Wisconsin Prevention Reporting

DAISEY, which stands for Data Application and Integration Solutions for the Early Years, is a shared measurement system. DAISEY was designed by social scientists to help communities see the difference they are making in the lives of children, youth and families.

Data Dictionary

This tool provides information on the data elements collected in DAISEY for WPRS. Each section of this document represents a form. Each form section has information about the data elements in that form, including a definitions/descriptions and response options.

Last Updated: July 1, 2020

Form changes implemented on July 1, 2020 are highlighted in red.

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*Note: Please use the directions and scoring criteria on each assessment and/or survey for guidance on data elements on those forms.

Instructions

This Data Dictionary is organized into sections by Form. Each Form section provides information for the categories below with each row representing one data element.

Form Name

Question Label	Description / Definition	Data Type	Response Format	Response Options	Sysetm Required?	Purpose
The data element or question as it appears in DAISEY	A definition or description of the data element or question	The format of response options in DAISEY. May include: Drop-down list (single choice), Drop-down list (multiple choice), Date, Text, Narrative, and System Generated.	Format of response options/field in DAISEY. May include: Alphanumeric, Numeric, Text, Date (mm/dd/yyyy), Phone (555-555-5555), Dynamic.	If the data element or question includes a menu of possible responses, the possible responses are listed here.	Whether the field is required to be completed before the user can save the form.	The purpose of the data element.

Caregiver Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose
Caregiver ID	Unique ID for each client in DAISEY; assigned after profile is saved	Auto-generated	Alphanumeric		No	Identifies client in DAISEY system
Alternate ID	Caregiver's alternate data system ID, if applicable	Text	Alphanumeric		No	Identifies client using organization's ID, if needed
Active Status	Use to distingush clients that are currently enrolled in services from those previously enrolled	Drop-down list (single choice)	Text	Active|Inactive	No	Allows organizations to sort client's by status
Is this the primary caregiver of the child?	The primary caregiver is the parent enrolling; only one individual per household may be identified as the primary caregiver. Use secondary caregiver for any additional caregivers in the household that are added.	Drop-down list (single choice)	Text	Yes|No	No	Links family members when mutltiple members are enrolled; PB Reporting Requirement
Enrollment Date	First date of the initial parenting program	Date	Date (mm/dd/yyyy)		Yes	Informs program evaluation
First Name	First Name of the caregiver enrolling in the program	Text	Alphanumeric		No	Identifies client for organizations/educators without duplication
Last Name	Last Name of the caregiver enrolling in the program	Text	Alphanumeric		No	Identifies client for organizations/educators without duplication
Date of Birth	Caregiver identified DOB; enter 01/01/1900 if not provided or if a caregiver denies consent	Date	Date (mm/dd/yyyy)		Yes	Identifies client for organizations/educators without duplication
Sex:	Caregiver identified gender	Drop-down list (single choice)	Text	1,Male|2,Female|3,Transgender|4,Other	No	PB Reporting Requirement
My race/ethnicity is (check all that apply):	Caregiver identified race/ethnicity	Drop-down list (multiple choice)	Text	1,American Indian or Alaskan Native|2,Asian|3,Biracial or Multiracial|4,Black or African American|5,Hispanic or Latino|6,Hmong|7,Native Hawaiian or Other Pacific Islander|8,White|9,Other	No	PB Reporting Requirement
Other race/ethnicity (please specify):	Other race/ethnicity identified, if applicable	Text	Text		No	PB Reporting Requirement
Primary language spoken at home:	Caregiver identified primary language	Drop-down list (single choice)	Text	1,English|2,Spanish|3,Hmong|4,Other	No	PB Reporting Requirement
Other primary language (please specify):	Other primary language identified, if applicable	Text	Text		No	PB Reporting Requirement
I am a person with a disability:	Caregiver identified disability status	Drop-down list (single choice)	Text	1,Yes|2,No	No	PB Reporting Requirement

