Parent Location		Parent's Children	Parent Requires	Dosage & Delivery			
Zip Code	**County**	**How many children age 5 and under is the participant parenting?**	**Did the Participant Require Interpretation Services Participate?**	**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 Last Intervention Meeting**
parentlocationshared.zi	parentlocationshared.co	parent_child_shared.pa	parentinterpretshare.int	dosage.number_of_prin	dosage.indicate_the_de	dosage.topic_of_suppo	dosage.date_of_last_in
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: Whole Number, Max Value = 6 Number of visits is just for this current topic, please make additional entries for visits on other topics	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: text Please make unique entries per topic on which the parent has received support using this model. Parents will repeat	Data Type: Date mm/dd/yyyy

Level 3 Primary Care Parenting Experience Survey (Pre-Test)							
PES Pre Item 1: In an overall sense, how difficult has your child's behavior been over the last 6 weeks?	**PES Pre Item 2a: Parenting is rewarding**	**PES Pre Item 2b: Parenting is demanding**	**PES Pre Item 2c: Parenting is stressful**	**PES Pre Item 2d: Parenting is fulfilling**	**PES Pre Item 2e: Parenting is depressing**	**PES Pre Item 3: the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?**	**PES Pre Item 4: How supported have you felt in your role as a parent over the last 6 weeks?**
triple_p_pes_pre.1_pre	triple_p_pes_pre.2_pre	triple_p_pes_pre.2_pre	triple_p_pes_pre.2_pre	triple_p_pes_pre.2_pre	triple_p_pes_pre.2_pre	triple_p_pes_pre.3_pre	triple_p_pes_pre.4_pre
Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.

			Level 3 Primary Care Parenting Experience Survey (Post-Test)				
If you have a partner, PES Pre Item 5. To what extent do you both agree over methods of discipling your child?	**If you have a partner, PES Pre Item 6. How supportive has your partner been towards you in your role as a parent over the last 6 weeks**	**If you have a partner, PES Pre Item 7. In an overall sense, how happy do you consider your relationship with your partner to be?**	**PES Post Item 1: In an overall sense, how difficult has your child's behavior been over the last 6 weeks?**	**PES Post Item 2a: Parenting is rewarding**	**PES Post Item 2b: Parenting is demanding**	**PES Post Item 2c: Parenting is stressful**	**PES Post Item 2d: Parenting is fulfilling**
triple_p_pes_pre.5_pre	triple_p_pes_pre.6_pre	triple_p_pes_pre.7_pre	triple_p_pes_pre_copy.	triple_p_pes_pre_copy.	triple_p_pes_pre_copy.	triple_p_pes_pre_copy.	triple_p_pes_pre_copy.
Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.

						Client Satisfaction Questionnaire	
PES Post Item 2e: Parenting is depressing	**PES Post Item 3: the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?**	**PES Post Item 4: How supported have you felt in your role as a parent over the last 6 weeks?**	**If you have a partner, PES Post Item 5. To what extent do you both agree over methods of discipling your child?**	**If you have a partner, PES Post Item 6. How supportive has your partner been towards you in your role as a parent over the last 6 weeks**	**If you have a partner, PES Post Item 7. In an overall sense, how happy do you consider your relationship with your partner to be?**	**CSQ 1 How would you rate the quality of the service you and your child received?**	**CSQ 2 Did you receive the type of help you wanted from the program?**
triple_p_pes_pre_copy.	triple_p_pes_pre_copy.	triple_p_pes_pre_copy.	triple_p_pes_pre_copy.	triple_p_pes_pre_copy.	triple_p_pes_pre_copy.	csq_brief_2.how_would	csq_brief_2.did_you_re
Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Entry Type: Dropdown, 1|2|3|4|5 Please indicate the number that the participant selected on the 1-5 scale, with 1-5 with 1 Not at all and 5 extremely.	Data Type: Whole Number 1-7 7= Excellent and 1= Poor	Data Type: Whole Number 1-7 7= Yes, Definitely and 1= No, Definitely Not

CSQ 3 To what extent has the program met your child's needs?	CSQ 4 To what extent has the program met your needs?	CSQ 5 How satisfied were you with the amount of help you and your child received?	CSQ 6 Has the program helped you to deal more effectively with your child's behaviour?	CSQ 7 Has the program helped you to deal more effectively with problems that arise in your family?	CSQ 8 Do you think your relationship with your partner has been improved by the program?	CSQ 9 In an overall sense, how satisfied are you with the program you and your child received?	CSQ 10 If you were to seek help again, would you come back to Triple P?
csq_brief_2.to_what_ex	csq_brief_2.to_what_ex	csq_brief_2.how_satisfi	csq_brief_2.has_the_pr	csq_brief_2.program_h	csq_brief_2.relationship	csq_brief_2.satisfied_w	csq_brief_2.seek_help_
Data Type: Whole Number 1-7 7= Almost all needs have been met and 1= No needs have been met	Data Type: Whole Number 1-7 7= Almost all needs have been met and 1= No needs have been met	Data Type: Whole Number 1-7 7= Quite Dissatisfied and 1= Very Satisfied	Data Type: Whole Number 1-7 7= Yes, it has helped a great deal and 1= No, it made things worse	Data Type: Whole Number 1-7 7= Yes, it has helped a great deal and 1= No, it made things worse	Data Type: Whole Number 1-7 7= Yes, definitely and 1= No, definitely not	Data Type: Whole Number 1-7 7= Very Satisfied and 1= Very Dissatisfied	Data Type: Whole Number 1-7 7= Yes, Definitely and 1= No, definitely not

						Notes (Optional)
CSQ 11 Has the program helped you to develop skills that can be applied to other family members?	**CSQ 12 In your opinion, how is your child's behaviour at this point?**	**CSQ 13 How would you describe your feelings at this point about your child's progress?**	**CSQ 14 Since the beginning of this program, have you sought further assistance for your child's/teenager's behaviour or for your family from any other source? If so, please describe.**	**CSQ 15 Have you had any other problems with your child which you feel may be related to the original difficulty?**	**CSQ 16 Do you have any other comments about this program?**	**Optional Notes**
csq_brief_2.develop_sk	csq_brief_2.childs_beha	csq_brief_2.describe_y	csq_brief_2.csq_14_sin	csq_brief_2.csq_15_ha	csq_brief_2.csq_16_do	notes.optional_notes
Data Type: Whole Number 1-7 7= Yes, Definitely and 1= No, definitely not	Data Type: Whole Number 1-7 7= Greatly Improved and 1= Considerably Worse	Data Type: Whole Number 1-7 7= Very Satisfied and 1= Very Dissatisfied	Data Type: Text	Data type: text	Data type: Text	Data Entry Type: Text.