

Variables	Labels	Actions
tilda_serial	ID	Dropped
Gender	Gender	No Change
age_Covid	Age	Recoded
Date	Date	Dropped
in_COVID		Dropped
COVID_ID		Dropped
age70	Age Group (<70 / 70+)	No Change
edu3_C19	Education Level	No Change
livesaloneC19	Lives alone / with others	No Change
local3_C19	Location of household - Dublin/Urban/Rural	No Change
urbaRural_C19	Location of household (Urban/Rural)	No Change
in_C19Glossy		Dropped
Home	Leave your home	No Change
Shopping	Go grocery shopping	No Change
Visitfamily	Travel to visit family members	No Change
Visitfriends	Travel to visit friends	No Change
Relservice	Attend religious services outside your home	No Change
Exercise	Exercise at home	No Change
Walk20	Walk outside your home for more than 20 minutes	No Change
Hobbies	Do hobbies, crafts, or puzzles	No Change
Screenetime	Watch TV, Netflix, stream movies, or shows	No Change
Volunteer	Volunteer	No Change
HomeDIY	Do garden work or home repairs	No Change
Read	Read books, magazines, or newspapers (in print or online)	No Change
Onlinesocial	Meet with social groups on Zoom or other online video conference sites	No Change
SocDistance	Did you keep distance to others when you went outside your home	No Change
Washhands	Did you wash your hands more frequently than usual	No Change
Disinfect	Did you use special hand sanitiser or disinfection fluids	No Change
Cover	Did you pay special attention to covering coughs and sneezes	No Change
Medication	Did you take any drugs or medicine as a prevention against COVID-19	No Change
Mask	Did you wear a protective face mask when outside the home, around other	No Change
Homebeh	To what extent have you changed your behavior in response to the govern	No Change
Workbeh	To what extent have you changed your behavior in response to the govern	No Change
Outdoorbeh	To what extent have you changed your behavior in response to the govern	No Change
Indoorbeh	To what extent have you changed your behavior in response to the govern	No Change
HouseChild	How many other people did you share your accommodation with during th	Recoded
HouseAdult	How many other people did you share your accommodation with during th	Recoded
PropertyGarden	Does the property you are currently living in have any of the following: A g	No Change
PropertyRoof	Does the property you are currently living in have any of the following: A r	No Change
PropertyPrivate	Does the property you are currently living in have any of the following: Oth	No Change
PropertyShared	Does the property you are currently living in have any of the following: Oth	No Change
PropertyNone	Does the property you are currently living in have any of the following: No	No Change
MoveOut	Did you change where you live because of the COVID-19 pandemic?	No Change
MoveOutHome	If you did change where you live because of the COVID-19 pandemic, wher	Dropped
MoveOutFriend	If you did change where you live because of the COVID-19 pandemic, wher	Dropped
MoveOutChild	If you did change where you live because of the COVID-19 pandemic, wher	Dropped
MoveOutNursing	If you did change where you live because of the COVID-19 pandemic, wher	Dropped
MoveOutFamily	If you did change where you live because of the COVID-19 pandemic, wher	Dropped
MoveOutOther	If you did change where you live because of the COVID-19 pandemic, wher	Dropped
MoveOutOtherSpec	If you did change where you live because of the COVID-19 pandemic, wher	Dropped
MoveIn	Did you have someone move in with you because of the COVID-19 pandem	No Change
MoveInSpouse	If someone did move in with you because of the COVID-19 pandemic, wha	Dropped
MoveInGrandchildren	If someone did move in with you because of the COVID-19 pandemic, wha	Dropped
MoveInParent	If someone did move in with you because of the COVID-19 pandemic, wha	Dropped
MoveInRelative	If someone did move in with you because of the COVID-19 pandemic, wha	Dropped
MoveInSibling	If someone did move in with you because of the COVID-19 pandemic, wha	Dropped
MoveInFriend	If someone did move in with you because of the COVID-19 pandemic, wha	Dropped
MoveInChildren	If someone did move in with you because of the COVID-19 pandemic, wha	Dropped
MoveInCarer	If someone did move in with you because of the COVID-19 pandemic, wha	Dropped

MoveInOtherSpec	If someone did move in with you because of the COVID-19 pandemic, what	Dropped
