<table>
<thead>
<tr>
<th>Variables</th>
<th>Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>tilda_serial</td>
<td>ID</td>
</tr>
<tr>
<td>Gender</td>
<td>Gender</td>
</tr>
<tr>
<td>age_Covid</td>
<td>Age</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>in_COVID</td>
<td></td>
</tr>
<tr>
<td>COVID_ID</td>
<td></td>
</tr>
<tr>
<td>age70</td>
<td>Age Group (&lt;70 / 70+)</td>
</tr>
<tr>
<td>edu3_C19</td>
<td>Education Level</td>
</tr>
<tr>
<td>livesalonedC19</td>
<td>Lives alone / with others</td>
</tr>
<tr>
<td>local3_C19</td>
<td>Location of household - Dublin/Urban/Rural</td>
</tr>
<tr>
<td>urbaRural_C19</td>
<td>Location of household (Urban/Rural)</td>
</tr>
<tr>
<td>in_C19Glossy</td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td>Leave your home</td>
</tr>
<tr>
<td>Shopping</td>
<td>Go grocery shopping</td>
</tr>
<tr>
<td>Visitfamily</td>
<td>Travel to visit family members</td>
</tr>
<tr>
<td>Visitfriends</td>
<td>Travel to visit friends</td>
</tr>
<tr>
<td>Relservice</td>
<td>Attend religious services outside your home</td>
</tr>
<tr>
<td>Exercise</td>
<td>Exercise at home</td>
</tr>
<tr>
<td>Walk20</td>
<td>Walk outside your home for more than 20 minutes</td>
</tr>
<tr>
<td>Hobbies</td>
<td>Do hobbies, crafts, or puzzles</td>
</tr>
<tr>
<td>Screentime</td>
<td>Watch TV, Netflix, stream movies, or shows</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Volunteer</td>
</tr>
<tr>
<td>HomeDIY</td>
<td>Do garden work or home repairs</td>
</tr>
<tr>
<td>Read</td>
<td>Read books, magazines, or newspapers (in print or online)</td>
</tr>
<tr>
<td>Onlinesocial</td>
<td>Meet with social groups on Zoom or other online video conference sites</td>
</tr>
<tr>
<td>SocDistance</td>
<td>Did you keep distance to others when you went outside your home</td>
</tr>
<tr>
<td>Washhands</td>
<td>Did you wash your hands more frequently than usual</td>
</tr>
<tr>
<td>Disinfect</td>
<td>Did you use special hand sanitiser or disinfection fluids</td>
</tr>
<tr>
<td>Cover</td>
<td>Did you pay special attention to covering coughs and sneezes</td>
</tr>
<tr>
<td>Medication</td>
<td>Did you take any drugs or medicine as a prevention against COVID-19</td>
</tr>
<tr>
<td>Mask</td>
<td>Did you wear a protective face mask when outside the home, around other</td>
</tr>
<tr>
<td>Homebeh</td>
<td>To what extent have you changed your behavior in response to the govern</td>
</tr>
<tr>
<td>Workbeh</td>
<td>To what extent have you changed your behavior in response to the govern</td>
</tr>
<tr>
<td>Outdoorbeh</td>
<td>To what extent have you changed your behavior in response to the govern</td>
</tr>
<tr>
<td>Indoorbeh</td>
<td>To what extent have you changed your behavior in response to the govern</td>
</tr>
<tr>
<td>HouseChild</td>
<td>How many other people did you share your accommodation with during th</td>
</tr>
<tr>
<td>HouseAdult</td>
<td>How many other people did you share your accommodation with during th</td>
</tr>
<tr>
<td>PropertyGarden</td>
<td>Does the property you are currently living in have any of the following: A g</td>
</tr>
<tr>
<td>PropertyRoof</td>
<td>Does the property you are currently living in have any of the following: A rc</td>
</tr>
<tr>
<td>PropertyPrivate</td>
<td>Does the property you are currently living in have any of the following: Oth</td>
</tr>
<tr>
<td>PropertyShared</td>
<td>Does the property you are currently living in have any of the following: Oth</td>
</tr>
<tr>
<td>PropertyNone</td>
<td>Does the property you are currently living in have any of the following: Nor</td>
</tr>
<tr>
<td>MoveOut</td>
<td>Did you change where you live because of the COVID-19 pandemic?</td>
</tr>
<tr>
<td>MoveOutHome</td>
<td>If you did change where you live because of the COVID-19 pandemic, when</td>
</tr>
<tr>
<td>MoveOutFriend</td>
<td>If you did change where you live because of the COVID-19 pandemic, when</td>
</tr>
<tr>
<td>MoveOutChild</td>
<td>If you did change where you live because of the COVID-19 pandemic, when</td>
</tr>
<tr>
<td>MoveOutNursing</td>
<td>If you did change where you live because of the COVID-19 pandemic, when</td>
</tr>
<tr>
<td>MoveOutFamily</td>
<td>If you did change where you live because of the COVID-19 pandemic, when</td>
</tr>
<tr>
<td>MoveOutOther</td>
<td>If you did change where you live because of the COVID-19 pandemic, when</td>
</tr>
</tbody>
</table>
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 contacy 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
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 bev
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
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 donâ€™t have a good sense of what it is Iâ€™m trying to accomplish in life  
Purpose5  I sometimes feel as if Iâ€™ve done all there is to do in life  
Purpose6  I live life one day at a time and donâ€™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 get back to sleep?  
RelChildren  Has the quality of any of your relationships with people outside your house changed?  
RelGrandChildren  Has the quality of any of your relationships with people outside your house changed?  
RelOther  Has the quality of any of your relationships with people outside your house changed?  
RelFriends  Has the quality of any of your relationships with people outside your house changed?  
RelNeigh  Has the quality of any of your relationships with people outside your house changed?  
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  
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 more demanding  
WorkRemote  If employed or self-employed, how was your work affected: Switched to working from home.
If employed or self-employed, how was your work affected: Other, specify

