DAISEY is a shared measurement system. DAISEY was designed by social scientists to help communities see the difference they are making in the lives of at-risk children, youth and families. Implementation of a shared measurement system will allow KS MIECHV partners improve data quality, track progress toward shared goals, and enhance communication and collaboration.

KCCTF CBCAP Data Dictionary

This tool provides information on the data elements collected in DAISEY. Each section of this document represents a form. Each form section has information about the data elements in that form, including definitions/descriptions, possible responses, and the purpose of each element.

This document will not provide all information necessary for preparing data for Import into DAISEY. For detailed information on Import requirements, see the Data Crosswalk.

Last Updated:
10/8/2025

Contents

Instructions

This Data Dictionary is organized into sections by Form. Each Form section provides information for the categories below

Form Name

Question Label	Question Data Type	Question Format Type	Mandatory	Response Options
The data element or question as it appears in DAISEY.	The format of the response options in DAISEY. May include: Drop-down (single choice), Drop-down list (multiple choice), Date, Text, Narrative, & Auto-generated.	The type of format response options in DAISEY. May include: text, alphanumeric, date, numeric.	Response must be completed	If the data element or question includes a menu of possible responses, the responses are listed here. Otherwise, there will be "N/A".

Caregiver Profile

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Cargiver Information				
Caregiver ID	Text	Alphanumeric		No
Caregiver System ID	Auto-generated	Alphanumeric		No
Active Status	Drop-down list (single choice)	Text	Active|Inactive	No
Alternate ID	Text	Alphanumeric		No
First Name	Text	Alphanumeric		Yes
Last Name	Text	Alphanumeric		Yes
Date of Birth	Date	Date (mm/dd/yyyy)		Yes
Enrollment Date	Date	Date (mm/dd/yyyy)		Yes
Discharge Date	Date	Date (mm/dd/yyyy)		No
Discharge Reason	Drop-down list (single choice)	Text	1,Completed program or child aged out|2,Moved out of service area|3,No contact or could not locate|4,No longer interested in services|5,Unable to participate in services at this time|6,DCF involvement, non-prevention case opened|7,Other	No
Other discharge reason	Text	Text		No
Is this the primary caregiver of the child?	Drop-down list (single choice)	Text	Yes|No	No
If No, Select Primary Caregiver	Hidden	Text		No
Caregiver's Relation to Primary Caregiver	Drop-down list (single choice)	Text	Self|Spouse|Partner|Child|Parent|Grandparent|Aunt|Uncle|Niece|Nephew|Sibling|Other	No
Contact Information				
Address 1	Text	Alphanumeric		No
Address 2	Text	Alphanumeric		No
City	Text	Alphanumeric		No
State	Drop-down list (single choice)	Text	AL|AK|AZ|AR|CA|CO|CT|DE|FL|GA|HI|ID|IL|IN|IA|KS|KY|LA|ME|MD|MA|MI|MN|MS|MO|MT|NE|NV|NH|NJ|NM|NY|NC|ND|OH|OK|OR|PA|RI|SC|SD|TN|TX|UT|VT|VA|WA|WV|WI|WY	No
Zip	Text	Alphanumeric		No
Telephone	Text	Alphanumeric		No
Caregiver Demographics				
Caregiver Gender	Drop-down list (single choice)	Text	Male|Female|Prefer not to answer	Yes

Caregiver Ethnicity	Drop-down list (single choice)	Text	Hispanic/Latino/Spanish Origin|Non-Hispanic/Non-Latino/Not Spanish Origin	Yes
Caregiver Race (check all that apply)	Check box (multiple choice)	Text	American Indian or Alaska Native|Asian|African American or Black|Native Hawaiian or Other Pacific Islander|White|Other	Yes
Does this caregiver have a disability, as defined by IDEA?	Drop-down list (single choice)	Text	1,Yes|0,No	Yes
Caregiver Education	Drop-down list (single choice)	Text	Currently enrolled in high school|Of high school age not enrolled|Less than HS diploma|GED|High School Diploma|Some college/training|Technical Training Certification/Associate Degree|Bachelor Degree or higher	Yes
Caregiver Employment Status	Drop-down list (single choice)	Text	Employed Full Time|Employed Part-Time|Not Employed	No
Caregiver Marital Status	Drop-down list (single choice)	Text	Never Married|Married|Divorced|Widowed	Yes
Caregiver Insurance Status	Drop-down list (single choice)	Text	Medicaid/State Children Insurance Program (Title XXI)|No Insurance Coverage|Private or Other|Tri-Care	No
Caregiver Military Status	Drop-down list (single choice)	Text	Current Armed Forces Member|Former Armed Services Member|None	Yes
Primary and/or secondary caregiver military status	Drop-down list (single choice)	Text	Current Armed Forces Member|Former Armed Services Member|None	No
Does this caregiver speak a language other than English at home?	Drop-down list (single choice)	Text	1,Yes|0,No	Yes
Caregiver Primary Language	Drop-down list (single choice)	Text	English|Arabic|Chinese|French|Italian|Japanese|Korean|Polish|Russian|Spanish|Tagalog|Tribal languages|Vietnamese|Other	Yes
Household Information				
# of people in household (include everyone)	Text	Numeric		Yes
# of children under 18 in household	Text	Numeric		Yes
Housing Arrangement	Drop-down list (single choice)	Text	Stable housing|Temporary housing|Homeless/living in a shelter	No
Household Income				
Check all income sources for your household	Check box (multiple choice)	Text	Wages|Alimony|Worker's Comp|Temporary Assistance to Needy Families (TANF)|Unemployment|Social Security|Agricultural|Supplemental Security Income (SSI)|Other	No

Total Yearly Household Income	Drop-down list (single choice)	Alphanumeric	Less than $10000|$10000 – $19999|$20000 – $29999|$30000 – $39999|$40000 – $49999|$50000 – $59999|$60000 – $69999|$70000 – $79999|$80000 – $89999|$90000 – $99999|Greater than $100000	Yes

Child Profile

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Child Information				
Child ID	Text	Alphanumeric		No
Child System ID	Auto-generated	Alphanumeric		No
Active Status	Drop-down list (single choice)	Text	Active|Inactive	No
Alternate ID	Text	Alphanumeric		No
First Name	Text	Alphanumeric		Yes
Last Name	Text	Alphanumeric		Yes
Date of Birth	Date	Date (mm/dd/yyyy)		Yes
Enrollment Date	Date	Date (mm/dd/yyyy)		Yes
Number of weeks premature	Text	Numeric		No
Discharge Date	Date	Date (mm/dd/yyyy)		No
Discharge Reason	Drop-down list (single choice)	Text	1,Completed program or child aged out|2,Moved out of service area|3,No contact or could not locate|4,No longer interested in services|5,Unable to participate in services at this time|6,DCF involvement, non-prevention case opened|7,Other	No
Other discharge reason	Text	Text		No
Primary Caregiver ID	Text	Alphanumeric		No
Primary Caregiver System ID	Text	Numeric		No
Child Relationship to Primary Caregiver	Drop-down list (single choice)	Text	Son|Daughter|Niece|Nephew|Sibling|Foster Child|Grandchild|Other	Yes
Does the child have an IEP or IFSP?	Drop-down list (single choice)	Text	IEP|IFSP|None	Yes
Contact Information				
Address 1	Text	Alphanumeric		No
Address 2	Text	Alphanumeric		No
City	Text	Alphanumeric		No
State	Drop-down list (single choice)	Text	AL|AK|AZ|AR|CA|CO|CT|DE|FL|GA|HI|ID|IL|IN|IA|KS|KY|LA|ME|MD|MA|MI|MN|MS|MO|MT|NE|NV|NH|NJ|NM|NY|NC|ND|OH|OK|OR|PA|RI|SC|SD|TN|TX|UT|VT|VA|WA|WV|WI|WY	No
Zip	Text	Alphanumeric		No
Telephone	Text	Alphanumeric		No