ContactChildren	How often did you have personal contact with the following people from c	No Change
ContactParents	How often did you have personal contact with the following people from o	No Change
ContactRelatives	How often did you have personal contact with the following people from o	No Change
ContactFriends	How often did you have personal contact with the following people from o	No Change
PhoneChildren	How often did you have contact by phone, email or any other electronic m	No Change
PhoneParents	How often did you have contact by phone, email or any other electronic m	No Change
PhoneRelatives	How often did you have contact by phone, email or any other electronic m	No Change
PhoneFriends	How often did you have contact by phone, email or any other electronic m	No Change
CurrSmoke	Do you smoke at the present time?	No Change
SmokeCig	What do you smoke: Cigarettes	Dropped
SmokePipe	What do you smoke: Pipe	Dropped
SmokeCigar	What do you smoke: Cigar	Dropped
SmokeEcig	What do you smoke: E-cigarettes or tank\ clearomizers	Dropped
SmokeNo	What do you smoke: I do not smoke	Dropped
SmokeAvg	How many cigarettes/pipes/cigars/e-cigarettes do you smoke on average p	Recorded
SmokeChange	Since the COVID-19 outbreak, has the amount you smoke...	Recorded
Alco	Since the COVID-19 outbreak, how often have you drunk any alcoholic bev	No Change
AlcoChange	Since the COVID-19 outbreak, has the amount of alcohol you consume?	No Change
ExVigor	Vigorous Activity: Days	No Change
ExVigorHours	Vigorous Activity: Hours	No Change
ExVigorMins	Vigorous Activity: Minutes	No Change
ExModerate	Moderate Activity: Days	No Change
ExModerateHours	Moderate Activity: Hours	No Change
ExModerateMins	Moderate Activity: Minutes	No Change
ExWalking	Walking Activity: Days	No Change
ExWalkingHours	Walking Activity: Hours	No Change
ExWalkingMins	Walking Activity: Minutes	No Change
Food	Which of the following statements best describes the food eaten in yourhc	No Change
EyeColour	What colour are your eyes?	Dropped
SRH	Would you say your health during the COVID-19 pandemic was...	No Change
SRMH	What about your emotional or mental health during the COVID-19 pande	No Change
Satisfied	Overall, how satisfied are you with your life nowadays?	No Change
Lone1	How often do you feel you lack companionship?	No Change
Lone2	How often do you feel left out?	No Change
Lone3	How often do you feel isolated from others?	No Change
Lone4	How often do you feel in tune with the people around you?	No Change
Lone5	How often do you feel lonely?	No Change
CESD1	I felt depressed	No Change
CESD2	I felt that everything I did was an effort	No Change
CESD3	My sleep was restless	No Change
CESD4	I was happy	No Change
CESD5	I felt lonely	No Change
CESD6	I enjoyed life	No Change
CESD7	I felt sad	No Change
CESD8	I could not get going	No Change
CASP1	My age prevents me from doing the things I would like to	No Change
CASP2	I feel that what happens to me is out of my control	No Change
CASP3	I feel free to plan for the future	No Change
CASP4	I feel left out of things	No Change
CASP7	I feel that I can please myself in what I can do	No Change
CASP8	My health stops me from doing the things I want to do	No Change
CASP9	Shortage of money stops me from doing the things that I want to do	No Change
CASP10	I look forward to each day	No Change
CASP11	I feel that my life has meaning	No Change
CASP13	I enjoy being in the company of others	No Change
CASP17	I feel satisfied with the way my life has turned out	No Change
CASP18	I feel that life is full of opportunities	No Change
Purpose1	I enjoy making plans for the future and working to make them a reality	No Change
Purpose2	My daily activities often seem trivial and unimportant to me	No Change

Purpose3	I am an active person in carrying out the plans I set for myself	No Change
Purpose4	I don't have a good sense of what it is I'm trying to accomplish in life	No Change
Purpose5	I sometimes feel as if I've done all there is to do in life	No Change
Purpose6	I live life one day at a time and don't really think about the future	No Change
Purpose7	I have a sense of direction and purpose in my life	No Change
PSS1	How often have you felt that you were unable to control the important things in your life?	No Change
PSS2	How often have you felt confident about your ability to handle your personal problems?	No Change
