

| Variables       | Labels  |
|-----------------|---|
| tilda_serial    | ID  |
| Gender          | Gender  |
| age_Covid       | Age   |
| Date            | Date  |
| in_COVID        |   |
| COVID_ID        |   |
| age70           | Age Group (<70 / 70+)   |
| edu3_C19        | Education Level   |
| livesaloneC19   | Lives alone / with others   |
| local3_C19      | Location of household - Dublin/Urban/Rural                                    |
| urbaRural_C19   | Location of household (Urban/Rural)   |
| in_C19Glossy    |   |
| Home            | Leave your home   |
| Shopping        | Go grocery shopping   |
| Visitfamily     | Travel to visit family members  |
| Visitfriends    | Travel to visit friends   |
| Relservice      | Attend religious services outside your home                                   |
| Exercise        | Exercise at home  |
| Walk20          | Walk outside your home for more than 20 minutes                               |
| Hobbies         | Do hobbies, crafts, or puzzles  |
| Screentime      | Watch TV, Netflix, stream movies, or shows                                    |
| Volunteer       | Volunteer   |
| HomeDIY         | Do garden work or home repairs  |
| Read            | Read books, magazines, or newspapers (in print or online)                     |
| Onlinesocial    | Meet with social groups on Zoom or other online video conference sites        |
| SocDistance     | Did you keep distance to others when you went outside your home               |
| Washhands       | Did you wash your hands more frequently than usual                            |
| Disinfect       | Did you use special hand sanitiser or disinfection fluids                     |
| Cover           | Did you pay special attention to covering coughs and sneezes                  |
| Medication      | Did you take any drugs or medicine as a prevention against COVID-19           |
| Mask            | Did you wear a protective face mask when outside the home, around other       |
| Homebeh         | To what extent have you changed your behavior in response to the governi      |
| Workbeh         | To what extent have you changed your behavior in response to the governi      |
| Outdoorbeh      | To what extent have you changed your behavior in response to the governi      |
| Indoorbeh       | To what extent have you changed your behavior in response to the governi      |
| HouseChild      | How many other people did you share your accommodation with during th         |
| HouseAdult      | How many other people did you share your accommodation with during th         |
| PropertyGarden  | Does the property you are currently living in have any of the following: A g  |
| PropertyRoof    | Does the property you are currently living in have any of the following: A rc |
| PropertyPrivate | Does the property you are currently living in have any of the following: Oth  |
| PropertyShared  | Does the property you are currently living in have any of the following: Oth  |
| PropertyNone    | Does the property you are currently living in have any of the following: Nor  |
| MoveOut         | Did you change where you live because of the COVID-19 pandemic?               |
| MoveOutHome     | If you did change where you live because of the COVID-19 pandemic, where      |
| MoveOutFriend   | If you did change where you live because of the COVID-19 pandemic, where      |
| MoveOutChild    | If you did change where you live because of the COVID-19 pandemic, where      |
| MoveOutNursing  | If you did change where you live because of the COVID-19 pandemic, where      |
| MoveOutFamily   | If you did change where you live because of the COVID-19 pandemic, where      |
| MoveOutOther    | If you did change where you live because of the COVID-19 pandemic, where      |

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| MoveOutOtherSpec    | If you did change where you live because of the COVID-19 pandemic, where  |
| MoveIn              | Did you have someone move in with you because of the COVID-19 pandemic?   |
| MoveInSpouse        | If someone did move in with you because of the COVID-19 pandemic, what    |
| MoveInGrandchildren | If someone did move in with you because of the COVID-19 pandemic, what    |
| MoveInParent        | If someone did move in with you because of the COVID-19 pandemic, what    |
| MoveInRelative      | If someone did move in with you because of the COVID-19 pandemic, what    |
| MoveInSibling       | If someone did move in with you because of the COVID-19 pandemic, what    |
| MoveInFriend        | If someone did move in with you because of the COVID-19 pandemic, what    |
| MoveInChildren      | If someone did move in with you because of the COVID-19 pandemic, what    |
| MoveInCarer         | If someone did move in with you because of the COVID-19 pandemic, what    |
| MoveInOtherSpec     | If someone did move in with you because of the COVID-19 pandemic, what    |
| ContactChildren     | How often did you have personal contact with the following people from o  |