Child Demographics				
Child Gender	Drop-down list (single choice)	Text	Male|Female|Prefer not to answer	Yes
Child Ethnicity	Drop-down list (single choice)	Text	Hispanic/Latino/Spanish Origin|Non-Hispanic/Non-Latino/Not Spanish Origin	Yes
Child Race (check all that apply)	Check box (multiple choice)	Text	American Indian or Alaska Native|Asian|African American or Black|Native Hawaiian or Other Pacific Islander|White|Other	Yes
Does this child have a disability, as defined by IDEA?	Drop-down list (single choice)	Text	1,Yes|0,No	Yes
Does this child speak a language other than English at home?	Drop-down list (single choice)	Text	1,Yes|0,No	Yes
Child Primary Language	Drop-down list (single choice)	Text	English|Arabic|Chinese|French|Italian|Japanese|Korean|Polish|Russian|Spanish|Tagalog|Tribal languages|Vietnamese|Other	Yes
Child Insurance Status	Drop-down list (single choice)	Text	Medicaid/State Children Insurance Program (Title XXI)|No Insurance Coverage|Private or Other|Tri-Care	Yes
At-Risk Criteria				
Is this Child Participating in Part B Assistance for Education of All Children with Disabilities?	Drop-down list (single choice)	Text	1,Yes|0,No	Yes
Is this child participating in Part C Early Intervention services?	Drop-down list (single choice)	Text	1,Yes|0,No	Yes

Environment Profile

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Add Environment				
Environment ID:	Auto-generated	Alphanumeric		No
Environment System ID:	Auto-generated	Alphanumeric		No
Active Status	Drop-down list (single choice)	Text	Active|Inactive	No
Environment Name:	Text	Text		Yes
Environment Type:	Drop-down list (single choice)	Text	Classroom|Child Care	No
Associated Children For Environment	Text	Numeric		No

ASQ-3

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Child's age (in months) at time of measurement	Text	Numeric		No
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		No
Did someone other than a primary caregiver complete the screen?	Drop-down list (single choice)	Text	1,Yes|0,No	No
If someone other than a caregiver completed the screen, please list their name	Text	Text		No
Relationship to child	Text	Text		No
Name of provider involved?	Text	Text		No
ASQ-3 Screening Month	Drop-down list (single choice)	Text	2|4|6|8|9|10|12|14|16|18|20|22|24|27|30|33|36|42|48|54|60	Yes
Scoring Information				
Communication Area Score	Text	Numeric		No
Gross Motor Area Score	Text	Numeric		No
Fine Motor Area Score	Text	Numeric		No
Problem-Solving Area Score	Text	Numeric		No
Personal-Social Area Score	Text	Numeric		No
Referrals				
Was a referral made as a result of this screening?	Drop-down list (single choice)	Text	0,No|1,Yes	Yes

ASQ SE-2

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Child's age (in months) at time of measurement	Text	Numeric		No
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		No
Did someone other than a primary caregiver complete the screen?	Drop-down list (single choice)	Text	1,Yes|0,No	No
If someone other than a caregiver completed the screen, please list their name	Text	Text		No
Relationship to child	Text	Text		No
Name of provider involved?	Text	Text		No
ASQ:SE-2 Screening Month	Drop-down list (single choice)	Text	2|6|12|18|24|30|36|48|60	Yes
Scoring Results				
ASQ:SE-2 Score	Text	Numeric		Yes
Referrals				
Was a referral made as a result of this screening?	Drop-down list (single choice)	Text	0,No|1,Yes	Yes

DECA-Infant

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Child's age (in months) at time of measurement	Text	Numeric		Yes
Person completing this form	Text	Text		No
Relationship to child	Text	Text		No
Scales				
Attachment / Relationships (AR) Raw Score	Text	Numeric		No
AR T-Score (28-72)	Text	Numeric		No
AR Percentile (1-99)	Text	Numeric		No
Initiative (IN) Raw Score	Text	Numeric		No
IN T-Score (28-72)	Text	Numeric		No
IN Percentile (1-99)	Text	Numeric		No
Total Protective Factors (TPF) Raw Score	Text	Numeric		No
TPF T-Score (28-72)	Text	Numeric		No
TPF Percentile (1-99)	Text	Numeric		No

DECA-P2

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Child's age (in months) at time of measurement	Text	Numeric		Yes
Person completing this form	Text	Text		No
Relationship to child	Text	Text		No
Scales				
Attachment / Relationships (AR) Raw Score	Text	Numeric		No
AR T-Score (28-72)	Text	Numeric		No
AR Percentile (1-99)	Text	Numeric		No
Initiative (IN) Raw Score	Text	Numeric		No
IN T-Score (28-72)	Text	Numeric		No
IN Percentile (1-99)	Text	Numeric		No
Self-Regulation (SR) Raw Score	Text	Numeric		No
SR T-Score (28-72)	Text	Numeric		No
SR Percentile (1-99)	Text	Numeric		No
Behavioral Concerns (BC) Raw Score	Text	Numeric		No
BC T-Score (28-72)	Text	Numeric		No
BC Percentile (1-99)	Text	Numeric		No
Total Protective Factors (TPF) Raw Score	Text	Numeric		No
TPF T-Score (28-72)	Text	Numeric		No
TPF Percentile (1-99)	Text	Numeric		No

DECA-Toddler

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Child's age (in months) at time of measurement	Text	Numeric		Yes
Person completing this form	Text	Text		No
Relationship to child	Text	Text		No
Scales				
Attachment / Relationships (AR) Raw Score	Text	Numeric		No
AR T-Score (28-72)	Text	Numeric		No
AR Percentile (1-99)	Text	Numeric		No
Initiative (IN) Raw Score	Text	Numeric		No
IN T-Score (28-72)	Text	Numeric		No
IN Percentile (1-99)	Text	Numeric		No
Self-Regulation (SR) Raw Score	Text	Numeric		No
SR T-Score (28-72)	Text	Numeric		No
SR Percentile (1-99)	Text	Numeric		No
Total Protective Factors (TPF) Raw Score	Text	Numeric		No
TPF T-Score (28-72)	Text	Numeric		No
TPF Percentile (1-99)	Text	Numeric		No

HOME EC (Early Childhood)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Child's age (in months) at time of measurement	Text	Numeric		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		Yes
Name of provider involved?	Text	Text		No
Did someone other than a primary caregiver complete the screen?	Drop-down list (single choice)	Text	1,Yes|0,No	No
If someone other than a caregiver completed the screen, please list their name	Text	Text		No
Relationship to child	Text	Text		No
Family composition (persons living in the household, including sex and age of children)	Narrative	Text		No
Other persons present at visit	Narrative	Text		No
Subscale Scores				
Learning Materials EC	Drop-down list (single choice)	Text	0|1|2|3|4|5|6|7|8|9|10|11	No
Language Stimulation EC	Drop-down list (single choice)	Text	0|1|2|3|4|5|6|7	No
Physical Environment EC	Drop-down list (single choice)	Text	0|1|2|3|4|5|6|7	No
Responsivity EC	Drop-down list (single choice)	Text	0|1|2|3|4|5|6|7	No
Academic Stimulation EC	Drop-down list (single choice)	Text	0|1|2|3|4|5	No
Modeling EC	Drop-down list (single choice)	Text	0|1|2|3|4|5	No
Variety EC	Drop-down list (single choice)	Text	0|1|2|3|4|5|6|7|8|9	No
Acceptance EC	Drop-down list (single choice)	Text	0|1|2|3|4	No
Total Score EC	Calculated	Text	Total score of all questions	No

HOME IT (Infant & Toddler)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Child's age (in months) at time of measurement	Text	Numeric		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		Yes
Name of provider involved?	Text	Text		No
Did someone other than a primary caregiver complete the screen?	Drop-down list (single choice)	Text	1,Yes|0,No	No
If someone other than a caregiver completed the screen, please list their name	Text	Text		No
Relationship to child	Text	Text		No
Family composition (persons living in the household, including sex and age of children)	Narrative	Text		No
Other persons present at visit	Narrative	Text		No
Subscale Scores				
Responsivity I/T	Drop-down list (single choice)	Text	0|1|2|3|4|5|6|7|8|9|10|11	No
Acceptance I/T	Drop-down list (single choice)	Text	0|1|2|3|4|5|6|7|8	No
Organization I/T	Drop-down list (single choice)	Text	0|1|2|3|4|5|6	No
Learning Materials I/T	Drop-down list (single choice)	Text	0|1|2|3|4|5|6|7|8|9	No
Involvement I/T	Drop-down list (single choice)	Text	0|1|2|3|4|5|6	No
Variety I/T	Drop-down list (single choice)	Text	0|1|2|3|4|5	No
Total Score I/T	Calculated	Text	Total score of all questions	No