PSS3	How often have you felt that things were going your way?	No Change
PSS4	How often have you felt difficulties were piling up so high that you could not overcome them?	No Change
Anxiety1	Feeling nervous, anxious or on edge	No Change
Anxiety2	Not being able to stop or control worrying	No Change
Anxiety3	Worrying too much about different things	No Change
Anxiety4	Trouble relaxing	No Change
Anxiety5	Being so restless that it is hard to sit still	No Change
Anxiety6	Becoming easily annoyed or irritable	No Change
Anxiety7	Feeling afraid as if something awful might happen	No Change
SleepHours	Approximately how many hours do you sleep on a week night	No Change
SleepTrouble	How often do you have trouble falling asleep	No Change
SleepWaking	How often do you have trouble with waking up too early and not being able to go back to sleep?	No Change
RelChildren	Has the quality of any of your relationships with people outside your household changed?	No Change
RelGrandChildren	Has the quality of any of your relationships with people outside your household changed?	No Change
RelOther	Has the quality of any of your relationships with people outside your household changed?	No Change
RelFriends	Has the quality of any of your relationships with people outside your household changed?	No Change
RelNeigh	Has the quality of any of your relationships with people outside your household changed?	No Change
Work	Was your work affected because of the COVID-19 pandemic?	No Change
WorkChange	If employed or self-employed, how was your work affected: Had to change your work schedule?	No Change
WorkInDeC	Did the total amount of work increase or decrease?	No Change
WorkDanger	If employed or self-employed, how was your work affected: Work became more dangerous?	No Change
WorkHarder	If employed or self-employed, how was your work affected: Work became harder?	No Change
WorkRemote	If employed or self-employed, how was your work affected: Switched to working remotely?	No Change
WorkOther	If employed or self-employed, how was your work affected: Other, specify	Dropped
JobLost	If employed or self-employed, did you lose your job, were you furloughed, or laid off?	Dropped
JobOther	If employed or self-employed, did you lose your job, were you furloughed, or laid off?	Dropped
CovidPayment	Are you in receipt of the COVID-19 pandemic unemployment payment of at least £100 per week?	No Change
IncomeChange	Are you in receipt of the COVID-19 pandemic unemployment payment of at least £100 per week?	No Change
IncomeWork	Which types of income changed: Earnings from work	No Change
IncomeBusiness	Which types of income changed: Income from business	No Change
IncomeAssets	Which types of income changed: Income from retirement plan or other assets	No Change
IncomeRent	Which types of income changed: Rental Income	No Change
IncomeOther	Which types of income changed: Other, specify	Dropped
HouseholdIncome	Has your household spending gone up or down or stayed about the same?	No Change
MissedRent	Did you experience any of the following: Missed any regular payments on rent?	No Change
MissedDebt	Did you experience any of the following: Missed any regular payments on credit cards?	No Change
MissedInsur	Did you experience any of the following: Missed any other regular payments?	No Change
MissedMedBills	Did you experience any of the following: Could not pay medical bills?	No Change
MissedFood	Did you experience any of the following: Did not have enough money to buy food?	No Change
MissedNA	Did you experience any of the following: Not applicable	No Change
Savings	Did you need to dip into your savings to cover the necessary day-to-day expenses?	No Change
CurrFinance	Overall, how do you feel your current financial situation compares to before the COVID-19 pandemic?	No Change
FutureFinance	How strongly do you agree or disagree with the following statement: 'I am worried about my financial future'?	No Change
CurrCare	Did you look after anyone during the COVID-19 pandemic (including your partner or spouse)?	No Change
CareSpouse	What relation is this person or people to you?: Spouse or Partner	No Change
CareChild	What relation is this person or people to you?: Child	No Change
CareGrandchild	What relation is this person or people to you?: Grandchild	No Change
CareRel	What relation is this person or people to you?: Other relative	No Change