All Programs - Enrollment Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose
Date of Activity	The date of the first session of the program enrolled	Date	Dynamic Date		Yes	Informs program evaluation
Which caregiver was involved?	Name of the caregiver enrolling in the program	Drop-down list (single choice)	Dynamic Caregiver		Yes	Links information to client profile
Parenting Program:	Name of specific parenting program	Drop-down list (single choice)	Text	1,Level 2 Seminar (Triple P)|2,Level 3 Primary Care (Triple P)|3,Level 3 Discussion Group (Triple P)|4,Level 3 Workshop (Triple P)|5,Level 4 Standard (Triple P)|6,Level 4 Group (Triple P)|7,Level 5 Pathways (Triple P)|8,Level 5 Enhanced (Triple P)|9,Stepping Stones Seminar (Triple P)|10,Stepping Stones Primary Care (Triple P)|11, Community Based Education in Nurturing Parenting (CBE) (Nurturing Parenting)|12,Community Based Education for Military Families CD (CBEMIL-CD) (Nurturing Parenting)|13,Parents and Their Infants, Toddlers and Preschoolers (NP2-16) (Nurturing Parenting)	Yes	PB Reporting Requirement
Parent Educator (First and Last Name):	First and last name of parent educator leading this program	Text	Text		Yes	Informs program evaluation
Funding Source:	Indicate the source of funding for this specific session	Drop-down list (single choice)	Text	1,Prevention Board|3,DCF|4,County|2,Other	Yes	Allows data to be filtered by funding source
Other Funding Source:	Indicate the source of funding for this specific session, if not the Prevention Board	Narrative	Text	*Branches from response of Other to Funding Source)	No	Allows data to be filtered by funding source
Age:	Caregiver identified age; enter even if DOB was provided	Drop-down list (single choice)	Text	1,19 or under|2,20-29|3,30-39|4,40-49|5,50-59|6,60-64|7,65+	No	PB Reporting Requirement
Marital Status:	Caregiver identified marital status	Drop-down list (single choice)	Text	1,Married|2,Divorced/Separated|3,Living with Partner|4,Single|5,Widowed	No	PB Reporting Requirement
Number of children living in my household:	Caregiver identified number of children living in their household	Text	Numeric		No	PB Reporting Requirement
Number of children with a disability:	Caregiver identified number of children with a disability	Text	Numeric		No	PB Reporting Requirement
Age of your child/children (check all that apply):	Caregiver identified age of all children	Drop-down list (multiple choice)	Text	1,Under 1|2,1|3,2|4,3|5,4|6,5|7,6|8,7|9,8|10,9|11,10|12,11|13,12|14,13|15,14|16,15|17,16|18,17	No	PB Reporting Requirement
My relationship to the children in my household is (check all that apply):	Caregiver identified relationship to the children in the household	Drop-down list (multiple choice)	Text	1,Birth parent|2,Foster parent|3,Step parent|4,Adoptive parent|5,Grandparent/Great-grandparent|6,Other relative|7,Non-relative	No	PB Reporting Requirement
Are you pregnant?	Caregiver identified pregnancy status	Drop-down list (single choice)	Text	1,Yes|2,No	No	PB Reporting Requirement

My annual household income is:	Caregiver identified annual household income	Drop-down list (single choice)	Text	1,Less than $14,999|2,$15,000 to $24,999|3,$25,000 to $36,999|4,$37,000 to $49,999|5,$50,000 to $64,999|6,$65,000 to $74,999|7,over $75,000	No	PB Reporting Requirement
My employment status is (check all that apply):	Caregiver identified employment status	Drop-down list (multiple choice)	Text	1,A stay-at-home parent|2,A student|3,Employed full time|4,Employed part time|5,Retired|6,Unemployed	No	PB Reporting Requirement
Veteran Military Status (Household includes individuals who are serving or formerly served in the US armed forces):	Caregiver identified veteran/military status	Drop-down list (single choice)	Text	1,Yes|2,No	No	Organization reporting, if needed
My education level is:	Caregiver identified education level	Drop-down list (single choice)	Text	1,Less than high school diploma|2,High school diploma/GED|3,Some college/training|4,Technical training completion or certification|5,Associate's Degree|6,Bachelor's Degree or higher	No	PB Reporting Requirement
Are you currently enrolled in any other programs?	Caregiver idenfied enrollment in other community programs	Drop-down list (single choice)	Text	2,Yes|1,No	No	Supports organization/educator knowledge, if needed
If yes, please specify the program(s):	Specific program identified, if applicable	Text	Text		No	Supports organization/educator knowledge, if needed
Current Zip Code:	Caregiver identified zip code; leave blank if the caregiver denies conset for PII in DAISEY	Text	Text		No	Organization reporting, if needed
County:	County of residence for enrollees	Drop-down list (single choice)	Text	Adams|Ashland|Barron|Bayfield|Brown|Buffalo|Burnett|Calumet|Chippewa|Clark|Columbia|Crawford|Dane|Dodge|Door|Douglas|Dunn|Eau Claire|Florence|Fond du Lac|Forest|Grant|Green|Green Lake|Iowa|Iron|Jackson|Jefferson|Juneau|Kenosha|Kewaunee|La Crosse|Lafayette|Langlade|Lincoln|Manitowoc|Marathon|Marinette|Marquette|Menominee|Milwaukee|Monroe|Oconto|Oneida|Outagamie|Ozaukee|Pepin|Pierce|Polk|Portage|Price|Racine|Richland|Rock|Rusk|Saint Croix|Sauk|Sawyer|Shawano|Sheboygan|Taylor|Trempealeau|Vernon|Vilas|Walworth|Washburn|Washington|Waukesha|Waupaca|Waushara|Winnebago|Wood	No	Organization reporting, if needed
Name of Primary Care Provider:	Caregiver identified Primary Care Provider	Text	Text		No	Supports organization/educator knowledge, if needed
Do you have any concerns about losing your housing within the next three months? (check all that apply)	Caregiver identified housing concerns	Drop-down list (multiple choice)	Text	1,Yes|2,No|3,Maybe|4,Currently homeless	No	PB Reporting Requirement