KIPS

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Screening Information				
Date of Activity	Date	Dynamic Date		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		Yes
Child's age (in months) at time of measurement	Text	Numeric		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		No
Name of provider involved?	Text	Text		No
Did someone other than the primary caregiver participate in the caregiver-child interaction observed for the KIPS assessment?	Drop-down list (single choice)	Text	1,Yes|0,No	No
Name of the adult who participated in the KIPS assessment	Text	Text		No
Relationship to child	Text	Text		No
Reliability Observation	Drop-down list (single choice)	Text	Yes|No	No
Rated by	Text	Text		No
Scale Scores				
Sensitivity of Responses	Drop-down list (single choice)	Text	1|2|3|4|5	No
Supports Emotions	Drop-down list (single choice)	Text	1|2|3|4|5	No
Physical Interaction	Drop-down list (single choice)	Text	1|2|3|4|5	No
Involvement in Child's Activities	Drop-down list (single choice)	Text	1|2|3|4|5	No
Open to Child's Agenda	Drop-down list (single choice)	Text	1|2|3|4|5	No
Language Experiences	Drop-down list (single choice)	Text	1|2|3|4|5	No
Reasonable Expectations	Drop-down list (single choice)	Text	1|2|3|4|5	No
Adapts Strategies to Child	Drop-down list (single choice)	Text	1|2|3|4|5	No
Limits and Consequences	Drop-down list (single choice)	Text	1|2|3|4|5	No
Supportive Directions	Drop-down list (single choice)	Text	1|2|3|4|5	No
Encouragement	Drop-down list (single choice)	Text	1|2|3|4|5	No
Promotes Exploration/Curiosity?	Drop-down list (single choice)	Text	1|2|3|4|5	No
KIPS Mean Score	Calculated	Numeric	Average of all scores	No

Protective Factors Survey - 2nd Edition (pre/post version)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
PFS - 2nd edition				
Date of Activity	Date	Dynamic Date		No
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		No
Is this a Pre-test or Post-test?	Drop-down list (single choice)	Text	1,Pre-test|2,Post-test	Yes
Program Start Date:	Date	Date (mm/dd/yyyy)		No
Program Completion Date:	Date	Date (mm/dd/yyyy)		No
Program Information				
This section is for **staff use only** and should be completed by a staff member who is familiar with the program participant. This section is not meant to be viewed by the participant.	Explanation	Text		No
How was the survey completed?	Drop-down list (single choice)	Text	1,In a face-to-face interview|2,By the participant with assistance available from program staff to explain items as needed|3,By the participant without program staff present	No
In what language was the survey administered?	Drop-down list (single choice)	Text	1,English|2,Spanish|3,Arabic|4,French|5,Italian |6,Japanese|7,Korean|8,Mandarin|9,Polish|10, Russian|11,Tagalong|12,Tribal languages|13,Vietnamese|14,Other	No
How was the participant referred to your program?	Drop-down list (single choice)	Text	1,Self-Referred|2,Child Protective Services|3,Court|4,Community Program|5,Other	No
Has the participant been reported to Child Protective Services?	Drop-down list (single choice)	Text	0,No|1,Yes|2,Not Sure	No
If yes, the participant was reported to Child Protective Services…	Drop-down list (single choice)	Text	1,Before starting the program|2,During the program|3,After starting the program	No

If yes, was the report substantiated?	Drop-down list (single choice)	Text	0,No|1,Yes|2,Not Sure|3,No - referred to Differential Response|4,Yes - referred to Differential Response|5,Not Applicable	No
Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)	Drop-down list (multiple choice)	Text	1,Advocacy (self or community)|2,Healthy Relationships|3,Home Visiting|4,Homeless/Transitional Housing|5,Parent Education|6,Parent/Child Interaction|7,Parent Support Group|8,Planned and/or Crisis Respite|9,Resource and Referral|10,Skill Building/Ed for Children|11,Other	No
If you are using a specific curriculum, please write the name	Text	Text		No
Participant's Attendance				
Number of hours of service offered to the participant	Text	Numeric		No
Number of hours of service received by the participant	Text	Numeric		No
Participant Survey				
Your responses to this survey are confidential. If you need assistance completing the form, please ask a member of the staff. For each of the following, select the response that most closely matches how you feel.	Explanation	Text		No
1. The future looks good for our family.	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
2. In my family, we take time to listen to each other.	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No

3. There are things we do as a family that are special just to us.	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
4. My child misbehaves just to upset me.	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
5. I feel like I'm always telling my kids "no" or "stop."	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
6. I have frequent power struggles with my kids.	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
7. How I respond to my child depends on how I'm feeling.	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
8. I have people who believe in me.	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
9. I have someone in my life who gives me advice, even when it's hard to hear.	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
10. When I am trying to work on achieving a goal, I have friends who will support me.	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
11. When I need someone to look after my kids on short notice, I can find someone I trust.	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
12. I have people I trust to ask for advice about (check all that apply):	Drop-down list (multiple choice)	Text	1,Money/Bills/Budgeting|2,Relationships and/or My Love Life|3,Food/Nutrition|4,Stress/Anxiety and/or Depression|5,Parenting/My Kids|6,None of the above	No
How many boxes did you select for question # 12?	Drop-down list (single choice)	Text	0,0 boxes checked or None of the above|1,1 box checked|2,2 boxes checked|3,3 boxes checked|4,4 or more boxes checked	No

Program Experiences				
The following questions are about your experiences so far in this program or organization. Your answers to these questions can help staff improve services for you and others like you, so it's important you answer honestly. For each of the following, select the response that most closely matches how you feel.	Explanation	Text		No
13. I feel like staff here understand me.	Drop-down list (single choice)	Text	4,Strongly agree|3,Agree|2,Neither agree nor disagree|1,Disagree|0,Strongly disagree	No
14. No one here seems to believe that I can change.	Drop-down list (single choice)	Text	0,Strongly agree|1,Agree|2,Neither agree nor disagree|3,Disagree|4,Strongly disagree	No
15. When I talk to people here about my problems, they just don't seem to understand.	Drop-down list (single choice)	Text	0,Strongly agree|1,Agree|2,Neither agree nor disagree|3,Disagree|4,Strongly disagree	No
Affordability				
Sometimes it's hard for families to afford everything they need. For each of the following, check all that apply.	Explanation	Text		No
16. In the past month, were you unable to pay for:	Drop-down list (multiple choice)	Text	1,Rent or mortgage|2,Utilities or bills (electricity/gas/heat/cell phone/etc.)|3,Groceries/food (including baby formula/diapers)|4,Child care/daycare|5,Medicine/medical expenses or co-pays|6,Basic household or personal hygiene items|7,Transportation (including gas/bus passes/shared rides)|8,I was able to pay for all of these	No
How many boxes did you select for question # 16?	Drop-down list (single choice)	Text	4,0 boxes checked or I was able to pay for all of these|3,1 box checked|2,2 boxes checked|1,3 boxes checked|0,4 or more boxes checked	No

17. In the past year, have you:	Drop-down list (multiple choice)	Text	1,Delayed or not gotten medical or dental care|2,Been evicted from your home or apartment|3,Lived at a shelter or in a hotel/motel or in an abandoned building or in a vehicle|4,Moved in with other people (even temporarily) because you could not afford to pay rent/mortgage or bills|5,Lost access to your regular transportation (e.g. vehicle totaled or repossessed)|6,Been unemployed when you really needed and wanted a job|7,None of these apply to me	No
How many boxes did you select for question # 17?	Drop-down list (single choice)	Text	4,0 boxes checked or None of these apply to me|3,1 box checked|2,2 boxes checked|1,3 boxes checked|0,4 or more boxes checked	No
18. I have trouble affording what I need each month.	Drop-down list (single choice)	Text	4,Never|3,Rarely|2,Sometimes|1,Often|0,Almost always	No
19. I am able to afford the food I want to feed my family.	Drop-down list (single choice)	Text	0,Never|1,Rarely|2,Sometimes|3,Often|4,Almost always	No
Children in Household				
Please tell us about the children living in your household.	Explanation	Text		No
Child 1 Sex:	Drop-down list (single choice)	Text	Male|Female	No
Child 1 Age (in years):	Text	Numeric		No
Child 1 lives in my house:	Drop-down list (single choice)	Text	Yes|No	No
What is your relationship to Child 1?	Drop-down list (single choice)	Text	Birth parent|Step-parent|Adoptive parent|Foster parent|Grand/Great-grandparent|Sibling|Other relative|Other	No
Child 2 Sex:	Drop-down list (single choice)	Text	Male|Female	No
Child 2 Age (in years):	Text	Numeric		No
Child 2 lives in my house:	Drop-down list (single choice)	Text	Yes|No	No
What is your relationship to Child 2?	Drop-down list (single choice)	Text	Birth parent|Step-parent|Adoptive parent|Foster parent|Grand/Great-grandparent|Sibling|Other relative|Other	No
Child 3 Sex:	Drop-down list (single choice)	Text	Male|Female	No
Child 3 Age (in years):	Text	Numeric		No