CareFriend	What relation is this person or people to you?: Friend or neighbour	No Change
CareOther	What relation is this person or people to you?: Other	No Change
CareOtherSpec	What relation is this person or people to you?: Other, specify	Dropped
CareHours	On average, how many hours a week did you do this?	No Change
StateHomeHelp	Did you continue to receive any of the following state services: Home help	No Change

StateCarer	Did you continue to receive any of the following state services: Personal ca	No Change
StateMeals	Did you continue to receive any of the following state services: Meals-on-v	No Change
StateHomeCare	Did you continue to receive any of the following state services: Home Care	No Change
StateNone	Did you receive any of the following state services: None of these	No Change
StateHomeHelpCont	StateHomeHelpCont	Recorded
StateCarerCont	StateCarerCont	Recorded
StateMealsCont	StateMealsCont	Recorded
StateHomeCareCont	StateHomeCareCont	Recorded
HelpBills	Has anyone from outside your home helped you with any of the following?	No Change
HelpMeds	Has anyone from outside your home helped you with any of the following?	No Change
HelpRent	Has anyone from outside your home helped you with any of the following?	No Change
HelpTransport	Has anyone from outside your home helped you with any of the following?	No Change
HelpShopping	Has anyone from outside your home helped you with any of the following?	No Change
HelpChores	Has anyone from outside your home helped you with any of the following?	No Change
HelpWellbeing	Has anyone from outside your home helped you with any of the following?	No Change
HelpSpec	Has anyone from outside your home helped you with any of the following?	Dropped
HelpOtherBills	Have you helped anyone from outside your household with any of the follc	No Change
HelpOtherMeds	have you helped anyone from outside your household with any of the follc	No Change
HelpOtherRent	Have you helped anyone from outside your household with any of the follc	No Change
HelpOtherTransport	Have you helped anyone from outside your household with any of the follc	No Change
HelpOtherShopping	Have you helped anyone from outside your household with any of the follc	No Change
HelpOtherChores	Have you helped anyone from outside your household with any of the follc	No Change
HelpOtherWellbeing	Have you helped anyone from outside your household with any of the follc	No Change
HelpOtherCommunity	Have you helped anyone from outside your household with any of the follc	No Change
MedicalAtn	Since the outbreak of the COVID-19 pandemic in March 2020, was there ar	No Change
MedAfford	Why did you delay or not get that care?: I could not afford it	Dropped
MedApt	Why did you delay or not get that care?: I could not get an appointment	No Change
MedCancel	Why did you delay or not get that care?: The clinic / hospital / doctor's offi	No Change
MedResch	Why did you delay or not get that care?: The clinic / hospital / doctor's offi	No Change
MedWait	Why did you delay or not get that care?: I decided it could wait	No Change
MedAfraid	Why did you delay or not get that care?: I was afraid to go	No Change
MedOther	Why did you delay or not get that care?: Other, please specify	Dropped
DelaySurgeryMajor	What type(s) of care or health services did you delay?: Major Surgery (requ	No Change
DelayPubHealth	What type(s) of care or health services did you delay?: Public health or Cor	No Change
DelaySurgeryMinor	What type(s) of care or health services did you delay?: Minor surgery as an	No Change
DelayOT	What type(s) of care or health services did you delay?: Occupational theraj	No Change
DelayGP	What type(s) of care or health services did you delay?: Seeing your Genera	No Change
DelayPhysio	What type(s) of care or health services did you delay?: Physiotherapy servi	No Change
DelayScript	What type(s) of care or health services did you delay?: Getting a prescripti	No Change
DelayCounsel	What type(s) of care or health services did you delay?: Psychological/coun:	No Change
DelayMeds	What type(s) of care or health services did you delay?: Getting medication:	No Change
DelayHearing	What type(s) of care or health services did you delay?: Hearing services	No Change
DelayDental	What type(s) of care or health services did you delay?: Dental care	No Change
DelayRespite	What type(s) of care or health services did you delay?: Respite Services	No Change
