Parent Participan	nt ID	Parent Race/Ethnicity							
	Optional Household ID	American Indian or Alaskan Native	Asian	Black	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander	White	
nt_id	parent_id_shared.optional_hou sehold_id	ce_aian	ce_asian	ce_black	ce_hispanic	ce_mena	ce_hawaii	ce_white	
parent/caregiver.  Please do not use the parent's name,	If you are able to track a family or household members, please include a unique id for these purposes. This is optional for FY 25-26 and we hope to get everyone doing this during FY 26-27.		Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	

			Parent Location		Parent's Children	Parent Requires Interpretation	
Other Race/Ethnicity	Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	Zip Code	County	How many children age 5 and under is the participant parenting?	Did the Participant Require Interpretation Services Participate?	
ce_other	Data Entry Type: Text, Write-in text for those	parent_race_shared.ra ce_no_response Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	ip_code	parentlocationshared.c ounty Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	articipants_children	parentinterpretshare.interpretation 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.	

Parent Recruitment		Dosage & Deliver	У	Triple P Caregiver Satisfaction	
How did the participant learn about this program?	Recruitment Other Text	Number of Primary Care Visits on the current topic	Indicate the delivery mode of sessions.	Indicate the topic on which they have received support this time	Date of Most Recent Assessment
parentrecruit_shared.recruitment Data Entry Type: Drop Down, Word of mouth  Social Media  Referral from Community Partner  Traditional Media  Outreach Event  Other: text input for description in the next field. Select only one.	parentrecruit_shared.r ecruitment_other_text Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.	mary_care_visits_per Data Entry Type: Whole Number, Max Value = 4 Number of visits is just for this current topic,	dosage.indicate_the_delivery_mod e  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.	dosage.the_topic Data Type: text  Please make unique entries per topic on which the parent has received support using this model. Parents will repeat	triple_p_caregiver.date_of_most_recent assessment  Data Entry Type: Date, mm/dd/yyyy (month/day/year)  Date of Most Recent Assessment. Should be for this FY. Only report the most recent Parent Satisfaction Survey if more than one has been completed.

n Questionnaire						
1. How would you rate the quality of the Triple P parenting program you and your child received?	2. Has the Triple P parenting program helped you to deal more effectively with your child's behavior?	3. Has the Triple P parenting program helped you to deal more effectively with problems that arise in your family?	4. If you were to seek help again, would you come back to Triple P parenting program?	5. In your opinion, how is your child's behavior at this point?	Notes (Optional) Optional Notes	
d_you_rate_the_quality Data Entry Type: Number, Please indicate the number	triple_p_caregiver.2_has_the_triple_p_parenting_program Data Entry Type: Number, Please indicate the number that the participant selected on the 1-7 scale, with 1 being the most negative and 7 being the most positive.		triple_p_caregiver.4_if_you_wer e_to_seek_help_again Data Entry Type: Number, Please indicate the number that the participant selected on the 1-7 scale, with 1 being the most negative and 7 being the most positive.	_your_opinion Data Entry Type: Number, Please	notes.optional_notes Data Entry Type: Text.	