Child 3 lives in my house:	Drop-down list (single choice)	Text	Yes|No	No
What is your relationship to Child 3?	Drop-down list (single choice)	Text	Birth parent|Step-parent|Adoptive parent|Foster parent|Grand/Great-grandparent|Sibling|Other relative|Other	No
Child 4 Sex:	Drop-down list (single choice)	Text	Male|Female	No
Child 4 Age (in years):	Text	Numeric		No
Child 4 lives in my house:	Drop-down list (single choice)	Text	Yes|No	No
What is your relationship to Child 4?	Drop-down list (single choice)	Text	Birth parent|Step-parent|Adoptive parent|Foster parent|Grand/Great-grandparent|Sibling|Other relative|Other	No
Please include information about any additional children here:	Narrative	Text		No
Demographics				
These last few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving and improve service provision. Remember, your responses to this survey are confidential.	Explanation	Text		No
Sex:	Drop-down list (single choice)	Text	Male|Female|Gender non-conforming/non-binary|Prefer not to answer	No
Age (in years):	Text	Numeric		No
Primary Language Spoken at Home:	Drop-down list (single choice)	Text	1,English|2,Spanish|3,Creole|4,Mandarin|5,Arabic|6,Russian|7,Other	No
Please list Other Language:	Text	Text		No
Race/Ethnicity (Please choose as many as apply):	Drop-down list (multiple choice)	Text	1,Native American or Alaskan Native|2,Asian|3,African American|4,African National/Caribbean Islander|5,Hispanic or Latino|6,Middle Eastern|7,Native Hawaiian/Pacific Islander|8,White (Non-Hispanic/European American)|9,Multi-racial|10,Other	No

Please list Other Race/Ethnicity:	Text	Text		No
Relationship Status:	Drop-down list (single choice)	Text	Married|Partnered|Single|Divorced|Widowed|Separated	No
Family Housing:	Drop-down list (single choice)	Text	Own|Rent|Shared housing with relatives/friends|Homeless|Temporary (shelter or temporary with friends/relatives)	No
Total Family Income:	Drop-down list (single choice)	Text	$0 - $10000|$10001 - $20000|$20001 - $30000|$30001 - $40000|$40001 - $50000|$50001 - $60000|more than $60001	No
Highest Level of Education:	Drop-down list (single choice)	Text	Elementary|Junior high school|Some high school|High school diploma or GED|Trade/Vocational training|Some college|2-year college degree (Associate's)|4-year college degree (Bachelor's)|Advanced degree	No
Which, if any, of the following do you or your family currently receive? (Check all that apply)	Drop-down list (multiple choice)	Text	Supplemental Nutrition Assistance Program (SNAP/food stamps)|Social Security Disability Income (SSDI)|Medicaid|Earned Income Tax Credit (EITC)|Temporary Assistance for Needy Families (TANF)|Head Start/Early Head Start Services|Unemployment Benefits|State Health Insurance (including children's health insurance)|Supplemental Security Income (SSI)|None of the above|Other	No
Subscale Scores				
Family Functioning Subscale Score: (Items 1-3)	Calculated	Numeric	Auto-calculated	No
Nurturing and Attachment Subscale Score: (Items 4-7)	Calculated	Numeric	Auto-calculated	No
Social Supports Subscale Score: (Items 8-12)	Calculated	Numeric	Auto-calculated	No
Caregiver/Practitioner Relationship Subscale Score: (Items 13-15)	Calculated	Numeric	Auto-calculated	No
Concrete Supports Subscale Score: (Items 16-19)	Calculated	Numeric	Auto-calculated	No

Encuesta de Factores de Protectores (SPFS-2)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Spanish PFS - 2nd edition				
Which child was involved?	Drop-down list (single choice)	Dynamic Child		No
Is this a Pre-test or Post-test?	Drop-down list (single choice)	Text	1,Pre-test|2,Post-test	Yes
Fecha de inicio del programa:	Date	Date (mm/dd/yyyy)		No
Fecha de finalización del programa:	Date	Date (mm/dd/yyyy)		No
Program Information				
Este formulario es para uso exclusivo del personal y debe ser completado por un miembro del personal que esté familiarizado con el participante del programa. Elimine este formulario antes de entregar la encuesta al participante para que la complete.	Explanation	Text		No
1. ¿Cómo se realizó la encuesta?	Drop-down list (single choice)	Text	1,A. En una entrevista en persona|2,B. Por el participante, con la ayuda disponible del personal del programa para explicar los temas según fuera necesario|3,C. Por el participante sin personal del programa presente	No
2. ¿Cómo fue referido el participante a su programa?	Drop-down list (single choice)	Text	1,A. Por cuenta propia|2,B. Servicios de Protección Infantil|3,C. Tribunal/Juez|4,D. Programa comunitario|5,E. Otro	No

3. ¿El participante ha sido reportado a los servicios se protección infantil?	Drop-down list (single choice)	Text	0,A. No|1,B. Sí|2,C. No estoy seguro	No
If yes, the participant was reported to Child Protective Services…	Drop-down list (single choice)	Text	1,Antes de iniciar el programa|2,Durante el programa|3,Después de completar el programa	No
4. ¿En caso afirmativo, ¿se verificó el informe de abuso infantil?	Drop-down list (single choice)	Text	0,A. No|1,B. Sí|2,C. No estoy seguro|3,D. No - referido a la respuesta diferencial|4,E. Sí - referido a la respuesta diferencial|5,F. No aplica	No
5. Identifique el tipo de programa que describe con mayor precisión los servicios que el participante está recibiendo de su programa/agencia. (Seleccione todas las que correspondan)	Drop-down list (multiple choice)	Text	1,A. Abogacia (propia, comunidad)|2,B. Relaciones saludables|3,C. Visitas a domicilio|4,D. Sin hogar/en viviendas transitorias para personas sin hogar|5,E. Educación para los padres|6,F. Interacción entre padres e hijo|7,G. Grupo de apoyo para padres|8,H. Relevo planificado o en casos críticos|9,I. Recursos y referencias|10,J. Desarrollo de habilidades/educación para niños|11,K. Otro	No
Si esté utilizando un currículo específico, escribe el nombre	Text	Text		No
Participant's Attendance				
Responder en la prueba previa: Número de horas de servicio ofrecidas al participante	Text	Numeric		No

Responder en la prueba posterior: Número de horas de servicio recibidas por el participante	Text	Numeric		No
Participant Survey				
Por favor responda las siguientes preguntas. Sus respuestas a esta encuesta son confidenciales. Si necesita usted ayuda en llenar la encuesta, pida ayuda a un miembro de la agencia. Para cada uno de los siguientes, marque la respuesta que más se acerque a cómo se siente.	Explanation	Text		No
1. El future se ve bien para nuestra familia.	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
2. En mi familia nos tomamos tiempo para escucharnos unos a otros.	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
3. Hay cosas que hacemos como familia que son especiales solo para nosotros.	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
4. Mi hijo se porta mal solo para molestarme.	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No

5. Siento que siempre les digo a mis hijos "no" o "basta".	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
6. Tengo peleas frecuentes con mis hijos por quién tiene el poder.	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
7. La manera como le contesto a mi hijo depende de cómo me siento.	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
8. Tengo gente que cree en mí.	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
9. Tengo alguien en mi vida que me da consejos, incluso cuando son difíciles de escuchar.	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
10. Cuando estoy tratando de lograr una meta tengo amigos que me apoyarán.	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
11. Cuando necesito que alguien cuide a mis hijos urgentemente, puedo encontrar a alguien en quien confio.	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No

