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	
nt_id Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other	nal_household_id	parent_race_shared.ra ce_aian Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	parent_race_shared.ra ce_asian Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	ce_black	ce_hispanic	ce_mena	ce_hawaii	parent_race_share d.race_white Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	

	Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	Parent Location		Parent's Children	Parent Requires Interpreta	Parent Recruitment	
Other 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.ra ce_other Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	ce_other_text	Down, Yes or No for all Categories of Race/Ethnicity that may apply to a	ip_code	parentlocationshared.c ounty Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	articipants_children Data Entry Type: Whole Number, Min Value = 1, Max Value = 20 How many children		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.	

		Triple P Caregiv	Parenting Scale F					
# of Home visits received this FY	# of Home visits to date	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?	5. In your opinion, how is your child's behavior at this point?	Date of Initial Pre- Assessment
hv_dose_shared.hv_d osage_fy Data Entry Type:	dosage_to_date Data Entry Type:	triple_p_caregiver.d ate_of_most_recent _assessment Data Entry Type:	how_would_you_rate _the_quality Data Entry Type:	ing_program Data Entry Type:	triple_p_caregiver.3_h as_the_triple_p_parent ing_program Data Entry Type:	elp_again Data Entry Type:	_your_opinion Data Entry Type:	parenting_scale_pre.d ate_of_initial_preasses sment Data Entry Type: Date,
Whole Number, Max Value = 52 How many home visits has this participant received during the current fiscal year? Will be whole numbers between 0-52.	visits has this participant received overall? Includes this FY and any previous FYs in	(month/day/year) Date of Most Recent Assessment. Should be for this FY. Only	scale, with 1 being the most negative and 7 being the most positive.	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.	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.	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.	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.	mm/dd/yyyy (month/date/year) Date of FULL Pre assessment, maybe this FY or Previous FY

Pretest				Parenting Scale	Notes (Optional)				
Laxness Sum	Over-Reactivity Sum	Hostility Sum	No Factor Sum	Date of Most Recent Post Assessment	Laxness Sum	Over-Reactivity Sum	Hostility Sum	No Factor Sum	Optional Notes
xness_sum Data Entry Type:	parenting_scale_pre.o verreactivity_sum Data Entry Type:	ostility_sum Data Entry Type:	parenting_scale_pre.n o_factor_sum Data Entry Type:	nt_post_assessment Data Entry Type:	parenting_scale_po st.laxness_sum Data Entry Type:	um Data Entry Type:	t.hostility_sum Data Entry Type:	st.no_factor_sum Data Entry Type:	notes.optional_notes Data Entry Type: Text.
Number, Min Value 1, Max Value 7 Please indicate the number that the	Number, Min Value 1, Max Value 7 Please indicate the number that the	Number, Min Value 1, Max Value 7 Please indicate the number that the	Number, Min Value 1, Max Value 7 Please indicate the number that the	Date, mm/dd/yyyy (month/date/year) Date of Most Recent Post Assessment,	1, Max Value 7 Please indicate the number that the	1, Max Value 7 Please indicate the number that the	Number, Min Value 1, Max Value 7 Please indicate the number that the	Number, Min Value 1, Max Value 7 Please indicate the number that the	
participant selected on the 1-7 scale.	participant selected on the 1-7 scale.	participant selected on the 1-7 scale.	participant selected on the 1-7 scale.	should be for this FY.	participant selected on the 1-7 scale.	participant selected on the 1-7 scale.	participant selected on the 1-7 scale.	participant selected on the 1-7 scale.	