FY25-26

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.

Other Race/Ethnicity	Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	Parent Location		Parent's Children	Parent Requires Interpretation	Parent Recruitment
			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?
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
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.

	Dosage & Delivery			Triple P Caregiver Satisfaction Questionnaire				
Recruitment Other Text	Number of Sessions attended with this Series	Indicate the delivery mode of sessions.	Did the parent participant complete the Series?	Date of Most Recent Assessment	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?
parentrecruit_shared.recruitment_other_text	dosage.number_of_sessions_attended	dosage.indicate_the_delivery_mode	dosage.did_the_parent_participant	triple_p_caregiver.date_of_most_recent_assessment	triple_p_caregiver.1_how_would_you_rate_the_quality	triple_p_caregiver.2_has_the_triple_p_parenting_program	triple_p_caregiver.3_has_the_triple_p_parenting_program	triple_p_caregiver.4_if_you_were_to_seek_help_again
Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.	Data Entry Type: Whole Number, Max Value = 10 Please count the number of sessions attended only with this Series only. Parent can attend multiple Series, 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 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.	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.	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.	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.	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.

5. In your opinion, how is your child's behavior at this point?	Parenting Scale Pretest					Parenting Scale Posttest		
	Date of Initial Pre-Assessment	Laxness Sum	Over-Reactivity Sum	Hostility Sum	No Factor Sum	Date of Most Recent Post Assessment	Laxness Sum	Over-Reactivity Sum
triple_p_caregiver.5_in_your_opinion	parenting_scale_pre.date_of_initial_preassessment	parenting_scale_pre.laxness_sum	parenting_scale_pre.overreactivity_sum	parenting_scale_pre.hostility_sum	parenting_scale_pre.no_factor_sum	parenting_scale_post.date_of_most_recent_post_assessment	parenting_scale_post.laxness_sum	parenting_scale_post.overreactivity_sum
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.	Data Entry Type: Date, mm/dd/yyyy (month/date/year) Date of FULL Pre assessment, maybe this FY or Previous FY	Data Entry Type: Number, Min Value 1, Max Value 7 Please indicate the number that the participant selected on the 1-7 scale.	Data Entry Type: Number, Min Value 1, Max Value 7 Please indicate the number that the participant selected on the 1-7 scale.	Data Entry Type: Number, Min Value 1, Max Value 7 Please indicate the number that the participant selected on the 1-7 scale.	Data Entry Type: Number, Min Value 1, Max Value 7 Please indicate the number that the participant selected on the 1-7 scale.	Data Entry Type: Date, mm/dd/yyyy (month/date/year) Date of Most Recent Post Assessment, should be for this FY.	Data Entry Type: Number, Min Value 1, Max Value 7 Please indicate the number that the participant selected on the 1-7 scale.	Data Entry Type: Number, Min Value 1, Max Value 7 Please indicate the number that the participant selected on the 1-7 scale.

	Notes (Optional)
Hostility Sum	**No Factor Sum**	**Optional Notes**
parenting_scale_post. hostility_sum	parenting_scale_post. no_factor_sum	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.	Data Entry Type: Number, Min Value 1, Max Value 7 Please indicate the number that the participant selected on the 1-7 scale.	Data Entry Type: Text.