12. Tengo gente en la que confío para pedirle consejos sobre (marque todas las opciones que correspondan):	Drop-down list (multiple choice)	Text	1,A. Dinero/Facturas/Presupuesto|2,B. Relaciones y/o mi vida amorosa|3,C. Comida/Nutrición|4,D. Estrés, ansiedad y/o depresión|5,E. Crianza/Mis hijos|6,F. Ninguna de las opciones anteriores	No
How many boxes did you select for question # 12?	Drop-down list (single choice)	Text	0,0 boxes checked or None of the above|1,1 box checked|2,2 boxes checked|3,3 boxes checked|4,4 or more boxes checked	No
Program Experiences				
Las siguientes preguntas son acerca de sus experiencias hasta ahora en este programa u organización. Sus respuestas a estas preguntas pueden ayudar al personal a mejorar los servicios para usted y otros com ousted, por lo que es importante que responda honestamente. Para cada uno de los siguientes elementos, marque la respuesta que más se acerque a cómo se siente.	Explanation	Text		No
13. Siento que el personal de la agencia/programa me entiende.	Drop-down list (single choice)	Text	4,Totalmente de acuerdo|3,De acuerdo|2,Ni de acuerdo ni en desacuerdo|1,En desacuerdo|0,Totalmente en desacuerdo	No

14. Nadie del personal en la agencia/programa parece creer que puedo cambiar.	Drop-down list (single choice)	Text	0,Totalmente de acuerdo|1,De acuerdo|2,Ni de acuerdo ni en desacuerdo|3,En desacuerdo|4,Totalmente en desacuerdo	No
15. Cuando hablo con el personal de la agencia/programa sobre mis problemas, no parecen entender.	Drop-down list (single choice)	Text	0,Totalmente de acuerdo|1,De acuerdo|2,Ni de acuerdo ni en desacuerdo|3,En desacuerdo|4,Totalmente en desacuerdo	No
Affordability				
Las siguientes preguntas son acerca de sus experiencias hasta ahora en este programa u organización. Sus respuestas a estas preguntas pueden ayudar al personal a mejorar los servicios para usted y otros com ousted, por lo que es importante que responda honestamente. Para cada uno de los siguientes elementos, marque la respuesta que más se acerque a cómo se siente.	Explanation	Text		No

16. El mes pasado, no pudo pagar (marque todas las opciones que correspondan):	Drop-down list (multiple choice)	Text	1,A. Renta o hipoteca|2,B. Servicios públicos o facturas (electricidad / gas / calefacción, teléfono celular, etc.)|3,C. Artículos de almacén / comida (incluso fórmula para bebés)|4,D. Cuidado de niños / guardería|5,E. Medicamentos, gastos médicos o copagos|6,F. Artículos básicos del hogar o de higiene personal|7,G. Transporte (incluso gasolina, pases de autobús, viajes compartidos)|8,H. Pude pagar todos estos	No
How many boxes did you select for question # 16?	Drop-down list (single choice)	Text	4,0 boxes checked or I was able to pay for all of these|3,1 box checked|2,2 boxes checked|1,3 boxes checked|0,4 or more boxes checked	No

17. Dentro del año pasado, usted (marque todas las opciones que correspondan)	Drop-down list (multiple choice)	Text	1,A. Se retrasó o no recibió atención médica u odontológica|2,B. Fue desalojado de su hogar o departamento|3,C. Vivió en un refugio, hotel/motel, una construcción abandonada o un vehículo|4,D. Se mudó con otras personas, aunque fuera temporalmente, porque no pudo pagar el alquiler, la hipoteca o las facturas|5,E. Perdió acceso a su transporte regular (por ejemplo, vehículo con destrucción total o embargado)|6,F. Estuvo desempleado cuando realmente necesitaba o deseaba un trabajo|7,G. Ninguna de estas opciones me corresponden	No
How many boxes did you select for question # 17?	Drop-down list (single choice)	Text	4,0 boxes checked or None of these apply to me|3,1 box checked|2,2 boxes checked|1,3 boxes checked|0,4 or more boxes checked	No
18. Tengo problemas para pagar lo que necesito cada mes.	Drop-down list (single choice)	Text	4,Nunca|3,Casi nunca|2,Algunas veces|1,Frecuentemente|0,Casi siempre	No
19. Puedo pagar la comida que deseo para alimentar a mi familia.	Drop-down list (single choice)	Text	0,Nunca|1,Casi nunca|2,Algunas veces|3,Frecuentemente|4,Casi siempre	No
Children in Household- Cuéntenos sobre los niños que viven en su hogar				
20. Child 1 Sex:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
21. Fecha de nacimiento:	Date	Date (mm/dd/yyyy)		No

22. Este niño vive en mi casa:	Drop-down list (single choice)	Text	Sí|No	No
23. ¿Cuál es su parentesco con este niño?	Drop-down list (single choice)	Text	A. Madre/padre biológico|B. Padrastro o madrastra|C. Madre/padre adoptivo|D. Madre/padre sustituto|E. Abuelo(a) o bisabuelo(a)|F. Hermanos|G. Otro pariente|H. Otro	No
24. Child 2 Sex:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
25. Fecha de nacimiento:	Date	Date (mm/dd/yyyy)		No
26. Este niño vive en mi casa:	Drop-down list (single choice)	Text	Sí|No	No
27. ¿Cuál es su parentesco con este niño?	Drop-down list (single choice)	Text	A. Madre/padre biológico|B. Padrastro o madrastra|C. Madre/padre adoptivo|D. Madre/padre sustituto|E. Abuelo(a) o bisabuelo(a)|F. Hermanos|G. Otro pariente|H. Otro	No
28. Child 3 Sex:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
29. Fecha de nacimiento:	Date	Date (mm/dd/yyyy)		No
30. Este niño vive en mi casa:	Drop-down list (single choice)	Text	Sí|No	No
31. ¿Cuál es su parentesco con este niño?	Drop-down list (single choice)	Text	A. Madre/padre biológico|B. Padrastro o madrastra|C. Madre/padre adoptivo|D. Madre/padre sustituto|E. Abuelo(a) o bisabuelo(a)|F. Hermanos|G. Otro pariente|H. Otro	No
32. Child 4 Sex:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
33. Fecha de nacimiento:	Date	Date (mm/dd/yyyy)		No

34. Este niño vive en mi casa:	Drop-down list (single choice)	Text	Sí|No	No
35. ¿Cuál es su parentesco con este niño?	Drop-down list (single choice)	Text	A. Madre/padre biológico|B. Padrastro o madrastra|C. Madre/padre adoptivo|D. Madre/padre sustituto|E. Abuelo(a) o bisabuelo(a)|F. Hermanos|G. Otro pariente|H. Otro	No
Please include information about any additional children here:	Narrative	Text		No
Demographics				
Estas siguientes preguntas son sobre usted y su hogar. El personal del programa las utilizará para entender las necesidades de las personas y familias a las que atienden y mejorar la prestación de servicios. Recuerde, sus respuestas a esta encuesta son confidenciales.	Explanation	Text		No
36. Sexo:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
37. Edad (en años):	Text	Numeric		No
38. Idioma principal hablado en casa:	Drop-down list (single choice)	Text	A. Inglés|B. Español|C. Creole|D. Mandarín|E. Árabe|F. Ruso|G. Otro:	No
Please list Other Language:	Text	Text		No

39. Raza/etnia (marque todas las que correspondan):	Drop-down list (multiple choice)	Text	A. Nativo americano o nativo de Alaska|B. Asiático|C. Negro o afroamericano|D. Nacional africano/Isleño del Caribe|E. Hispano o latino|F. Oriente Medio|G. Nativo de Hawái o de las Islas del Pacífico|H. Blanco (no hispano/europeo americano)|I. Mestizo|J. Otro:	No
Please list Other Race/Ethnicity:	Text	Text		No
40. Estado civil:	Drop-down list (single choice)	Text	A. Casado(a)|B. En concubinato/Unión libre|C. Soltero(a) - nunca se ha casado|D. Divorciado(a)|E. Viudo(a)|F. Separado(a)	No
41. Vivienda Familiar:	Drop-down list (single choice)	Text	A. Propia|B. Alquilado/renta|C. Vivienda compartida con familiares o amigos|D. Sin hogar|E. Temporal (refugio, temporal con amigos/familiares)	No
42. Total de Ingreso Familiar anual:	Drop-down list (single choice)	Text	A. $0 - $10000|B. $10001 - $20000|C. $20001 - $30000|D. $30001 - $40000|E. $40001 - $50000|F. $50001 - $60000|G. Más de $60001	No

43. Grado de educación más alto logrado:	Drop-down list (single choice)	Text	A. Sin educación formal|B. Primaria|C. Secundaria|D. Algunos estudios de secundaria o preparatoria (some high school)|E. Diploma de preparatoria o GED (diploma de educación general)|F. Educación Professional Técnica/ Technical (Vocational)|G. Algunos estudios universitarios|H. Título universitario de dos años (técnico superior)|I. Título universitario de cuatro años (licenciatura)|J. Título de posgrado	No