| ContactParents      | How often did you have personal contact with the following people from o  |
| ContactRelatives    | How often did you have personal contact with the following people from o  |
| ContactFriends      | How often did you have personal contact with the following people from o  |
| PhoneChildren       | How often did you have contact by phone, email or any other electronic me |
| PhoneParents        | How often did you have contact by phone, email or any other electronic me |
| PhoneRelatives      | How often did you have contact by phone, email or any other electronic me |
| PhoneFriends        | How often did you have contact by phone, email or any other electronic me |
| CurrSmoke           | Do you smoke at the present time?   |
| SmokeCig            | What do you smoke: Cigarettes   |
| SmokePipe           | What do you smoke: Pipe   |
| SmokeCigar          | What do you smoke: Cigar  |
| SmokeEcig           | What do you smoke: E-cigarettes or tank\ clearomizers                     |
| SmokeNo             | What do you smoke: I do not smoke   |
| SmokeAvg            | How many cigarettes/pipes/cigars/e-cigarettes do you smoke on average p   |
| SmokeChange         | Since the COVID-19 outbreak, has the amount you smoke...                  |
| Alco                | Since the COVID-19 outbreak, how often have you drunk any alcoholic beve  |
| AlcoChange          | Since the COVID-19 outbreak, has the amount of alcohol you consume?       |
| ExVigor             | Vigorous Activity: Days   |
| ExVigorHours        | Vigorous Activity: Hours  |
| ExVigorMins         | Vigorous Activity: Minutes  |
| ExModerate          | Moderate Activity: Days   |
| ExModerateHours     | Moderate Activity: Hours  |
| ExModerateMins      | Moderate Activity: Minutes  |
| ExWalking           | Walking Activity: Days  |
| ExWalkingHours      | Walking Activity: Hours   |
| ExWalkingMins       | Walking Activity: Minutes   |
| Food                | Which of the following statements best describes the food eaten in yourho |
| EyeColour           | What colour are your eyes?  |
| SRH                 | Would you say your health during the COVID-19 pandemic was...             |
| SRMH                | What about your emotional or mental health during the COVID-19 pandem     |
| Satisfied           | Overall, how satisfied are you with your life nowadays?                   |
| Lone1               | How often do you feel you lack companionship?                             |
| Lone2               | How often do you feel left out?   |
| Lone3               | How often do you feel isolated from others?                               |
| Lone4               | How often do you feel in tune with the people around you?                 |
| Lone5               | How often do you feel lonely?   |
| CESD1               | I felt depressed  |
| CESD2               | I felt that everything I did was an effort                                |

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| CESD3            | My sleep was restless   |
| CESD4            | I was happy   |
| CESD5            | I felt lonely   |
| CESD6            | I enjoyed life  |
| CESD7            | I felt sad  |
| CESD8            | I could not get going   |
| CASP1            | My age prevents me from doing the things I would like to  |
| CASP2            | I feel that what happens to me is out of my control   |
| CASP3            | I feel free to plan for the future  |
| CASP4            | I feel left out of things   |
| CASP7            | I feel that I can please myself in what I can do  |
| CASP8            | My health stops me from doing the things I want to do   |
| CASP9            | Shortage of money stops me from doing the things that I want to do  |
| CASP10           | I look forward to each day  |
| CASP11           | I feel that my life has meaning   |
| CASP13           | I enjoy being in the company of others  |
| CASP17           | I feel satisfied with the way my life has turned out  |
| CASP18           | I feel that life is full of opportunities   |
| Purpose1         | I enjoy making plans for the future and working to make them a reality  |
| Purpose2         | My daily activities often seem trivial and unimportant to me  |
| Purpose3         | I am an active person in carrying out the plans I set for myself  |
| Purpose4         | I don't have a good sense of what it is I'm trying to accomplish in life  |
| Purpose5         | I sometimes feel as if I've done all there is to do in life   |
| Purpose6         | I live life one day at a time and don't really think about the future   |
| Purpose7         | I have a sense of direction and purpose in my life  |
| PSS1             | How often have you felt that you were unable to control the important things in your life?                                |
| PSS2             | How often have you felt confident about your ability to handle your personal problems?                                    |
| PSS3             | How often have you felt that things were going your way?  |
