Parent Participant ID FY 26-27		Parent Race/Ethnicity FY 26-27							
Unique Identifier for Parent/Caregiver Participating	**Household ID**	**American Indian or Alaskan Native**	**Asian**	**Black/African American**	**Hispanic/Latino**	**Middle Eastern/North African**	**Hawaiian or Pacific Islander**	**White**	**Other Race/Ethnicity**
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	parent_race_2627.othe
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.	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		Dosage & Deliver
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**	**Indicate the delivery mode of the group**
parent_race_2627.othe	parent_race_2627.race	parentlocationshared.zi	parentlocationshared.c	parent_child_shared.pa	parentinterpretshare.int	parent_recruit_2627.rec	parent_recruit_2627.rec	dosage.indicate_the_de
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.	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.

y	DG Satisfaction Questionnaire							
Select the topic of the discussion group	**Date of Last Attendance for L3 Discussion Group**	**DGSQ: 1. How would you rate the quality of the discussion group?**	**DGSQ: 2. Did you receive the type of help you wanted from the program?**	**DGSQ: 3. To what extent has the program met your needs?**	**DGSQ: 4. How satisfied were you with the amount of help you received?**	**DGSQ: 5. Did you gain sufficient knowledge or information to be able to implement the parenting strategies introduced?**	**DGSQ: 6. Do you intend to implement the parenting strategies introduced?**	**DGSQ: 7. How satisfied were you with the content of the discussion group?**
dosage.the_topic_of_di	parent_satisfaction.date	parent_satisfaction.how	parent_satisfaction.did_	parent_satisfaction.has	parent_satisfaction.sati	parent_satisfaction.gair	parent_satisfaction.do_	parent_satisfaction.sati
Data Type: Drop down, Developing Good Bedtime Routines| Hassle-Free Mealtimes with Children| Managing Fighting and Aggression| Hassle-Free Shopping with Children| Dealing with Disobedience 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.	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.	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.

				Notes (Optional)
DGSQ: 8. How satisfied were you with the format of the discussion group?	**DGSQ: 9. If you were to seek help again, would you come back to Triple P?**	**DGSQ: 10. Has the program helped you to develop skills that can be applied to other family members?**	**DGSQ: 11. Do you have any other comments about this program?**	**Optional Notes**
parent_satisfaction.how	parent_satisfaction.wou	parent_satisfaction.dev	parent_satisfaction.dgs	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 type: text	Data Entry Type: Text.