44. ¿Cuál de los siguientes, si es que hay alguno, recibe usted o su familia actualmente? (Marque todo lo que corresponda)	Drop-down list (multiple choice)	Text	A. Programa de asistencia nutricional suplementaria (Supplemental Nutrition Assistance Program [SNAP] o cupones de alimentación)|B. Seguro Social por discapacidad (Social Security Disability Income, SSDI)|C. Medicaid/Medicare|D. Deducción en el impuesto sobre la renta (Earned Income Tax Credit, EITC)|E. El Programa de Asistencia Temporal Para Familias Necesitadas (Temporary Assistance for Needy Families TANF)|F. Servicios de Head Start/Early Head Start|G. Beneficios de desempleo|H. Seguro médico estatal (incluido el seguro médico para niños)|I. Seguridad de Ingreso Suplementario (Supplemental Security Income, SSI)|J. Ninguna de las anteriores|K. Otro	No
Subscale Scores				
Family Functioning Subscale Score: (Items 1-3)	Calculated	Numeric	Auto-calculated	No
Nurturing and Attachment Subscale Score: (Items 4-7)	Calculated	Numeric	Auto-calculated	No
Social Supports Subscale Score: (Items 8-12)	Calculated	Numeric	Auto-calculated	No
Caregiver/Practitioner Relationship Subscale Score: (Items 13-15)	Calculated	Numeric	Auto-calculated	No

Concrete Supports Subscale Score: (Items 16-19)	Calculated	Numeric	Auto-calculated	No
Reference				
Esta encuesta fue desarrollada por el Centro Nacional FRIENDS para la Prevención del Abuso Infantil Basado en la Comunidad en asociación con el Centro de Asociaciones e Investigaciones Públicas de la Universidad de Kansas a través de fondos proveídos por el Departamento de Salud y Servicios Humanos de los Estados Unidos.	Explanation	Text		No

Retrospective Protective Factors Survey - 2nd Edition

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Retrospective PFS - 2nd edition				
Date of Activity	Date	Dynamic Date		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		No
Program Start Date:	Date	Date (mm/dd/yyyy)		No
Program Completion Date:	Date	Date (mm/dd/yyyy)		No
Program Information				
This section is for **staff use only** and should be completed by a staff member who is familiar with the program participant. This section is not meant to be viewed by the participant.	Explanation	Text		No
How was the survey completed?	Drop-down list (single choice)	Text	1,In a face-to-face interview|2,By the participant with assistance available from program staff to explain items as needed|3,By the participant without program staff present	No
In what language was the survey administered?	Drop-down list (single choice)	Text	1,English|2,Spanish|3,Arabic|4,French|5,Italian|6,Japanese|7,Korean|8,Mandarin|9,Polish|10,Russian|11,Tagalong|12,Tribal languages|13,Vietnamese|14,Other	No

How was the participant referred to your program?	Drop-down list (single choice)	Text	1,Self-Referred|2,Child Protective Services|3,Court|4,Community Program|5,Other	No
Has the participant been reported to Child Protective Services?	Drop-down list (single choice)	Text	0,No|1,Yes|2,Not Sure	No
If yes, the participant was reported to Child Protective Services…	Drop-down list (single choice)	Text	1,Before starting the program|2,During the program|3,After starting the program	No
If yes, was the report substantiated?	Drop-down list (single choice)	Text	0,No|1,Yes|2,Not Sure|3,No - referred to Differential Response|4,Yes - referred to Differential Response|5,Not Applicable	No
Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)	Drop-down list (multiple choice)	Text	1,Advocacy (self or community)|2,Healthy Relationships|3,Home Visiting|4,Homeless/Transitional Housing|5,Parent Education|6,Parent/Child Interaction|7,Parent Support Group|8,Planned and/or Crisis Respite|9,Resource and Referral|10,Skill Building/Ed for Children|11,Other	No
If you are using a specific curriculum, please write the name	Text	Text		No
Participant's Attendance				
Number of hours of service offered to the participant	Text	Numeric		No

Number of hours of service received by the participant	Text	Numeric		No
Participant Survey				
Your responses to this survey are confidential. If you need assistance completing the form, please ask a member of the staff. Please think back to when you started this program. For each of the following items, select the first column based on how you felt or what you experienced **BEFORE** you started the program. On the second column, respond based on how you feel or what you experience **NOW**.	Explanation	Text		No
1. The future looks good for our family. (BEFORE)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
1. The future looks good for our family. (NOW)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
2. In my family, we take time to listen to each other. (BEFORE)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No

2. In my family, we take time to listen to each other. (NOW)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
3. There are things we do as a family that are special just to us. (BEFORE)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
3. There are things we do as a family that are special just to us. (NOW)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
4. My child misbehaves just to upset me. (BEFORE)	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
4. My child misbehaves just to upset me. (NOW)	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
5. I feel like I'm always telling my kids "no" or "stop". (BEFORE)	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
5. I feel like I'm always telling my kids "no" or "stop". (NOW)	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
6. I have frequent power struggles with my kids. (BEFORE)	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No

6. I have frequent power struggles with my kids. (NOW)	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
7. How I respond to my child depends on how I'm feeling. (BEFORE)	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
7. How I respond to my child depends on how I'm feeling. (NOW)	Drop-down list (single choice)	Text	4,Not at all like my life|3,Not much like my life|2,Somewhat like my life|1,Quite a lot like my life|0,Just like my life	No
8. I have people who believe in me. (BEFORE)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
8. I have people who believe in me. (NOW)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
9. I have someone in my life who gives me advice, even when it's hard to hear. (BEFORE)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
9. I have someone in my life who gives me advice, even when it's hard to hear. (NOW)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
10. When I am trying to work on achieving a goal, I have friends who will support me. (BEFORE)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No

10. When I am trying to work on achieving a goal, I have friends who will support me. (NOW)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
11. When I need someone to look after my kids on short notice, I can find someone I trust. (BEFORE)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
11. When I need someone to look after my kids on short notice, I can find someone I trust. (NOW)	Drop-down list (single choice)	Text	0,Not at all like my life|1,Not much like my life|2,Somewhat like my life|3,Quite a lot like my life|4,Just like my life	No
12. I have people I trust to ask for advice about (check all that apply): (BEFORE)	Drop-down list (multiple choice)	Text	1,Money/Bills/Budgeting|2,Relationships and/or My Love Life|3,Food/Nutrition|4,Stress/Anxiety and/or Depression|5,Parenting/My Kids|6,None of the above	No
12. I have people I trust to ask for advice about (check all that apply): (NOW)	Drop-down list (multiple choice)	Text	1,Money/Bills/Budgeting|2,Relationships and/or My Love Life|3,Food/Nutrition|4,Stress/Anxiety and/or Depression|5,Parenting/My Kids|6,None of the above	No
How many boxes did you select for question # 12 (BEFORE)?	Drop-down list (single choice)	Text	0,0 boxes checked or None of the above|1,1 box checked|2,2 boxes checked|3,3 boxes checked|4,4 or more boxes checked	No
How many boxes did you select for question # 12 (NOW)?	Drop-down list (single choice)	Text	0,0 boxes checked or None of the above|1,1 box checked|2,2 boxes checked|3,3 boxes checked|4,4 or more boxes checked	No
Program Experiences				

The following questions are about your experiences so far in this program or organization. Your answers to these questions can help staff improve services for you and others like you, so it's important you answer honestly. For each of the following items, mark the first column based on how you felt or what you experienced BEFORE you started the program. On the second column, respond based on how you feel or what you experience NOW.	Explanation	Text		No
13. I feel like staff here understand me. (BEFORE)	Drop-down list (single choice)	Text	4,Strongly agree|3,Agree|2,Neither agree nor disagree|1,Disagree|0,Strongly disagree	No
13. I feel like staff here understand me. (NOW)	Drop-down list (single choice)	Text	4,Strongly agree|3,Agree|2,Neither agree nor disagree|1,Disagree|0,Strongly disagree	No
14. No one here seems to believe that I can change. (BEFORE)	Drop-down list (single choice)	Text	0,Strongly agree|1,Agree|2,Neither agree nor disagree|3,Disagree|4,Strongly disagree	No
14. No one here seems to believe that I can change. (NOW)	Drop-down list (single choice)	Text	0,Strongly agree|1,Agree|2,Neither agree nor disagree|3,Disagree|4,Strongly disagree	No