| PSS4             | How often have you felt difficulties were piling up so high that you could not overcome them?                             |
| Anxiety1         | Feeling nervous, anxious or on edge   |
| Anxiety2         | Not being able to stop or control worrying  |
| Anxiety3         | Worrying too much about different things  |
| Anxiety4         | Trouble relaxing  |
| Anxiety5         | Being so restless that it is hard to sit still  |
| Anxiety6         | Becoming easily annoyed or irritable  |
| Anxiety7         | Feeling afraid as if something awful might happen   |
| SleepHours       | Approximately how many hours do you sleep on a week night?  |
| SleepTrouble     | How often do you have trouble falling asleep?   |
| SleepWaking      | How often do you have trouble with waking up too early and not being able to go back to sleep?                            |
| RelChildren      | Has the quality of any of your relationships with people outside your household changed because of the COVID-19 pandemic? |
| RelGrandChildren | Has the quality of any of your relationships with people outside your household changed because of the COVID-19 pandemic? |
| RelOther         | Has the quality of any of your relationships with people outside your household changed because of the COVID-19 pandemic? |
| RelFriends       | Has the quality of any of your relationships with people outside your household changed because of the COVID-19 pandemic? |
| RelNeigh         | Has the quality of any of your relationships with people outside your household changed because of the COVID-19 pandemic? |
| Work             | Was your work affected because of the COVID-19 pandemic?  |
| WorkChange       | If employed or self-employed, how was your work affected: Had to change jobs or work from home?                           |
| WorkInDeC        | Did the total amount of work increase or decrease?  |
| WorkDanger       | If employed or self-employed, how was your work affected: Work became more dangerous?                                     |
| WorkHarder       | If employed or self-employed, how was your work affected: Work became harder?   |
| WorkRemote       | If employed or self-employed, how was your work affected: Switched to working remotely?                                   |

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| WorkOther          | If employed or self-employed, how was your work affected: Other, specify     |
| JobLost            | If employed or self-employed, did you lose your job, were you furloughed,c   |
| JobOther           | If employed or self-employed, did you lose your job, were you furloughed,c   |
| CovidPayment       | Are you in receipt of the COVID-19 pandemic unemployment payment of â        |
| IncomeChange       | Are you in receipt of the COVID-19 pandemic unemployment payment of â        |
| IncomeWork         | Which types of income changed: Earnings from work                            |
| IncomeBusiness     | Which types of income changed: Income from business                          |
| IncomeAssets       | Which types of income changed: Income from retirement plan or other ass      |
| IncomeRent         | Which types of income changed: Rental Income                                 |
| IncomeOther        | Which types of income changed: Other, specify                                |
| HouseholdIncome    | Has your household spending gone up or down or stayed about the same         |
| MissedRent         | Did you experience any of the following: Missed any regular payments on r    |
| MissedDebt         | Did you experience any of the following: Missed any regular payments on c    |
| MissedInsur        | Did you experience any of the following: Missed any other regular payment    |
| MissedMedBills     | Did you experience any of the following: Could not pay medical bills         |
| MissedFood         | Did you experience any of the following: Did not have enough money to bu     |
| MissedNA           | Did you experience any of the following: Not applicable                      |
| Savings            | Did you need to dip into your savings to cover the necessary day-to-day exp  |
| CurrFinance        | Overall, how do you feel your current financial situation compares to befor  |
| FutureFinance      | How strongly do you agree or disagree with the following statement: 'Iam v   |
| CurrCare           | Did you look after anyone during the COVID-19 pandemic (including your p     |
| CareSpouse         | What relation is this person or people to you?: Spouse or Partner            |
| CareChild          | What relation is this person or people to you?: Child                        |
| CareGrandchild     | What relation is this person or people to you?: Grandchild                   |
| CareRel            | What relation is this person or people to you?: Other relative               |
| CareFriend         | What relation is this person or people to you?: Friend or neighbour          |
