Parent Participant ID FY 26-27		Parent Race/Ethnicity FY 26-27						
Unique Identifier for Parent/Caregiver Participating (Do not include names or identifiable information)	**Household ID**	**American Indian or Alaskan Native**	**Asian**	**Black/African American**	**Hispanic/Latino**	**Middle Eastern/North African**	**Hawaiian or Pacific Islander**	**White**
parent_id_2627.unique	parent_id_2627.househ	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race
Data Entry Type: Unique ID per parent/caregiver. **Please do not use the parent's name, birthdate, or other private information as the ID.**	All participants should have a household id. If participants are part of the same family or household they should have the same household id. Participants do not have to live at the same address to be considered part of the same family or household. For example: A parent brings a child to a session and then on another date an elder relative brings the same child. They can all be counted as part of the same family or household. This is necessary for FY 26-27, it was optional for FY 25-26.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.

			Parent Location		Parent's Children	Parent Requires	Parent Recruitment FY 26-27	
Other Race/Ethnicity	**Other Race/Ethnicity Text Box**	**I Prefer Not to Respond**	**Zip Code**	**County**	**How many children age 5 and under is the participant parenting?**	**Did the Participant Require Interpretation Services Participate?**	**How did the participant learn about this program?**	**Recruitment Other Text**
parent_race_2627.other	parent_race_2627.other	parent_race_2627.race	parentlocationshared.zi	parentlocationshared.co	parent_child_shared.pa	parentinterpretshare.int	parent_recruit_2627.rec	parent_recruit_2627.rec
Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity and would like to provide additional clarity for their background.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver. This is the appropriate selection when a participant has selected- I Prefer not to Respond.	Data Entry Type: 5 Digit Zip Code Enter the zip code of the participant's home address.	Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	Data Entry Type: Whole Number, Max Value = 20 How many children age 5 and under is the participant parenting?	Data Entry Type: Drop Down, Yes|No Yes indicates that the Participant required an interpreter or bilingual staff to participate in programming. This could be for ASL, Spanish, or any language other than English. No, indicates that the participant has sufficient comfort and fluency to receive programming verbally in spoken English.	Data Entry Type: Word of mouth| Social Media| Referral from Community Partner| Traditional Media| Outreach Event| Child Care Center| Flyer| Website|Other: text input for description in the next field. Select only one. Traditional Media typically includes TV, Radio, Newspaper.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.

Dosage & Delivery				For Level 5 Enhanced		DASS-21-Pre (If Applicable)		
Number of Sessions attended with this Group	**Indicate the delivery mode of sessions.**	**Did the parent participant complete the program?**	**Date of Last Intervention Meeting**	**Date of Last Intervention Meeting**	**Intervention Level**	**DASS-21 Pre Q1: I found it hard to wind down.**	**DASS-21 Pre Q2: I was aware of dryness of my mouth.**	**DASS-21 Pre Q3: I couldn't seem to experience any positive feeling at all.**
dosage.number_of_ses	dosage.indicate_the_de	dosage.did_the_parent	dosage.date_of_last_in	for_level_5_enhanced.c	for_level_5_enhanced.i	dass21pre.dass21_pre_	dass21pre.dass21_pre_	dass21pre.dass21_pre_
Data Entry Type: Whole Number, Max Value = 10 Please count the number of sessions attended only with this Group. Parent can attend multiple Groups, if they have more than one child, please try to keep their Unique ID the same.	Data Entry Type: Dropdown, 1= Only Virtual|2= Only In-Person|3= Hybrid (a mix of in-person and virtual sessions) Please specify the delivery mode the participant received during this FY.	Data type: Drop Down, Yes|No	Data Type: date, mm/dd/yyyy		text			

DASS-21 Pre Q4: I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness) in the absence of physical exertion.	DASS-21 Pre Q5: I found it difficult to work up the initiative to do things.	DASS-21 Pre Q6: I tended to over-react to situations.	DASS-21 Pre Q7: I experienced trembling (e.g. in the hands)	DASS-21 Pre Q8: I felt that I was using a lot of nervous energy.	DASS-21 Pre Q9: I was worried about situations in which I might panic and make a fool of myself.	DASS-21 Pre Q10: I felt that I had nothing to look forward to.	DASS-21 Pre Q11: I found myself getting agitated.	DASS-21 Pre Q12: I found it difficult to relax.
dass21pre.dass21_pre_	dass21pre.dass21_pre_	dass21pre.dass21_pre_	dass21pre.dass21_pre_	dass21pre.dass21_pre_	dass21pre.dass21_pre_	dass21pre.dass21_pre_	dass21pre.dass21_pre_	dass21pre.dass21_pre_

DASS-21 Pre Q13: I felt down-hearted and blue.	DASS-21 Pre Q14: I was intolerant of anything that kept me from getting on with what I was doing.	DASS-21 Pre Q15: I felt I was close to panic.	DASS-21 Pre Q16: I felt unable to become enthusiastic about anything.	DASS-21 Pre Q17: I felt I wasn't worth much as a person.	DASS-21 Pre Q18: I felt that I was rather touchy.	DASS-21 Pre Q19: I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat).	DASS-21 Pre Q20: I felt scared without any good reason.	DASS-21 Pre Q21: I felt that life was meaningless.
dass21pre.dass21_pre	dass21pre.dass21_pre	dass21pre.dass21_pre	dass21pre.dass21_pre	dass21pre.dass21_pre	dass21pre.dass21_pre	dass21pre.dass21_pre	dass21pre.dass21_pre	dass21pre.dass21_pre