15. When I talk to people here about my problems, they just don't seem to understand. (BEFORE)	Drop-down list (single choice)	Text	0,Strongly agree|1,Agree|2,Neither agree nor disagree|3,Disagree|4,Strongly disagree	No
15. When I talk to people here about my problems, they just don't seem to understand. (NOW)	Drop-down list (single choice)	Text	0,Strongly agree|1,Agree|2,Neither agree nor disagree|3,Disagree|4,Strongly disagree	No
Affordability				
Sometimes it's hard for families to afford everything they need. For each of the following, check all that apply.	Explanation	Text		No
16. In the past month, were you unable to pay for:	Drop-down list (multiple choice)	Text	1,Rent or mortgage|2,Utilities or bills (electricity/gas/heat/cell phone/etc.)|3,Groceries/food (including baby formula/diapers)|4,Child care/daycare|5,Medicine/medical expenses or co-pays|6,Basic household or personal hygiene items|7,Transportation (including gas/bus passes/shared rides)|8,I was able to pay for all of these	No
How many boxes did you select for question # 16?	Drop-down list (single choice)	Text	4,0 boxes checked or I was able to pay for all of these|3,1 box checked|2,2 boxes checked|1,3 boxes checked|0,4 or more boxes checked	No

17. In the past year, have you:	Drop-down list (multiple choice)	Text	1,Delayed or not gotten medical or dental care|2,Been evicted from your home or apartment|3,Lived at a shelter or in a hotel/motel or in an abandoned building or in a vehicle|4,Moved in with other people (even temporarily) because you could not afford to pay rent/mortgage or bills|5,Lost access to your regular transportation (e.g. vehicle totaled or repossessed)|6,Been unemployed when you really needed and wanted a job|7,None of these apply to me	No
How many boxes did you select for question # 17?	Drop-down list (single choice)	Text	4,0 boxes checked or None of these apply to me|3,1 box checked|2,2 boxes checked|1,3 boxes checked|0,4 or more boxes checked	No
18. I have trouble affording what I need each month.	Drop-down list (single choice)	Text	4,Never|3,Rarely|2,Sometimes|1,Often|0,Almost always	No
19. I am able to afford the food I want to feed my family.	Drop-down list (single choice)	Text	0,Never|1,Rarely|2,Sometimes|3,Often|4,Almost Always	No
Children in Household				
Please tell us about the children living in your household.	Explanation	Text		No
Child 1 Sex:	Drop-down list (single choice)	Text	Male|Female	No
Child 1 Age (in years):	Text	Numeric		No
Child 1 lives in my house:	Drop-down list (single choice)	Text	Yes|No	No
What is your relationship to Child 1?	Drop-down list (single choice)	Text	Birth parent|Step-parent|Adoptive parent|Foster parent|Grand/Great-grandparent|Sibling|Other relative|Other	No

Child 2 Sex:	Drop-down list (single choice)	Text	Male|Female	No
Child 2 Age (in years):	Text	Numeric		No
Child 2 lives in my house:	Drop-down list (single choice)	Text	Yes|No	No
What is your relationship to Child 2?	Drop-down list (single choice)	Text	Birth parent|Step-parent|Adoptive parent|Foster parent|Grand/Great-grandparent|Sibling|Other relative|Other	No
Child 3 Sex:	Drop-down list (single choice)	Text	Male|Female	No
Child 3 Age (in years):	Text	Numeric		No
Child 3 lives in my house:	Drop-down list (single choice)	Text	Yes|No	No

What is your relationship to Child 3?	Drop-down list (single choice)	Text	Birth parent|Step-parent|Adoptive parent|Foster parent|Grand/Great-grandparent|Sibling|Other relative|Other	No
Child 4 Sex:	Drop-down list (single choice)	Text	Male|Female	No
Child 4 Age (in years):	Text	Numeric		No
Child 4 lives in my house:	Drop-down list (single choice)	Text	Yes|No	No
What is your relationship to Child 4?	Drop-down list (single choice)	Text	Birth parent|Step-parent|Adoptive parent|Foster parent|Grand/Great-grandparent|Sibling|Other relative|Other	No
Please include information about any additional children here:	Narrative	Text		No
Demographics				
These last few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving and improve service provision. Remember, your responses to this survey are confidential.	Explanation	Text		No
Sex:	Drop-down list (single choice)	Text	Male|Female|Gender non-conforming/non-binary|Prefer not to answer	No
Age (in years):	Text	Numeric		No
Primary Language Spoken at Home:	Drop-down list (single choice)	Text	1,English|2,Spanish|3,Creole|4,Mandarin|5,Arabic|6,Russian|7,Other	No

Please list Other Language:	Text	Text		No
Race/Ethnicity (Please choose as many as apply):	Drop-down list (multiple choice)	Text	1,Native American or Alaskan Native|2,Asian|3,African American|4,African National/Caribbean Islander|5,Hispanic or Latino|6,Middle Eastern|7,Native Hawaiian/Pacific Islander|8,White (Non-Hispanic/European American)|9,Multi-racial|10,Other	No
Please list Other Race/Ethnicity:	Text	Text		No
Relationship Status:	Drop-down list (single choice)	Text	Married|Partnered|Single|Divorced|Widowed|Separated	No
Family Housing:	Drop-down list (single choice)	Text	Own|Rent|Shared housing with relatives/friends|Homeless|Temporary (shelter or temporary with friends/relatives)	No
Total Family Income:	Drop-down list (single choice)	Text	$0 - $10000|$10001 - $20000|$20001 - $30000|$30001 - $40000|$40001 - $50000|$50001 - $60000|more than $60001	No
Highest Level of Education:	Drop-down list (single choice)	Text	Elementary|Junior high school|Some high school|High school diploma or GED|Trade/Vocational training|Some college|2-year college degree (Associate's)|4-year college degree (Bachelor's)|Advanced degree	No

Which, if any, of the following do you or your family currently receive? (Check all that apply)	Drop-down list (multiple choice)	Text	Supplemental Nutrition Assistance Program (SNAP/food stamps)|Social Security Disability Income (SSDI)|Medicaid|Earned Income Tax Credit (EITC)|Temporary Assistance for Needy Families (TANF)|Head Start/Early Head Start Services|Unemployment Benefits|State Health Insurance (including children's health insurance)|Supplemental Security Income (SSI)|None of the above|Other	No
Subscale Scores - BEFORE				
Family Functioning Subscale Score (BEFORE): (Items 1-3)	Calculated	Numeric	Auto-calculated	No
Nurturing and Attachment Subscale Score (BEFORE): (Items 4-7)	Calculated	Numeric	Auto-calculated	No
Social Supports Subscale Score (BEFORE): (Items 8-12)	Calculated	Numeric	Auto-calculated	No
Caregiver/Practitioner Relationship Subscale Score (BEFORE): (Items 13-15)	Calculated	Numeric	Auto-calculated	No
Concrete Supports Subscale Score: (Items 16-19)	Calculated	Numeric	Auto-calculated	No
Subscale Scores - NOW				
Family Functioning Subscale Score (NOW): (Items 1-3)	Calculated	Numeric	Auto-calculated	No
Nurturing and Attachment Subscale Score (NOW): (Items 4-7)	Calculated	Numeric	Auto-calculated	No

Social Supports Subscale Score (NOW): (Items 8-12)	Calculated	Numeric	Auto-calculated	No
Caregiver/Practitioner Relationship Subscale Score (NOW): (Items 13-15)	Calculated	Numeric	Auto-calculated	No

Encuesta sobre los Factores de Protección - Una Retrospectiva (SPFS-2)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Spanish Retrospective PFS - 2nd edition				
"Date of Activity" es fecha en que se llevó a cabo la encuesta.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes
Which caregiver was involved?	Drop-down list (single choice)	Dynamic Caregiver		Yes
Which child was involved?	Drop-down list (single choice)	Dynamic Child		No
Fecha de inicio del programa:	Date	Date (mm/dd/yyyy)		No
Fecha de finalización del programa:	Date	Date (mm/dd/yyyy)		No
Program Information				
Este formulario es para uso exclusivo del personal y debe ser completado por un miembro del personal que esté familiarizado con el participante del programa. Elimine este formulario antes de entregar la encuesta al participante para que la complete.	Explanation	Text		No
1. ¿Cómo se realizó la encuesta?	Drop-down list (single choice)	Text	1,A. En una entrevista en persona|2,B. Por el participante, con la ayuda disponible del personal del programa para explicar los temas según fuera necesario|3,C. Por el participante sin personal del programa presente	No