If employed or self-employed, did you lose your job, were you furloughed, etc.

If employed or self-employed, did you lose your job, were you furloughed, etc.

Are you in receipt of the COVID-19 pandemic unemployment payment of €350 per week?

Are you in receipt of the COVID-19 pandemic unemployment payment of €350 per week?

Which types of income changed: Earnings from work

Which types of income changed: Income from business

Which types of income changed: Income from retirement plan or other assets

Which types of income changed: Rental Income

Which types of income changed: Other, specify

Has your household spending gone up or down or stayed about the same?

Did you experience any of the following: Missed any regular payments on rent?

Did you experience any of the following: Missed any regular payments on credit card?

Did you experience any of the following: Missed any other regular payment?

Did you experience any of the following: Could not pay medical bills?

Did you experience any of the following: Did not have enough money to buy food?

Did you need to dip into your savings to cover the necessary day-to-day expenses?

Overall, how do you feel your current financial situation compares to before the pandemic?

How strongly do you agree or disagree with the following statement: 'I am worried about my financial situation due to the pandemic.'

Did you look after anyone during the COVID-19 pandemic (including your partner or spouse)?

What relation is this person or people to you?: Spouse or Partner

What relation is this person or people to you?: Child

What relation is this person or people to you?: Grandchild

What relation is this person or people to you?: Other relative

What relation is this person or people to you?: Friend or neighbour

What relation is this person or people to you?: Other

What relation is this person or people to you?: Other, specify

On average, how many hours a week did you do this?

Did you continue to receive any of the following state services: Home help?

Did you continue to receive any of the following state services: Personal care?

Did you continue to receive any of the following state services: Meals-on-Wheels?

Did you continue to receive any of the following state services: Home Care Pack?

None of these

State services

Has anyone from outside your home helped you with any of the following?: Paying bills?

Has anyone from outside your home helped you with any of the following?: Delivering medical supplies?

Has anyone from outside your home helped you with any of the following?: Paying rent?