| CareOther          | What relation is this person or people to you?: Other                        |
| CareOtherSpec      | What relation is this person or people to you?: Other, specify               |
| CareHours          | On average, how many hours a week did you do this?                           |
| StateHomeHelp      | Did you continue to receive any of the following state services: Home help   |
| StateCarer         | Did you continue to receive any of the following state services: Personal ca |
| StateMeals         | Did you continue to receive any of the following state services: Meals-on-V  |
| StateHomeCare      | Did you continue to receive any of the following state services: Home Care   |
| StateNone          | Did you receive any of the following state services: None of these           |
| StateHomeHelpCont  | StateHomeHelpCont  |
| StateCarerCont     | StateCarerCont   |
| StateMealsCont     | StateMealsCont   |
| StateHomeCareCont  | StateHomeCareCont  |
| HelpBills          | Has anyone from outside your home helped you with any of the following?      |
| HelpMeds           | Has anyone from outside your home helped you with any of the following?      |
| HelpRent           | Has anyone from outside your home helped you with any of the following?      |
| HelpTransport      | Has anyone from outside your home helped you with any of the following?      |
| HelpShopping       | Has anyone from outside your home helped you with any of the following?      |
| HelpChores         | Has anyone from outside your home helped you with any of the following?      |
| HelpWellbeing      | Has anyone from outside your home helped you with any of the following?      |
| HelpSpec           | Has anyone from outside your home helped you with any of the following?      |
| HelpOtherBills     | Have you helped anyone from outside your household with any of the follo     |
| HelpOtherMeds      | have you helped anyone from outside your household with any of the follo     |
| HelpOtherRent      | Have you helped anyone from outside your household with any of the follo     |
| HelpOtherTransport | Have you helped anyone from outside your household with any of the follo     |

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| HelpOtherShopping  | Have you helped anyone from outside your household with any of the follo        |
| HelpOtherChores    | Have you helped anyone from outside your household with any of the follo        |
| HelpOtherWellbeing | Have you helped anyone from outside your household with any of the follo        |
| HelpOtherCommunity | Have you helped anyone from outside your household with any of the follo        |
| MedicalAtn         | Since the outbreak of the COVID-19 pandemic in March 2020, was there an         |
| MedAfford          | Why did you delay or not get that care?: I could not afford it                  |
| MedApt             | Why did you delay or not get that care?: I could not get an appointment         |
| MedCancel          | Why did you delay or not get that care?: The clinic / hospital / doctor's offic |
| MedResch           | Why did you delay or not get that care?: The clinic / hospital / doctor's offic |
| MedWait            | Why did you delay or not get that care?: I decided it could wait                |
| MedAfraid          | Why did you delay or not get that care?: I was afraid to go                     |
| MedOther           | Why did you delay or not get that care?: Other, please specify                  |
| DelaySurgeryMajor  | What type(s) of care or health services did you delay?: Major Surgery (requ     |
| DelayPubHealth     | What type(s) of care or health services did you delay?: Public health or Con    |
| DelaySurgeryMinor  | What type(s) of care or health services did you delay?: Minor surgery as an     |
| DelayOT            | What type(s) of care or health services did you delay?: Occupational therap     |
| DelayGP            | What type(s) of care or health services did you delay?: Seeing your General     |
| DelayPhysio        | What type(s) of care or health services did you delay?: Physiotherapy servic    |
| DelayScript        | What type(s) of care or health services did you delay?: Getting a prescriptic   |
| DelayCounsel       | What type(s) of care or health services did you delay?: Psychological/couns     |
| DelayMeds          | What type(s) of care or health services did you delay?: Getting medications     |
| DelayHearing       | What type(s) of care or health services did you delay?: Hearing services        |
| DelayDental        | What type(s) of care or health services did you delay?: Dental care             |
| DelayRespite       | What type(s) of care or health services did you delay?: Respite Services        |
| DelayOptician      | What type(s) of care or health services did you delay?: Optician                |
| DelayOther         | What type(s) of care or health services did you delay?: Other                   |
| OnlineGP           | What type(s) of care or health services did you delay?: General Practitioner    |
