Los Angeles Sheltered Data Code Book: 2016

CODE BOOK FORMAT

|  |  |  |
| --- | --- | --- |
| Variable Name | Description | Levels: If variables have been coded numerically, you will see the number on the left followed by an equals sign followed by the definition |

AGE

|  |  |  |
| --- | --- | --- |
| Age | Age of the individual at the time of the survey. | Raw data input (in years) |
| Birth\_Year | Year the individual was born. | Raw data input |

APPLICATION ID

|  |  |  |
| --- | --- | --- |
| Application\_ID | Application ID | Raw data input |

SEX/GENDER/ORIENTATION

|  |  |  |
| --- | --- | --- |
| Gender | Answer to: What is your gender identity? | Male;  Female;  Transgender;  Unknown; |

ETHNICITY/RACE

|  |  |  |
| --- | --- | --- |
| Ethnicity | What is the individual’s ethnicity? | European American;  African American;  Latino;  Other Ethnicity;  Unknown |
| Race\_full | What is the individual’s race | Raw data input |
| Race\_Recode | Recode of race by Economic Roundtable | European American;  African American;  Other Ethnicity;  Unknown |

VETERAN

|  |  |  |
| --- | --- | --- |
| Veteran | Answer to: Have you ever served in U.S military? | 0 = No  1 = Yes  2 = Unknown |

CHRONIC HOMELESSNESS

Note: An individual is considered chronically homeless if they have been homeless for at least a year continuously or they have had 4 episodes in the last three years that total to 1 year AND they have a disabling condition.

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| --- | --- | --- |
| Chronic\_Time | Does the individual meet the HUD requirement for time? | 0 = No  1 = Yes  2 = Unknown |
| Chronic\_Condition | Does the individual have a long-term disabling condition? | 0 = No  1 = Yes  2 = Unknown |
| Chronic | Is the individual chronically homeless? | 0 = No  1 = Yes  2 = Unknown |

LIVING WITH CHILDREN/FAMILY STRUCTURE

|  |  |  |
| --- | --- | --- |
| Adult\_With\_Child | Answer to: Are you living with your child or the child of someone you are traveling with AND is this child under 18? | 0 = No/Unknown  1 = Yes |
| Family\_Structure | What is the family structure of the individual? | Adults Without Children;  Single Parent;  Two Parents;  Unaccompanied |
| Relation\_To\_HOH | What is the individual’s relationship to the head of household? | Self;  Spouse/Partner;  Child;  Other;  Unknown |
| Pregnant | Is the individual pregnant? | 0 = No  1 = Yes |

TIME HOMELESS/MOVEMENT IN AND OUT OF HOMELESSNESS

Note: The wording on the question connected to the Times\_Homeless\_3yrs variable is somewhat confusing and there are contradictory values between Current\_Stint\_Duration and Total\_Months\_Homeless\_3yrs.

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| --- | --- | --- |
| Current\_Stint\_Duration | Answer to: How long have you been homeless THIS TIME? | 12+months;  Less than 12 months- unspecified;  Unknown |
| Times\_Homeless\_3yrs | Answer to: In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? (Number of times the client has been on the streets, in ES, or SH in the past three year including today) | 1 Time;  2 to 3 Times;  4 or More Times;  Unknown |
| Total\_Months\_Homeless\_3yrs | Total number of months homeless on the street, in emergency shelter, or safe haven in the past three years? | Up to 1 Month;  1-3 Months;  4-11 Months;  12+ Months |
| SPA | The service planning area that the survey took place in. | Raw data input from interviewer |
| Census\_Tract | The census tract that the survey took place in. | Raw data input from interviewer |

LIVING SITUATION

|  |  |  |
| --- | --- | --- |
| Prior\_Living\_Situation | Answer to: What was the situation you were living in immediately prior to project entry? | Raw input |
| Prior\_Living\_Situation\_Duration | How long was the individual staying in their previous living situation? | One night or less;  Two to six nights;  One week or more, but less than one month;  1-3 months;  4-11 months;  12+ months; Unknown |

HISTORY OF PHYSICAL/SEXUAL ABUSE

|  |  |  |
| --- | --- | --- |
| Physical\_Sexual\_Abuse | Answer to: Have you been a victim of domestic violence or a victim of intimate partner violence? | 0 = No  1 = Yes  2 = Unknown |
| Flight\_From\_Violence | Answer to: Are you currently fleeing violence? | 0 = No  1 = Yes  2 = Unknown |

DISABILITIES/ILLNESS

Note: Across surveys, individuals are asked in a variety of different ways whether or not they have certain disabilities. Some years it asked whether the person is currently experiencing the effects of a certain disability or illness while other years it asked if they have had any experiences in their lifetime. I have tried to highlight these distinctions in the variable names and descriptions.

|  |  |  |
| --- | --- | --- |
| Physical\_Disability | Answer to: Do you have a physical disability? | 0 = No  1 = Yes  2 = Unknown |
| Alcohol\_Abuse | Answer to: Do you currently have a drug problem? | 0 = No/Unknown  1 = Yes |
| Drug\_Abuse | Answer to: Do you currently have an alcohol problem? | 0 = No/Unknown  1 = Yes |
| Mental\_Illness | Answer to: Do you feel you currently have a mental health problem? | 0 = No  1 = Yes  2 = Unknown |
| Developmental\_Disability | Answer to: Have you ever been told you have a learning disability or developmental disability? | 0 = No  1 = Yes  2 = Unknown |
| HIV\_Positive | Individual is HIV positive | 0 = No  1 = Yes  2 = Unknown |

EMPLOYMENT STATUS

|  |  |  |
| --- | --- | --- |
| Full\_Time | Individual works full time | 0 = No/Unknown  1 = Yes |
| Part\_Time | Individual works part time | 0 = No/Unknown  1 = Yes |
| Unemployed\_Looking | Individual is unemployed, but looking for work | 0 = No/Unknown  1 = Yes |
| Unemployed\_Not\_Looking | Individual is unemployed and not looking for work | 0 = No/Unknown  1 = Yes |

SHELTER INFO

|  |  |  |
| --- | --- | --- |
| Program\_Type | Type of program the individual is enrolling in. | Emergency Shelter;  Transtional Housing;  Safe Haven;  Coordinated Assessment;  Unknown |