How did you hear about this program? (check all that apply)	Caregiver identified referral source	Drop-down list (multiple choice)	Text	1,Birth to 3|2,Childcare|3,Child Protective Services|4,Community Group|5,County Human Services Programs|6,Domestic Violence Shelter or Provider|7,Faith-based Organization|8,Family or Friend|9,Head Start or Early Head Start|10,Healthcare Professional|11,Homeless Shelter|12,Jail|15, Online|13,School or Teacher|14,Other	No	Supports organization/educator knowledge, if needed
Other Referral Source (please specify):	Other referral source identified, if applicable	Text	Text		No	Supports organization/educator knowledge, if needed
Have you ever attended a Triple P parenting class before?	Cargiver identified participation in Triple P	Drop-down list (single choice)	Text	1,Yes|2,No|3,Not sure	No	Supports organization/educator knowledge, if needed

EBP Session Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose
Date of Activity	Date of Session	Date	Dynamic Date		Yes	Informs program evaluation
Which caregiver was involved?	Name of the caregiver attending the session	Drop-down list (single choice)	Dynamic Caregiver		Yes	Links information to client profile
Session Topic(s):	Name of topic of the session	Drop-down list (multiple choice)	Text	1,The Path to the Pyramid of Success for Black Children|2,The Social Learning Theory Ideas Describing and Counting Child Behaviors|3,The Street to Destruction, The Effective Praise Method|4,The Extended Black Family|5,Disciplining: Tradition and Modern|6,Family Rules, Drugs and the Pyramid: An Introduction|7,Family Rules and Children's Developing Abilities|8,The Thinking Parent's Approach|9,Reasons for Not Using Corporal Punishment, Mild Social Disapproval|10,The Ignoring Method, Single Parenting|11,The Time Out Method|12,The Point System Method|13,Drugs and the Pyramid:Parts 2-4|14,Chit-Chat Time|15,Program Review, Pride in Blackness	Yes	Informs program evaluation
Session Delivery Method:		Drop-down list (single choice)	Text	1,Individual|2,Group	No	Informs program evaluation
Successful Practitioner Discharge?	Did the parent complete the program, as defined by the parent educator?	Drop-down list (single choice)	Text	1,Yes|2,No|3,In Progress	Yes	Informs program evaluation
Date of Discharge:	Indicates the date the parent educator confirmed discharge.	Date	Text	*Branches from response of Yes or No to Successful Practitioner Discharge	No	Informs program evaluation
Why was the discharge unsuccessful?		Narrative	Text	*Branches from response of No to Successful Practitioner Discharge	No	Informs program evaluation
Notes:		Narrative	Text		No	Supports organization/educator knowledge, if needed