| OnlinePharmacist   | What type(s) of care or health services did you delay?: Pharmacist              |
| OnlineDoc          | What type(s) of care or health services did you delay?: Hospital doctor         |
| OnlineOther        | Did you avail of a telephone or online appointment from any of the followi      |
| OnlineOtherSpec    | Did you avail of a telephone or online appointment from any of the followi      |
| BuySoap            | Was there any time when you wanted to purchase any of the following but         |
| BuySanitizer       | Was there any time when you wanted to purchase any of the following but         |
| BuyMask            | Was there any time when you wanted to purchase any of the following but         |
| BuyGloves          | Was there any time when you wanted to purchase any of the following but         |
| BuySoapReason      | If unable to purchase, what was the reason: Soap                                |
| BuySanitizerReason | If unable to purchase, what was the reason: Hand sanitiser                      |
| BuyMaskReason      | If unable to purchase, what was the reason: Protective face mask                |
| BuyGlovesReason    | If unable to purchase, what was the reason: Protective gloves                   |
| PrescribedMeds     | Have you started or stopped taking any prescribed medications?                  |
| PrescribedMedsStop | If you did start or stop taking a prescribed medication, what was the reasor    |
| SuppMultiVitamin   | Have you started taking any health supplements?: Multi-vitamin                  |
| SuppZinc           | Have you started taking any health supplements?: Zinc                           |
| SuppVitaminC       | Have you started taking any health supplements?: Vitamin C                      |
| SuppIron           | Have you started taking any health supplements?: Iron                           |
| SuppVitD           | Have you started taking any health supplements?: Vitamin D                      |
| SuppFolicAcid      | Have you started taking any health supplements?: Folic Acid                     |
| SuppFishOil        | Have you started taking any health supplements?: Fish oil                       |
| SuppVitBSpec       | Have you started taking any health supplements?: Any B Vitamins, specify        |
| SuppOtherSpec      | Have you started taking any health supplements?: Other, specify                 |

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| NewsFreq         | On an average day, how often did you read, watch, or listen to news on CO     |
| NewFreqNo        | About how many times?   |
| NewsRadio        | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsFacebook     | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsLocalRadio   | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsIreTV        | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsTwitter      | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsWhatsapp     | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsOthTV        | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsGov          | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsHSE          | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewsIrePapers    | Which of the following sources of COVID-19 news did you listen to, read, or   |
| NewslocalPapers  | Which of the following sources of COVID-19 news did you listen to, read, or   |
| TrustRadio       | Please rate your level of trust in the following media and social media on in |
| TrustLocalRadio  | Please rate your level of trust in the following media and social media on in |
| TrustIreTV       | Please rate your level of trust in the following media and social media on in |
| TrustOthTV       | Please rate your level of trust in the following media and social media on in |
| TrustIrePapers   | Please rate your level of trust in the following media and social media on in |
| TrustLocalPapers | Please rate your level of trust in the following media and social media on in |
| TrustFacebook    | Please rate your level of trust in the following media and social media on in |
| TrustWhatsapp    | Please rate your level of trust in the following media and social media on in |
| TrustGov         | Please rate your level of trust in the following media and social media on in |
| TrustHSE         | Please rate your level of trust in the following media and social media on in |
| GovGuidance      | Do you find the official Irish government guidance on COVID-19 easy to unc    |
| CovidKnowledge   | How would you rate your knowledge about COVID-19?                             |
| AgePublic        | How do you feel about the way people aged 70 and over have been treatec       |
| AgeShops         | How do you feel about the way people aged 70 and over have been treatec       |
| AgeCommunity     | How do you feel about the way people aged 70 and over have been treatec       |
| NegFamily        | Have you personally experienced negative attitudes or behaviour towards y     |