Has anyone from outside your home helped you with any of the following?: Providing meals?

Has anyone from outside your home helped you with any of the following?: Shopping?

Has anyone from outside your home helped you with any of the following?: Housework?

Has anyone from outside your home helped you with any of the following?: Getting medical help?

Has anyone from outside your home helped you with any of the following?: Other, specify

Have you helped anyone from outside your household with any of the following?: Paying bills?

Have you helped anyone from outside your household with any of the following?: Delivering medical supplies?

Have you helped anyone from outside your household with any of the following?: Paying rent?

Have you helped anyone from outside your household with any of the following?: Providing meals?

Have you helped anyone from outside your household with any of the following?: Shopping?

Have you helped anyone from outside your household with any of the following?: Housework?

Have you helped anyone from outside your household with any of the following?: Getting medical help?

Have you helped anyone from outside your household with any of the following?: Other, specify
NewsFreq
On an average day, how often did you read, watch, or listen to news on COVID-19?
NewFreqNo
About how many times?
NewsRadio
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsFacebook
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsLocalRadio
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsireTV
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsTwitter
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsWhatsapp
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsOthTV
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsGov
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsHSE
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewsIreTV
Which of the following sources of COVID-19 news did you listen to, read, or watch?
NewslocalPapers
Which of the following sources of COVID-19 news did you listen to, read, or watch?
TrustRadio
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustLocalRadio
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustireTV
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustOthTV
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustirePapers
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustLocalPapers
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustFacebook
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustWhatsapp
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustGov
Please rate your level of trust in the following media and social media on information about COVID-19.
TrustHSE
Please rate your level of trust in the following media and social media on information about COVID-19.
GovGuidance
Do you find the official Irish government guidance on COVID-19 easy to understand?
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 treated?
AgeShops
How do you feel about the way people aged 70 and over have been treated?
AgeCommunity
How do you feel about the way people aged 70 and over have been treated?
NegFamily
Have you personally experienced negative attitudes or behaviour towards you?
NegCommunity
Have you personally experienced negative attitudes or behaviour towards you?
NegYouth
Have you personally experienced negative attitudes or behaviour towards you?
NegHealthProf
Have you personally experienced negative attitudes or behaviour towards you?
NegFinance
Have you personally experienced negative attitudes or behaviour towards you?
NegSocialCare
Have you personally experienced negative attitudes or behaviour towards you?
NegOthOlder
Have you personally experienced negative attitudes or behaviour towards you?
NegShops
Have you personally experienced negative attitudes or behaviour towards you?
Cocooning
Do you agree with the governmentâ€™s decision to ask all adults aged 70 years and over to cocoon?
CovidConcern
Overall, on a scale from 1 to 10, how concerned are you about the COVID-19 pandemic?
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
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 bac...
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 relat...
CovidDiedChild If sadly, someone you know has died with COVID-19, what was their relat...
CovidDiedFriend If sadly, someone you know has died with COVID-19, what was their relat...
CovidDiedParent If sadly, someone you know has died with COVID-19, what was their relat...
CovidDiedGrandchild If sadly, someone you know has died with COVID-19, what was their relat...
CovidDiedCarer If sadly, someone you know has died with COVID-19, what was their relat...
CovidDiedSibling If sadly, someone you know has died with COVID-19, what was their relat...
CovidDiedRelative If sadly, someone you know has died with COVID-19, what was their relat...
CovidDiedOther If sadly, someone you know has died with COVID-19, what was their relat...
Notes1 Notes1
Notes2 Notes2
<table>
<thead>
<tr>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>Recoded</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>No Change</td>
</tr>
<tr>
<td>Recoded</td>
</tr>
<tr>
<td>Recoded</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
<tr>
<td>Dropped</td>
</tr>
</tbody>
</table>
Dropped
Dropped
Dropped
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
Dropped
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
Dropped
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
Recoded
Recoded
Recoded
Recoded
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
Dropped
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change
No Change