Parent Participant ID		Parent Race/Ethnicity						
Unique Identifier for Parent/Caregiver Participating	Optional Household ID	American Indian or Alaskan Native	Asian	Black	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander	White
parent_id_shared.parent_id	parent_id_shared.optional_household_id	parent_race_shared.race_aian	parent_race_shared.race_asian	parent_race_shared.race_black	parent_race_shared.race_hispanic	parent_race_shared.race_mena	parent_race_shared.race_hawaii	parent_race_shared.race_white
Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other private information as the ID.	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.	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 Interpret	Parent Recruitment	
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?	How did the participant learn about this program?	Recruitment Other Text
parent_race_shared.race_other	parent_race_shared.race_other_text	parent_race_shared.race_no_response	parentlocationshared.zip_code	parentlocationshared.county	parent_child_shared.participants_children	parentinterpretshare.interpretation	parentrecruit_shared.recruitment	parentrecruit_shared.recruitment_other_text
Data Entry Type: Drop Down, Yes or No 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.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	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, Min Value = 1, 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: 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.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.

Dosage & Delivery		Parent Satisfaction Survey						
Indicate the delivery mode of the seminar	Select the topic of the seminar	Date of Most Recent Assessment	How would you rate the quality of the discussion group?	Did you receive the type of help you wanted from the program?	To what extent has the program met your needs?	How satisfied were you with the amount of help you received?	Did you gain sufficient knowledge or information to be able to implement the parenting strategies introduced?	Do you intend to implement the parenting strategies introduced?
dosage.indicate_the_delivery_mode	dosage.the_topic_of_discussion_group	parent_satisfaction.date_of_most_recent_assessment	parent_satisfaction.how_you_rate_quality_of_discussion	parent_satisfaction.did_you_receive_help_you_wanted	parent_satisfaction.has_program_met_your_need	parent_satisfaction.satisfaction_with_help_received	parent_satisfaction.gained_knowledge_to_implement	parent_satisfaction.do_you_intend_to_implement_strategies
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, Please make unique entries per Discussion Group which the parent has attended. Parents will potentially attend up to 5 different groups	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 completed.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.

How satisfied were you with the content of the discussion group?	How satisfied were you with the format of the discussion group?	If you were to seek help again, would you come back to Triple P?	Has the program helped you to develop skills that can be applied to other family members?	Notes (Optional) Optional Notes
parent_satisfaction.satisfied_with_content_discussion_group	parent_satisfaction.how_satisfied_w_discussion_group	parent_satisfaction.would_you_come_back	parent_satisfaction.dev_skills_to_apply_other_family	notes.optional_notes
Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Number, Min Value = 1, Max Value = 7. 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.	Data Entry Type: Text.