NP Session Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose
Date of Activity	Date of Session	Date	Dynamic Date		Yes	Informs program evaluation
Which caregiver was involved?	Name of the caregiver attending the session	Drop-down list (single choice)	Dynamic Caregiver		Yes	Links information to client profile
Program Delivered:	Specific Nuturing Parenting Program Delivered	Drop-down list (single choice)	Text	1,Community Based Education in Nuturing Parenting (CBE)|2,Community Based Education for Military Families CD (CBEMIL-CD)|3,Parents and Their Infants, Toddlers and Preschoolers (NP2-16)	Yes	Informs program evaluation
CBE Session Topic(s):	Name of the topic of the session, if CBE is selected	Drop-down list (multiple choice)	Text	1,Understanding Feelings|2,Alternatives to Spanking|3,Communicating with Respect|4,Building Self-Worth in Children|5,Praising Children & their Behavior|6,Ages & Stages of Growth for Infants & Toddlers|7,The Philosophy and Practices of Nurturing Parenting|8,Learning Positive Ways to Deal with Stress & Anger|9,Understanding & Developing Family Morals, Values & Rules|10,Ways to Enhance Positive Brain Development in Children & Teens	No	Informs program evaluation
CBEMIL-CD Session Topic(s):		Drop-down list (multiple choice)	Text	1,Reuniting: Post Deployment|2,Keeping a Relationship Together|3,The Uniqueness of Military Family Life|4,Dealing with Deployment and Separation|5,Helping Children Cope with Deployment|6,Staying Connected during Deployment|7,Post Traumatic Stress Disorder (PTSD)	No	Informs program evaluation

NP2-16 Session Topic(s):	Name of the topic of the session, if NP2-16 is selected	Drop-down list (multiple choice)	Text	1,Session 1: Hopes and fears, program description, Nurturing as a Lifestyle|2,Session 2: Nurturing Parenting: Children's Brain Development|3,Session 3: Building Parent-Child Bonding and Attachment; Developing Empathy in Children|4,Session 4: Expectations and Development of Children: Ages & Stages: Infant, Toddler, and Preschooler Development|5,Session 5: Meeting Our Needs and the Needs of Our Children; Developing Personal Power in Children and Adults|6,Session 6: Improving Children's Self-Worth; Praising Children and Their Behavior |7,Session 7: Understanding Discipline: Red, White & Bruises: Why Parents Spank Their Children|8,Session 8: Developing Family Morals and Values; Developing Family Rules|9,Session 9: Rewarding Children and Their Behavior; Punishing Children's Behavior|10,Session 10: Recognizing and Handling Feelings; Helping Your Children Handle Their Feelings|11,Session 11: Establishing a Nurturing Bath Time Routine; Establishing a Nurturing Bedtime Routine|12,Session 12: Possessive and Violent Relationships; Keeping Our Children Safe|13,Session 13: Understanding and Handling Stress; Helping Children Manage Their Behavior|14,Session 14: Managing Anger; Alternatives to Spanking|15,Session 15: Families and Alcohol; Keeping Kids Drug Free; Smoking and My Childs' Health|16,Session 16: Hopes and Fears, Certificates and Closing	No		Informs program evaluation
Session Delivery Method:		Drop-down list (single choice)	Text	1,Individual|2,Group	No		Informs program evaluation
Parent completed Session Evaluation Form?	Indicate if the parent completed the NP Session Evaluation Form that was provided	Drop-down list (single choice)	Text	1,Yes|2,No	No		Informs program evaluation
Successful Practitioner Discharge?	Did the parent complete the program, as defined by the parent educator?	Drop-down list (single choice)	Text	1,Yes|2,No|3,In Progress	Yes		Informs program evaluation
Date of Discharge:	Indicates the date the parent educator confirmed discharge.	Date	Text	*Branches from response of Yes or No to Successful Practitioner Discharge	No		Informs program evaluation
Why was the discharge unsuccessful?		Narrative	Text	*Branches from response of No to Successful Practitioner Discharge	No		Informs program evaluation
Notes:		Narrative	Text		No		Supports organization/educator knowledge, if needed

