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**
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
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.

			Parent Location		Parent's Children	Parent Requires	Parent Recruitment FY 26-27	
Other Race/Ethnicity	**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**
parent_race_2627.othe	parent_race_2627.othe	parent_race_2627.race	parentlocationshared.zi	parentlocationshared.co	parent_child_shared.pa	parentinterpretshare.int	parent_recruit_2627.rec	parent_recruit_2627.rec
Data Entry Type: Drop Down, Yes 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 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.

Dosage & Delivery				PARENTING SCALE (Pre-Test)□				PARENTING SCA
Number of Sessions attended with this Group	**Indicate the delivery mode of sessions.**	**Did the parent participant complete the program?**	**Date of Last Intervention Meeting**	**Parenting Scale: LAXNESS Factor Score PRE-Survey**	**Parenting Scale: OVER-REACTIVITY Factor Score Pre-Survey**	**Parenting Scale: HOSTILITY Factor Score PRE-Survey**	**Parenting Scale: TOTAL SCALE Score PRE-Survey**	**Parenting Scale: LAXNESS Factor Score Post-Survey**
dosage.number_of_ses	dosage.indicate_the_de	dosage.did_the_parent_	dosage.date_of_last_in	parenting_scale_pret.pa	parenting_scale_pret.pa	parenting_scale_pret.pa	parenting_scale_pret.pa	parenting_scale_pret_c
Data Entry Type: Whole Number, Max Value = 10 Please count the number of sessions attended only with this Group. Parent can attend multiple Groups, 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 Type: date, mm/dd/yyyy	Data Entry Type: Number, Min Value 1	Data Entry Type: Number, Min Value 1	Data Entry Type: Number, Min Value 1	Data Entry Type: Number, Min Value 1	Data Entry Type: Number, Min Value 1

LE (Post-Test)□			SDQ (Pre-Test)□					
Parenting Scale: OVER-REACTIVITY Factor Score Post-Survey	**Parenting Scale: HOSTILITY Factor Score Post-Survey**	**Parenting Scale: TOTAL SCALE Score Post-Survey**	**SDQ Pre: TOTAL DIFFICULTIES Score**	**SDQ Pre: EMOTIONAL SYMPTOMS Subscale Score**	**SDQ Pre: CONDUCT PROBLEMS Subscale Score**	**SDQ Pre: HYPERACTIVITY Subscale Score**	**SDQ Pre: PEER PROBLEMS Subscale Score**	**SDQ Pre: PROSOCIAL BEHAVIOR Subscale Score**
parenting_scale_pret_c	parenting_scale_pret_c	parenting_scale_pret_c	sdq_pretest.sdq_pre_to	sdq_pretest.sdq_pre_er	sdq_pretest.sdq_pre_co	sdq_pretest.sdq_pre_hy	sdq_pretest.sdq_pre_pe	sdq_pretest.sdq_pre_pr
Data Entry Type: Number, Min Value 1	Data Entry Type: Number, Min Value 1	Data Entry Type: Number, Min Value 1	Data type: Number	Data type: Number	Data type: Number	Data type: Number	Data Type: Number	Data type: Number

SDQ (Post-Test)□						Client Satisfaction Questionnaire		
SDQ Post: TOTAL DIFFICULTIES Score	**SDQ Post: EMOTIONAL SYMPTOMS Subscale Score**	**SDQ Post: CONDUCT PROBLEMS Subscale Score**	**SDQ Post: HYPERACTIVITY Subscale Score**	**SDQ Post: PEER PROBLEMS Subscale Score**	**SDQ Post: PROSOCIAL BEHAVIOR Subscale Score**	**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?**	**CSQ 3 To what extent has the program met your child's needs?**
sdq_pretest_copy.sdq_(	sdq_pretest_copy.sdq_	sdq_pretest_copy.sdq_(	sdq_pretest_copy.sdq_	sdq_pretest_copy.sdq_(	sdq_pretest_copy.sdq_	csq_brief_2.how_would	csq_brief_2.did_you_re	csq_brief_2.to_what_ex
Data type: Number	Data type: Number	Data type: Number	Data type: Number	Data Type: Number	Data type: Number	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	Data Type: Whole Number 1-7 7= Almost all needs have been met and 1= No needs have been met

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 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_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_	csq_brief_2.develop_sk	csq_brief_2.childs_beha
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	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

				Notes (Optional)
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.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= Very Satisfied and 1= Very Dissatisfied	Data Type: Text	Data type: text	Data type: Text	Data Entry Type: Text.