| NegCommunity     | Have you personally experienced negative attitudes or behaviour towards y     |
| NegYouth         | Have you personally experienced negative attitudes or behaviour towards y     |
| NegHealthProf    | Have you personally experienced negative attitudes or behaviour towards y     |
| NegFinance       | Have you personally experienced negative attitudes or behaviour towards y     |
| NegSocialCare    | Have you personally experienced negative attitudes or behaviour towards y     |
| NegOthOlder      | Have you personally experienced negative attitudes or behaviour towards y     |
| NegShops         | Have you personally experienced negative attitudes or behaviour towards y     |
| Cocooning        | Do you agree with the government's decision to ask all adults aged 70 y       |
| CovidConcern     | Overall, on a scale from 1 to 10, how concerned are you about the COVID-1     |
| SelfBreath       | Symptoms experienced by YOU: Shortness of breath                              |
| SelfCough        | Symptoms experienced by YOU: Cough  |
| SelfFever        | Symptoms experienced by YOU: Fever  |
| SelfThroat       | Symptoms experienced by YOU: Sore throat                                      |
| SelfDiarrhoea    | Symptoms experienced by YOU: Diarrhoea  |
| SelfSenses       | Symptoms experienced by YOU: Loss of sense of smell or taste                  |
| SelfVomit        | Symptoms experienced by YOU: Nausea or vomiting                               |
| SelfPain         | Symptoms experienced by YOU: Muscle or joint pain                             |
| SelfNone         | Symptoms experienced by YOU: None of these                                    |
| OtherBreath      | Symptoms experienced by someone close to YOU: Shortness of breath             |
| OtherCough       | Symptoms experienced by someone close to YOU: Cough                           |
| OtherFever       | Symptoms experienced by someone close to YOU: Fever                           |

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| OtherThroat         | Symptoms experienced by someone close to YOU: Sore throat                 |
| OtherDiarrhoea      | Symptoms experienced by someone close to YOU: Diarrhoea                   |
| OtherSenses         | Symptoms experienced by someone close to YOU: Loss of sense of smell or   |
| OtherVomit          | Symptoms experienced by someone close to YOU: Nausea or vomiting          |
| OtherPain           | Symptoms experienced by someone close to YOU: Muscle or joint pain        |
| OtherNone           | Symptoms experienced by someone close to YOU: None of these               |
| SelfCovid           | Do you think that you have or have had COVID-19?                          |
| CovidHosp           | If you were diagnosed with COVID-19, were you admitted to a hospital bec  |
| CovidHospMonth      | If yes, when was that?: Month   |
| CovidHospDay        | If yes, when was that?: Day   |
| CovidHospNights     | How many nights did you spend in hospital                                 |
| CovidOxygen         | Were you on oxygen to help you breath while you were in hospital?         |
| CovidSpouse         | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidChild          | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidFriend         | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidParent         | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidGrandchildren  | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidCarer          | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidSibling        | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidRelative       | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidOther          | Has anyone in your household other than yourself been diagnosed with C-1  |
| CovidContact        | Have you been in close contact with anyone with COVID-19?                 |
| CovidLoss           | Tragically, many people have already lost loved ones due to COVID-19. Has |
| CovidDiedSpouse     | If sadly, someone you know has died with COVID-19, what was their relatio |
| CovidDiedChild      | If sadly, someone you know has died with COVID-19, what was their relatio |
| CovidDiedFriend     | If sadly, someone you know has died with COVID-19, what was their relatio |
| CovidDiedParent     | If sadly, someone you know has died with COVID-19, what was their relatio |
| CovidDiedGrandchild | If sadly, someone you know has died with COVID-19, what was their relatio |
| CovidDiedCarer      | If sadly, someone you know has died with COVID-19, what was their relatio |
| CovidDiedSibling    | If sadly, someone you know has died with COVID-19, what was their relatio |
| CovidDiedRelative   | If sadly, someone you know has died with COVID-19, what was their relatio |
| CovidDiedOther      | If sadly, someone you know has died with COVID-19, what was their relatio |
| Notes1              | Notes1  |
| Notes2              | Notes2  |

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