Triple P Session Form

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose
Date of Activity	Date of Session	Date	Dynamic Date		Yes	Informs program evaluation
Which caregiver was involved?	Name of the caregiver attending the session	Drop-down list (single choice)	Dynamic Caregiver		Yes	Links information to client profile
Program Delivered:	Specific Triple P Program Delivered	Drop-down list (single choice)	Text	1,Level 2 Seminar|2,Level 3 Primary Care|3,Level 3 Discussion Group|4,Level 3 Workshop|5,Level 4 Standard|6,Level 4 Group|7,Level 5 Pathways|8,Level 5 Enhanced|9,Stepping Stones Seminar|10,Stepping Stones Primary Care	Yes	PB Reporting Requirement
Level 2 Seminar Topic(s):	Name of topic of the session, if Level 2 Seminar	Drop-down list (multiple choice)	Text	1,The Power of Positive Parenting|2,Raising Confident, Competent Children|3,Raising Resilient Children	No	Informs program evaluation
Level 3 Discussion Group Topic(s):	Name of topic of the session, if Level 3 Discussion Group	Drop-down list (multiple choice)	Text	1,Dealing with Disobedience|2,Managing Fighting and Aggression|3,Developing Good Bedtime Routines|4,Hassel-free Shopping with Children	No	Informs program evaluation
Level 3 Workshop Topic(s):	Name of topic of the session, if Level 3 Workshop	Drop-down list (multiple choice)	Text	1,Balancing Work and Families|2,Behavior at School|3,Being Bullied|4,ADHD|5,Coping with Stress|6,Tantrums|7,Hurting Others|8,Self-Esteem	No	Informs program evaluation
Level 5 Pathways Topic(s):	Name of topic of the session, if Level 5 Pathways	Drop-down list (multiple choice)	Text	1,Module 1: Session 1 Parent Traps|2,Module 1: Session 2 How to get out of a parent trap|3,Module 2: Session 1 Recognizing and understanding anger|4,Module 2: Session 2 Managing your anger|5,Module 3: Maintenance and closure	No	Informs program evaluation
Level 5 Enhanced Topic(s):	Name of topic of the session, if Level 5 Enhanced	Drop-down list (multiple choice)	Text	1,Module 1: Practice Session|2,Module 2: Coping Skills|3,Module 3: Partner Support|4,Module 4: Maintenance and closure	No	Informs program evaluation
Stepping Stones Seminar Topic(s):	Name of topic of the session, if Stepping Stones Seminar	Drop-down list (multiple choice)	Text	1,Helping your child reach their potential|2,Changing problem behavior into positive behavior|3,Positive parenting for children with a disability	No	Informs program evaluation
Topic(s):	Name of topic of the session, if Level 3 Primary Care, Level 4 Standard, Level 4 Group or Stepping Stones Primary Care	Text	Text		No	Informs program evaluation
Session Delivery Method:		Drop-down list (single choice)	Text	1,Individual|2,Group	No	Informs program evaluation
Behavior Identified:	Specific behavior that the parent wants to address	Text	Text		No	Informs program evaluation
Parenting Plan Status:	Status of the Triple P Parenting Plan	Drop-down list (single choice)	Text	1,Discussed|2,Progress being made|3,Completed|4,Parenting plan being used	No	Informs program evaluation

Specific Strategies Addressed:	Triple P Strategies addressed during this session	Drop-down list (multiple choice)	Text	1,Spend quality time with your child|2,Talk with your child|3,Show affection|4,Descriptive praise|5,Give attention|6,Have interesting activities|7,Set a good example|8,Incidental teaching|9,Ask, say, do|10,Behavior charts|11,Set clear ground rules|12,Directed discussion|13,Planned ignoring|14,Clear calm instructions|15,Logical consequences|16,Quiet time|17,Time out	No	Informs program evaluation
Stepping Stones Primary Care Strategies Addressed:	Triple P Strategies addressed during this session, if Stepping Stones Primary Care	Drop-down list (multiple choice)	Text	1,Spend quality time with your child|2,Communicate with your child|3,Show affection|4,Descriptive praise|5,Give attention|6,Provide other rewards|7,Have interesting activities|8,Activity schedule|9,Set a good example|10,Physical guidance|11,Incidental teaching|12,Ask,say,do|13,Teach backwards|14,Behavior charts|15,Divert to a new activity|16,Set clear ground rules|17,Directed discussion|18,Planned ignore|19,Clear, calm instructions|20,Teach children to communicate|21,Logical consequences|22,Blocking|23,Brief interruption|24,Quiet time|25,Time out	No	Informs program evaluation
Specific Tip Sheets Provided:	Triple P Tip Sheets provided during this session	Drop-down list (multiple choice)	Text	1,ADHD|2,Balancing Work and Family|3,Bed wetting|4,Bedtime Problems|5,Behavior at School|6,Being a Parent|7,Being Bullied|8,Chores|9,Cleaning Up|10,Coping With Stress|11,Creativity|12,Crying|13,Disobedience I|14,Disobedience II|15,Fears|16,Feeling|17,Depressed after Birth|18,Fighting and Aggression|19,Going Shopping|20,Having Visitors|21,Home Safety|22,Homework|23,Hurting Others|24,Independent Eating|25,Interrupting|26,Language|27,Lying|28,Meal time Problems|29,Nightmares and Night Terrors|46,Positive Parenting Booklet|30,Preparing for a new Baby|31,Promoting Development|32,Self-Esteem|33,Separation Anxiety|34,Separation Problems|35,Sharing|36,Sleep Patterns|37,Sport|38,Stealing|39,Supporting Your Partner|40,Swearing|41,Tantrums|42,Toilet Training|43,Traveling in the Car|44,Wandering|45,Whining	No	Informs program evaluation
Stepping Stones Primary Care Tip Sheets Provided:	Triple P Tip Sheets provided during this session, if Stepping Stones Primary Care	Drop-down list (multiple choice)	Text	1,Positive Parenting|2,Mealtimes|3,Language and communication|4,Social skills|5,Self-care skills|6,Toileting|7,Disruptive Behavior|8,Being part of the community|9,Fears and anxiety|10,Family adaptation|11,Early learning skills	No	Informs program evaluation
Time Spent on Triple P:	Amount of time (in minutes) that were dedicated to Triple P	Text	Text		No	Informs program evaluation
Session Summary:	Status of the Triple P Session Summary	Drop-down list (single choice)	Text	1,Partially Completed|2,Completed	No	Informs program evaluation

