической активности и психо-эмоционального здоровья соискателей высшего медицинского образования (СВМО) в области здравоохранения по специальности 222 медицина при применении дистанционной формы образования в условиях ка-

го процесу (аудиторного та дистанційного), розпорядок праці та відпочинку ЗВМО, а саме кількість часу, що виділяється на спорт та час, проведений за гаджетами. Особлива увага приділялась оцінці ЗВМО стану свого здоров'я, психоемоційного стану та оцінюванню свого рівня адаптації під час навчання. Результати дослідження рухової активності опитуваних ЗВМО виявили недостатній рівень рухової активності. Так, лише 14% ЗВМО робить ранкову гімнастику (руханку), 29% опитуваних займаються спортом три рази на тиждень. Також нами встановлено, що у значній частині опитуваних недостатня тривалість нічного сну, що негативно позначається на успішності навчання і потенційно погіршує стан їх здоров'я. При аналізованні розпорядку праці та відпочинку опитуваних ЗВМО виявлено, що у переважній більшості ЗВМО (72%) нічний сон у будній день триває 6-7 годин. У 25% опитуваних тривалість сну має до 5 годин, лише 3% спить більше 9 годин. Проте, хронічне недосипання поступово може призвести як до низки захворювань, так і до зниження концентрації уваги, погіршення пам'яті, зниження успішності та працездатності. Велике розумове і психоемоційне навантаження під час дистанційної форми освіти потребує встановлення фізіологічного режиму дня.

Оцінка функціонального стану ЗВМО дозволяє своєчасно звернути увагу та виділити окремі групи ризику серед ЗВМО. Нині дистанційна форма освіти розвивається в шаленому темпі, як наслідок карантинних обмежень, бурхливого розвитку інтернет мережі та постійного покращення комунікаційних способів. Тому, вкрай актуальним питанням стає покращення ефективної організації дистанційної форми освіти, в аспекті не лише надання студентам потрібного рівня знань але й приділення належної уваги визначеним проблемним питанням.

Ключові слова: опитування та анкети, дистанційне навчання, студенти, університети, ментальне здоров'я.

рантинних заходів (дополнительно психо-емоциональное воздействие) и определение пути по возможности его улучшения в условиях сочетания дистанционной формы обучения и дополнительно психо-эмоционального воздействия. Проведено анкетирование 155 СВМО 1-2 курса НМУ. Разработанная нами анкета включала вопросы об оценке организации учебного процесса (аудиторного и дистанционного), распорядок труда и отдыха СВМО, а именно количество времени, выделяемое на спорт и время, проведенное за гаджетами. Особое внимание уделялось оценке студентами состояния своего здоровья, психоэмоционального состояния и оценке своего уровня адаптации во время обучения. Результаты исследования двигательной активности опрошиваемых СВМО обнаружили недостаточный уровень двигательной активности. Так, только 14% СВМО делает утреннюю гимнастику, 29% опрошенных занимаются спортом три раза в неделю. Также нами установлено, что у значительной части опрошенных недостаточная продолжительность ночного сна, что негативно сказывается на успеваемости и потенциально ухудшает состояние их здоровья. При анализе режима труда и отдыха опрошенных СВМО выявлено, что у подавляющего большинства СВМО (72%) ночной сон в будний день длится 6-7 часов. У 25% опрошенных продолжительность сна длится не больше 5 часов, всего 3% спит больше 9 часов к ряду. Однако хроническое недосыпание постепенно может привести как к ряду заболеваний, так и к снижению концентрации внимания, ухудшению памяти, снижению успеваемости и работоспособности. Большая умственная и психоэмоциональная нагрузка во время дистанционной формы образования требует установки физиологического режима дня.

Оценка функционального состояния СВМО позволяет своевременно обратить внимание и выделить отдельные группы риска среди СВМО. Сейчас дистанционная форма образования развивается в бешеном темпе, как следствие карантина, бурного развития интернет сети и постоянного улучшения коммуникационных способов. Поэтому, крайне актуальным вопросом становится улучшение эффективной организации дистанционной формы образования в аспекте не только предоставления студентам нужного уровня знаний, но и отведение должного внимания определенным проблемным вопросам.

Ключевые слова: опросники и анкеты, дистанционное обучение, студенты, университеты, ментальное здоровье