DelayOptician	What type(s) of care or health services did you delay?: Optician	No Change
DelayOther	What type(s) of care or health services did you delay?: Other	No Change
OnlineGP	What type(s) of care or health services did you delay?: General Practitione	No Change
OnlinePharmacist	What type(s) of care or health services did you delay?: Pharmacist	No Change
OnlineDoc	What type(s) of care or health services did you delay?: Hospital doctor	No Change
OnlineOther	Did you avail of a telephone or online appointment from any of the followi	No Change
OnlineOtherSpec	Did you avail of a telephone or online appointment from any of the followi	Dropped
BuySoap	Was there any time when you wanted to purchase any of the following but	No Change
BuySanitizer	Was there any time when you wanted to purchase any of the following but	No Change
BuyMask	Was there any time when you wanted to purchase any of the following but	No Change
BuyGloves	Was there any time when you wanted to purchase any of the following but	No Change
BuySoapReason	If unable to purchase, what was the reason: Soap	No Change
BuySanitizerReason	If unable to purchase, what was the reason: Hand sanitiser	No Change
BuyMaskReason	If unable to purchase, what was the reason: Protective face mask	No Change
BuyGlovesReason	If unable to purchase, what was the reason: Protective gloves	No Change
PrescribedMeds	Have you started or stopped taking any prescribed medications?	No Change

PrescribedMedsStop	If you did start or stop taking a prescribed medication, what was the reason?	No Change
SuppMultiVitamin	Have you started taking any health supplements?: Multi-vitamin	No Change
SuppZinc	Have you started taking any health supplements?: Zinc	No Change
SuppVitaminC	Have you started taking any health supplements?: Vitamin C	No Change
SuppIron	Have you started taking any health supplements?: Iron	No Change
SuppVitD	Have you started taking any health supplements?: Vitamin D	No Change
SuppFolicAcid	Have you started taking any health supplements?: Folic Acid	No Change
SuppFishOil	Have you started taking any health supplements?: Fish oil	No Change
SuppVitBSpec	Have you started taking any health supplements?: Any B Vitamins, specify	Recorded
SuppOtherSpec	Have you started taking any health supplements?: Other, specify	Recorded
NewsFreq	On an average day, how often did you read, watch, or listen to news on COVID-19?	No Change
NewFreqNo	About how many times?	No Change
NewsRadio	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsFacebook	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsLocalRadio	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsIreTV	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsTwitter	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsWhatsapp	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsOthTV	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsGov	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsHSE	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewsIrePapers	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
NewslocalPapers	Which of the following sources of COVID-19 news did you listen to, read, or watch?	No Change
TrustRadio	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustLocalRadio	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustIreTV	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustOthTV	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustIrePapers	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustLocalPapers	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustFacebook	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustWhatsapp	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustGov	Please rate your level of trust in the following media and social media on Ireland.	No Change
TrustHSE	Please rate your level of trust in the following media and social media on Ireland.	No Change
GovGuidance	Do you find the official Irish government guidance on COVID-19 easy to understand?	No Change
CovidKnowledge	How would you rate your knowledge about COVID-19?	No Change
AgePublic	How do you feel about the way people aged 70 and over have been treated?	No Change
AgeShops	How do you feel about the way people aged 70 and over have been treated?	No Change
AgeCommunity	How do you feel about the way people aged 70 and over have been treated?	No Change