Successful Practitioner Discharge?	Did the parent complete the program, as defined by the parent educator?	Drop-down list (single choice)	Text	1,Yes|2,No|3,In Progress|4,Changed program level	Yes	Informs program evaluation
Date of Discharge:	Indicates the date the parent educator confirmed discharge.	Date	Text	*Branches from response of Yes or No to Successful Practitioner Discharge	No	Informs program evaluation
Why was the discharge unsuccessful?		Narrative	Text	*Branches from response of No to Successful Practitioner Discharge	No	Informs program evaluation
Notes:		Narrative	Text		No	Supports organization/educator knowledge, if needed

Environment Profile

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose
Environment System ID:	Unique ID for each environment in DAISEY; assigned after profile is saved	Auto-generated	Alphanumeric		No	Identifies session in DAISEY system
Environment ID:	Unique ID for each environment in DAISEY; assigned after profile is saved	Auto-generated	Alphanumeric		No	Identifies session in DAISEY system; used for import
Environment Name:	Assign a unique name to each session for easy searchinig	Text	Text		No	Allows organizations to easily identify specific sessions
Active Status	Use to distingush sessions that considered active by the organization	Drop-down list (single choice)	Text	Active|Inactive	No	Allows organizations to sort by session status
Session Date:	Date of the session	Date	Date (mm/dd/yyyy)		Yes	Informs program evaluation
Session Type:	Specific Triple P Program Delivered	Drop-down list (single choice)	Text	1,Level 2 Seminar|2,Level 3 Discussion Group|3,Level 3 Workshop|4,Stepping Stones Seminar	No	Informs program evaluation
Level 2 Seminar Topic:	Name of the topic of the session, if Level 2 Seminar	Drop-down list (single choice)	Text	1,The Power of Positive Parenting|2,Raising Confident, Competent Children|3,Raising Resilient Children	No	Informs program evaluation
Level 3 Discussion Group Topic:	Name of the topic of the session, if Level 3 Discussion Group	Drop-down list (single choice)	Text	1,Dealing with Disobedience|2,Managing Fighting and Aggression|3,Developing Good Bedtime Routines|4,Hassel-free Shopping with Children	No	Informs program evaluation

Level 3 Workshop Topic:	Name of the topic of the session, if Level 3 Workshop	Drop-down list (multiple choice)	Text	1,Balancing Work and Families|2,Behavior at School|3,Being Bullied|4,ADHD|5,Coping with Stress|6,Tantrums|7,Hurting Others|8,Self-Esteem	No	Informs program evaluation
Stepping Stones Seminar Topic:	Name of topic of the session, if Stepping Stones Seminar	Drop-down list (single choice)	Text	1,Helping your child reach their potential|2,Changing problem behavior into positive behavior|3,Positive parenting for children with a disability	No	Informs program evaluation
Funding Source:	Indicate the source of funding for this specific session	Drop-down list (single choice)	Text	1,Prevention Board|3,DCF|4,County|2,Other	Yes	Allows data to be filtered by funding source
Other Funding Source:	Indicate the source of funding for this specific session, if not the Prevention Board	Narrative	Text	*Branches from response of Other to Funding Source)	No	Allows data to be filtered by funding source
Parent Educator (First and Last Name):	First and last name of parent educator leading this Program/Session	Text	Text		Yes	Informs program evaluation
Number of participants:	Number of parents that attended the session	Text	Numeric		No	Informs program evaluation
Focus Audience:	Audience that was targeted for enrollment	Drop-down list (multiple choice)	Text	1,General|2,Fathers|3,Grandparents|4,Incarcerated parents|5,Parents challenged with domestic violence|6,Parents challenged with homelessness|7,Parents in recovery|8,Teen parents|9,Other	No	Informs program evaluation
Other Focus Audience (please specify):	Audience that was targeted for enrollment, if not listed above	Text	Text		No	Informs program evaluation