DASS-21 - Post (If Applicable)								
DASS-21 Post Q1: I found it hard to wind down.	**DASS-21 Post Q2: I was aware of dryness of my mouth.**	**DASS-21 Post Q3: I couldn't seem to experience any positive feeling at all.**	**DASS-21 Post Q4: I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness) in the absence of physical exertion.**	**DASS-21 Post Q5: I found it difficult to work up the initiative to do things.**	**DASS-21 Post Q6: I tended to over-react to situations.**	**DASS-21 Post Q7: I experienced trembling (e.g. in the hands)**	**DASS-21 Post Q8: I felt that I was using a lot of nervous energy.**	**DASS-21 Post Q9: I was worried about situations in which I might panic and make a fool of myself.**
dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p

DASS-21 Post Q10: I felt that I had nothing to look forward to.	DASS-21 Post Q11: I found myself getting agitated.	DASS-21 Post Q12: I found it difficult to relax.	DASS-21 Post Q13: I felt down-hearted and blue.	DASS-21 Post Q14: I was intolerant of anything that kept me from getting on with what I was doing.	DASS-21 Post Q15: I felt I was close to panic.	DASS-21 Post Q16: I felt unable to become enthusiastic about anything.	DASS-21 Post Q17: I felt I wasn't worth much as a person.	DASS-21 Post Q18: I felt that I was rather touchy.
dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p

			Relationship Quality Index - Pre (If Applicable)					
DASS-21 Post Q19: I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat).	**DASS-21 Post Q20: I felt scared without any good reason.**	**DASS-21 Post Q21: I felt that life was meaningless.**	**RQI Pre 1: We have a good relationship**	**RQI Pre 2: My relationship with my partner is very stable**	**RQI Pre 3: My relationship with my partner is strong**	**RQI Pre 4: My relationship with my partner makes me happy**	**RQI Pre 5: I really feel like part of a team with my partner**	**RQI Pre 6: All things considered, what degree of happiness best describes your relationship?**
dass21_post.dass21_p	dass21_post.dass21_p	dass21_post.dass21_p	relationship_qual_pr.rqi	relationship_qual_pr.rqi	relationship_qual_pr.rqi	relationship_qual_pr.rqi	relationship_qual_pr.rqi	relationship_qual_pr.rqi

Relationship Quality Index - Post (If Applicable)						Client Satisfaction Questionnaire		
RQI Post 1: We have a good relationship	**RQI Post 2: My relationship with my partner is very stable**	**RQI Post 3: My relationship with my partner is strong**	**RQI Post 4: My relationship with my partner makes me happy**	**RQI Post 5: I really feel like part of a team with my partner**	**RQI Post 6: All things considered, what degree of happiness best describes your relationship?**	**CSQ 1 How would you rate the quality of the service you and your child received?**	**CSQ 2 Did you receive the type of help you wanted from the program?**	**CSQ 3 To what extent has the program met your child's needs?**
relationship_qual_po.rq	relationship_qual_po.rq	relationship_qual_po.rq	relationship_qual_po.rq	relationship_qual_po.rq	relationship_qual_po.rq	csq_brief_2.how_would	csq_brief_2.did_you_re	csq_brief_2.to_what_ex
						Data Type: Whole Number 1-7 7= Excellent and 1= Poor	Data Type: Whole Number 1-7 7= Yes, Definitely and 1= No, Definitely Not	Data Type: Whole Number 1-7 7= Almost all needs have been met and 1= No needs have been met

CSQ 4 To what extent has the program met your needs?	CSQ 5 How satisfied were you with the amount of help you and your child received?	CSQ 6 Has the program helped you to deal more effectively with your child's behaviour?	CSQ 7 Has the program helped you to deal more effectively with problems that arise in your family?	CSQ 8 Do you think your relationship with your partner has been improved by the program?	CSQ 9 In an overall sense, how satisfied are you with the program you and your child received?	CSQ 10 If you were to seek help again, would you come back to Triple P?	CSQ 11 Has the program helped you to develop skills that can be applied to other family members?	CSQ 12 In your opinion, how is your child's behaviour at this point?
csq_brief_2.to_what_ex	csq_brief_2.how_satisfi	csq_brief_2.has_the_pr	csq_brief_2.program_h	csq_brief_2.relationship	csq_brief_2.satisfied_w	csq_brief_2.seek_help_	csq_brief_2.develop_sk	csq_brief_2.childs_beha
Data Type: Whole Number 1-7 7= Almost all needs have been met and 1= No needs have been met	Data Type: Whole Number 1-7 7= Quite Dissatisfied and 1= Very Satisfied	Data Type: Whole Number 1-7 7= Yes, it has helped a great deal and 1= No, it made things worse	Data Type: Whole Number 1-7 7= Yes, it has helped a great deal and 1= No, it made things worse	Data Type: Whole Number 1-7 7= Yes, definitely and 1= No, definitely not	Data Type: Whole Number 1-7 7= Very Satisfied and 1= Very Dissatisfied	Data Type: Whole Number 1-7 7= Yes, Definitely and 1= No, definitely not	Data Type: Whole Number 1-7 7= Yes, Definitely and 1= No, definitely not	Data Type: Whole Number 1-7 7= Greatly Improved and 1= Considerably Worse

				Notes (Optional)
CSQ 13 How would you describe your feelings at this point about your child's progress?	**CSQ 14 Since the beginning of this program, have you sought further assistance for your child's/teenager's behaviour or for your family from any other source? If so, please describe.**	**CSQ 15 Have you had any other problems with your child which you feel may be related to the original difficulty?**	**CSQ 16 Do you have any other comments about this program?**	**Optional Notes**
csq_brief_2.describe_y	csq_brief_2.csq_14_sin	csq_brief_2.csq_15_ha	csq_brief_2.csq_16_do	notes.optional_notes
Data Type: Whole Number 1-7 7= Very Satisfied and 1= Very Dissatisfied	Data Type: Text	Data type: text	Data type: Text	Data Entry Type: Text.