NegFamily	Have you personally experienced negative attitudes or behaviour towards older people?	No Change
NegCommunity	Have you personally experienced negative attitudes or behaviour towards older people?	No Change
NegYouth	Have you personally experienced negative attitudes or behaviour towards older people?	No Change
NegHealthProf	Have you personally experienced negative attitudes or behaviour towards older people?	No Change
NegFinance	Have you personally experienced negative attitudes or behaviour towards older people?	No Change
NegSocialCare	Have you personally experienced negative attitudes or behaviour towards older people?	No Change
NegOthOlder	Have you personally experienced negative attitudes or behaviour towards older people?	No Change
NegShops	Have you personally experienced negative attitudes or behaviour towards older people?	No Change
Cocooning	Do you agree with the government's decision to ask all adults aged 70 and over to stay at home?	No Change
CovidConcern	Overall, on a scale from 1 to 10, how concerned are you about the COVID-19 situation?	No Change
SelfBreath	Symptoms experienced by YOU: Shortness of breath	No Change
SelfCough	Symptoms experienced by YOU: Cough	No Change
SelfFever	Symptoms experienced by YOU: Fever	No Change
SelfThroat	Symptoms experienced by YOU: Sore throat	No Change
SelfDiarrhoea	Symptoms experienced by YOU: Diarrhoea	No Change
SelfSenses	Symptoms experienced by YOU: Loss of sense of smell or taste	No Change
SelfVomit	Symptoms experienced by YOU: Nausea or vomiting	No Change
SelfPain	Symptoms experienced by YOU: Muscle or joint pain	No Change
SelfNone	Symptoms experienced by YOU: None of these	No Change
OtherBreath	Symptoms experienced by someone close to YOU: Shortness of breath	No Change
OtherCough	Symptoms experienced by someone close to YOU: Cough	No Change
OtherFever	Symptoms experienced by someone close to YOU: Fever	No Change

OtherThroat	Symptoms experienced by someone close to YOU: Sore throat	No Change
OtherDiarrhoea	Symptoms experienced by someone close to YOU: Diarrhoea	No Change
OtherSenses	Symptoms experienced by someone close to YOU: Loss of sense of smell or	No Change
OtherVomit	Symptoms experienced by someone close to YOU: Nausea or vomiting	No Change
OtherPain	Symptoms experienced by someone close to YOU: Muscle or joint pain	No Change
OtherNone	Symptoms experienced by someone close to YOU: None of these	No Change
SelfCovid	Do you think that you have or have had COVID-19?	Dropped
CovidHosp	If you were diagnosed with COVID-19, were you admitted to a hospital bec	Dropped
CovidHospMonth	If yes, when was that?: Month	Dropped
CovidHospDay	If yes, when was that?: Day	Dropped
CovidHospNights	How many nights did you spend in hospital	Dropped
CovidOxygen	Were you on oxygen to help you breath while you were in hospital?	Dropped
CovidSpouse	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidChild	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidFriend	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidParent	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidGrandchildren	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidCarer	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidSibling	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidRelative	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidOther	Has anyone in your household other than yourself been diagnosed with C-	Dropped
CovidContact	Have you been in close contact with anyone with COVID-19?	Dropped
CovidLoss	Tragically, many people have already lost loved ones due to COVID-19. Has	No Change
CovidDiedSpouse	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
CovidDiedChild	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
CovidDiedFriend	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
CovidDiedParent	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
CovidDiedGrandchild	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
CovidDiedCarer	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
CovidDiedSibling	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
CovidDiedRelative	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
CovidDiedOther	If sadly, someone you know has died with COVID-19, what was their relatic	Dropped
Notes1	Notes1	Dropped
Notes2	Notes2	Dropped