Location:	Location where session was provided	Drop-down list (single choice)	Text	1,Business|2,Childcare|3,Community Center|4,Faith-based Organization|5,Family Resource Center|6,Head Start or Early Head Start|7,Homeless Shelter|8,Jail|9,Library|10,Medical Setting|11,Park and Rec Department|12,School|13,Other	No	Informs program evaluation
Other Location (please specify):	Location where session was provided, if not listed above	Text	Text		No	Informs program evaluation

Triple P Participant Info (Common Fields on Environment Activity Forms)

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose
Environment System ID:	Unique ID for each environment activity in DAISEY	Auto-generated	Alphanumeric		No	Identifies session in DAISEY system
Environment ID:	Unique ID for each environment activity in DAISEY	Auto-generated	Alphanumeric		No	Identifies session in DAISEY system; used for import
Alternate ID	Associates activity with a specific identifier; do not use Personally Identified Information	Text	Alphanumeric		No	Supports organization/educator tracking, if needed
Date of Activity	Date of Session	Date	Dynamic Date		Yes	Informs program evaluation
Age:	Caregiver identified age; enter even if DOB was provided	Drop-down list (single choice)	Text	1,19 or under|2,20-29|3,30-39|4,40-49|5,50-59|6,60-64|7,65+	No	PB Reporting Requirement
Sex:	Caregiver identified gender	Drop-down list (single choice)	Text	1,Male|2,Female|3,Transgender|4,Other	No	PB Reporting Requirement
My race/ethnicity is (check all that apply):	Caregiver identified race/ethnicity	Drop-down list (multiple choice)	Text	1,American Indian or Alaskan Native|2,Asian|3,Biracial or Multiracial|4,Black or African American|5,Hispanic or Latino|6,Hmong|7,Native Hawaiian or Other Pacific Islander|8,White|9,Other	No	PB Reporting Requirement
Other race/ethnicity (please specify):	Other race/ethnicity identified, if applicable	Text	Text		No	PB Reporting Requirement
Primary language spoken at home:	Caregiver identified primary language	Drop-down list (single choice)	Text	1,English|2,Spanish|3,Hmong|4,Other	No	PB Reporting Requirement
Other primary language (please specify):	Other primary language identified, if applicable	Text	Text		No	PB Reporting Requirement
I am a person with a disability:	Caregiver identified disability status	Drop-down list (single choice)	Text	1,Yes|2,No	No	PB Reporting Requirement
Marital Status:	Caregiver identified marital status	Drop-down list (single choice)	Text	1,Married|2,Divorced/Separated|3,Living with Partner|4,Single|5,Widowed	No	PB Reporting Requirement
Number of children living in my household:	Caregiver identified number of children living in their household	Text	Numeric		No	PB Reporting Requirement
Number of children with a disability:	Caregiver identified number of children with a disability	Text	Numeric		No	PB Reporting Requirement
Age of your child/children (check all that apply):	Caregiver identified age of all children	Drop-down list (multiple choice)	Text	1,Under 1|2,1|3,2|4,3|5,4|6,5|7,6|8,7|9,8|10,9|11,10|12,11|13,12|14,13|15,14|16,15|17,16|18,17	No	PB Reporting Requirement
My relationship to the children in my household is (check all that apply):	Caregiver identified relationship to the children in the household	Drop-down list (multiple choice)	Text	1,Birth parent|2,Foster parent|3,Step parent|4,Adoptive parent|5,Grandparent/Great-grandparent|6,Other relative|7,Non-relative	No	PB Reporting Requirement
Are you pregnant?	Caregiver identified pregnancy status	Drop-down list (single choice)	Text	1,Yes|2,No	No	PB Reporting Requirement

My annual household income is:	Caregiver identified annual household income	Drop-down list (single choice)	Text	1,Less than $14,999|2,$15,000 to $24,999|3,$25,000 to $36,999|4,$37,000 to $49,999|5,$50,000 to $64,999|6,$65,000 to $74,999|7,over $75,000	No	PB Reporting Requirement
My employment status is (check all that apply):	Caregiver identified employment status	Drop-down list (multiple choice)	Text	1,A stay-at-home parent|2,A student|3,Employed full time|4,Employed part time|5,Retired|6,Unemployed	No	PB Reporting Requirement
Veteran Military Status (Household includes individuals who are serving or formerly served in the US armed forces):	Caregiver identified veteran/military status	Drop-down list (single choice)	Text	1,Yes|2,No	No	Organization reporting, if needed
My education level is:	Caregiver identified education level	Drop-down list (single choice)	Text	1,Less than high school diploma|2,High school diploma/GED|3,Some college/training|4,Technical training completion or certification|5,Associate's Degree|6,Bachelor's Degree or higher	No	PB Reporting Requirement
Are you currently enrolled in any other programs?	Caregiver idenfied enrollment in other community programs	Drop-down list (single choice)	Text	2,Yes|1,No	No	Supports organization/educator knowledge, if needed
If yes, please specify the program(s):	Specific program identified, if applicable	Text	Text		No	Supports organization/educator knowledge, if needed
Name of Primary Care Provider:	Caregiver identified Primary Care Provider	Text	Text		No	Supports organization/educator knowledge, if needed
Do you have any concerns about losing your housing within the next three months? (check all that apply)	Caregiver identified housing concerns	Drop-down list (multiple choice)	Text	1,Yes|2,No|3,Maybe|4,Currently homeless	No	PB Reporting Requirement
How did you hear about this program? (check all that apply)	Caregiver identified referral source	Drop-down list (multiple choice)	Text	1,Birth to 3|2,Childcare|3,Child Protective Services|4,Community Group|5,County Human Services Programs|6,Domestic Violence Shelter or Provider|7,Faith-based Organization|8,Family or Friend|9,Head Start or Early Head Start|10,Healthcare Professional|11,Homeless Shelter|12,Jail|15, Online|13,School or Teacher|14,Other	No	Supports organization/educator knowledge, if needed
Other Referral Source (please specify):	Other referral source identified, if applicable	Text	Text		No	Supports organization/educator knowledge, if needed
Have you ever attended a Triple P parenting class before?	Cargiver identified participation in Triple P	Drop-down list (single choice)	Text	1,Yes|2,No|3,Not sure	No	Supports organization/educator knowledge, if needed

Common Fields on All Assessments

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose
Date of Activity	Date of Session	Date	Dynamic Date		Yes	Informs program evaluation
Which caregiver was involved?	Name of the caregiver attending the session	Drop-down list (single choice)	Dynamic Caregiver		Yes	Links information to client profile
Is this the pre or post assessment?		Drop-down list (single choice)	Text	1,Pre|2,Post	No	PB Reporting Requirement
Parenting Program:	Name of specific parenting program	Drop-down list (single choice)	Text	1,Level 2 Seminar (Triple P)|2,Level 3 Primary Care (Triple P)|3,Level 3 Discussion Group (Triple P)|4,Level 3 Workshop (Triple P)|5,Level 4 Standard (Triple P)|6,Level 4 Group (Triple P)|7,Level 5 Pathways (Triple P)|8,Level 5 Enhanced (Triple P)|9,Stepping Stones Seminar (Triple P)|10,Stepping Stones Primary Care (Triple P)|11, Community Based Education in Nurturing Parenting (CBE) (Nurturing Parenting)|12,Community Based Education for Military Families CD (CBEMIL-CD) (Nurturing Parenting)|13,Parents and Their Infants, Toddlers and Preschoolers (NP2-16) (Nurturing Parenting)	Yes	PB Reporting Requirement
Triple P Program	*Specific program delivered*	*Drop-down list (single choice)*	*Text*	*1,Level 2 Seminar|2,Level 3 Primary Care|3,Level 3 Discussion Group)|4,Level 3 Workshop|5,Level 4 Standard|6,Level 4 Group|7,Level 5 Pathways|8,Level 5 Enhanced|9,Stepping Stones Seminar|10,Stepping Stones Primary Care*	*No*	*Not needed after January 1, 2020. Retained on form for viewing previously entered data.*
Nurturing Parenting Program	*Specific program delivered*	*Drop-down list (single choice)*	*Text*	*1,Community Based Education in Nurturing Parenting (CBE)|2,Community Based Education for Military Families CD (CBEMIL-CD)|3,Parents and Their Infants, Toddlers and Preschoolers (NP2-16)*	*No*	*Not needed after January 1, 2020. Retained on form for viewing previously entered data.*

Question Label	Description/Definition	Data Type	Response Format	Response Options	System Required?	Purpose