2. ¿Cómo fue referido el participante a su programa?	Drop-down list (single choice)	Text	1,A. Por cuenta propia|2,B. Servicios de Protección Infantil|3,C. Tribunal/Juez|4,D. Programa comunitario|5,E. Otro	No
3. ¿El participante ha sido reportado a los servicios se protección infantil?	Drop-down list (single choice)	Text	0,A. No|1,B. Sí|2,C. No estoy seguro	No
If yes, the participant was reported to Child Protective Services…	Drop-down list (single choice)	Text	1,Antes de iniciar el programa|2,Durante el programa|3,Después de completar el programa	No
4. ¿En caso afirmativo, ¿se verificó el informe de abuso infantil?	Drop-down list (single choice)	Text	0,A. No|1,B. Sí|2,C. No estoy seguro|3,D. No - referido a la respuesta diferencial|4,E. Sí - referido a la respuesta diferencial|5,F. No aplica	No
5. Identifique el tipo de programa que describe con mayor precisión los servicios que el participante está recibiendo de su programa/agencia. (Seleccione todas las que correspondan)	Drop-down list (multiple choice)	Text	1,A. Abogacia (propia, comunidad)|2,B. Relaciones saludables|3,C. Visitas a domicilio|4,D. Sin hogar/en viviendas transitorias para personas sin hogar|5,E. Educación para los padres|6,F. Interacción entre padres e hijo|7,G. Grupo de apoyo para padres|8,H. Relevo planificado o en casos críticos|9,I. Recursos y referencias|10,J. Desarrollo de habilidades/educación para niños|11,K. Otro	No
Si esté utilizando un currículo específico, escribe el nombre	Text	Text		No
Participant's Attendance				

Responder en la prueba previa: Número de horas de servicio ofrecidas al participante	Text	Numeric		No
Responder en la prueba posterior: Número de horas de servicio recibidas por el participante	Text	Numeric		No
Participant Survey				
Sus respuestas a esta encuesta son confidenciales. Si necesita usted ayuda en llenar la encuesta, pida ayuda a un miembro de la agencia. Favor de pensar en cuándo empezó el programa. Para cada pregunta, marque la primera línea basado en cómo se sentía usted o qué le pasó ANTES de comenzar el programa. En la segunda línea, responda basado en cómo se siente o qué le pasa AHORA (hoy en día).	Explanation	Text		No
1. El futuro se ve bien para nuestra familia. (ANTES)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
1. El futuro se ve bien para nuestra familia. (AHORA)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No

2. En mi familia nos tomamos tiempo para escucharnos unos a otros. (ANTES)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
2. En mi familia nos tomamos tiempo para escucharnos unos a otros. (AHORA)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
3. Hay cosas que hacemos como familia que son especiales solo para nosotros. (ANTES)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
3. Hay cosas que hacemos como familia que son especiales solo para nosotros. (AHORA)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
4. Mi hijo se porta mal solo para molestarme. (ANTES)	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
4. Mi hijo se porta mal solo para molestarme. (AHORA)	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
5. Siento que siempre les digo a mis hijos "no" o "basta". (ANTES)	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
5. Siento que siempre les digo a mis hijos "no" o "basta". (AHORA)	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No

6. Tengo peleas frecuentes con mis hijos por quién tiene el poder. (ANTES)	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
6. Tengo peleas frecuentes con mis hijos por quién tiene el poder. (AHORA)	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
7. La manera como le contesto a mi hijo depende de cómo me siento. (ANTES)	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
7. La manera como le contesto a mi hijo depende de cómo me siento. (AHORA)	Drop-down list (single choice)	Text	4,Para nada parecido a mi vida|3,No muy parecido a mi vida|2,Algo parecido a mi vida|1,Bastante parecido a mi vida|0,Igual a mi vida	No
8. Tengo gente que cree en mí. (ANTES)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
8. Tengo gente que cree en mí. (AHORA)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
9. Tengo alguien en mi vida que me da consejos, incluso cuando son difíciles de escuchar. (ANTES)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
9. Tengo alguien en mi vida que me da consejos, incluso cuando son difíciles de escuchar. (AHORA)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No

10. Cuando estoy tratando de lograr una meta, tengo amigos que me apoyarán. (ANTES)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
10. Cuando estoy tratando de lograr una meta, tengo amigos que me apoyarán. (AHORA)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
11. Cuando necesito que alguien cuide a mis hijos urgentemente, puedo encontrar a alguien en quien confío. (ANTES)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
11. Cuando necesito que alguien cuide a mis hijos urgentemente, puedo encontrar a alguien en quien confío. (AHORA)	Drop-down list (single choice)	Text	0,Para nada parecido a mi vida|1,No muy parecido a mi vida|2,Algo parecido a mi vida|3,Bastante parecido a mi vida|4,Igual a mi vida	No
12. Tengo gente en la que confío para pedirle consejos sobre (marque todas las opciones que correspondan): (ANTES)	Drop-down list (multiple choice)	Text	1,A. Dinero/Facturas/Presupuesto|2,B. Relaciones y/o mi vida amorosa|3,C. Comida/Nutrición|4,D. Estrés, ansiedad y/o depresión|5,E. Crianza/Mis hijos|6,F. Ninguna de las opciones anteriores	No

12. Tengo gente en la que confío para pedirle consejos sobre (marque todas las opciones que correspondan): (AHORA)	Drop-down list (multiple choice)	Text	1,A. Dinero/Facturas/Presupuesto|2,B. Relaciones y/o mi vida amorosa|3,C. Comida/Nutrición|4,D. Estrés, ansiedad y/o depresión|5,E. Crianza/Mis hijos|6,F. Ninguna de las opciones anteriores	No
How many boxes did you select for question # 12 (ANTES)?	Drop-down list (single choice)	Text	0,0 boxes checked or None of the above|1,1 box checked|2,2 boxes checked|3,3 boxes checked|4,4 or more boxes checked	No
How many boxes did you select for question # 12 (AHORA)?	Drop-down list (single choice)	Text	0,0 boxes checked or None of the above|1,1 box checked|2,2 boxes checked|3,3 boxes checked|4,4 or more boxes checked	No
Program Experiences				

Las siguientes preguntas son acerca de sus experiencias hasta ahora en este programa u organización. Sus respuestas a estas preguntas pueden ayudar al personal a mejorar los servicios para usted y otros como usted, por lo que es importante que responda honestamente. Para cada uno de los siguientes elementos, marque la primera fila en función de cómo se sintió o lo que experimentó **ANTES** de iniciar el programa. En la segunda fila, responda en función de cómo se siente o de lo que experimenta **AHORA**.	Explanation	Text		No
13. Siento que el personal de la agencia/programa me entiende. (ANTES)	Drop-down list (single choice)	Text	4,Totalmente de acuerdo|3,De acuerdo|2,Ni de acuerdo ni en desacuerdo|1,En desacuerdo|0,Totalmente en desacuerdo	No
13. Siento que el personal de la agencia/programa me entiende. (AHORA)	Drop-down list (single choice)	Text	4,Totalmente de acuerdo|3,De acuerdo|2,Ni de acuerdo ni en desacuerdo|1,En desacuerdo|0,Totalmente en desacuerdo	No

14. Nadie del personal en la agencia/programa parece creer que puedo cambiar. (ANTES)	Drop-down list (single choice)	Text	0,Totalmente de acuerdo|1,De acuerdo|2,Ni de acuerdo ni en desacuerdo|3,En desacuerdo|4,Totalmente en desacuerdo	No
14. Nadie del personal en la agencia/programa parece creer que puedo cambiar. (AHORA)	Drop-down list (single choice)	Text	0,Totalmente de acuerdo|1,De acuerdo|2,Ni de acuerdo ni en desacuerdo|3,En desacuerdo|4,Totalmente en desacuerdo	No
15. Cuando hablo con el personal de la agencia/programa sobre mis problemas, no parecen entender. (ANTES)	Drop-down list (single choice)	Text	0,Totalmente de acuerdo|1,De acuerdo|2,Ni de acuerdo ni en desacuerdo|3,En desacuerdo|4,Totalmente en desacuerdo	No
15. Cuando hablo con el personal de la agencia/programa sobre mis problemas, no parecen entender. (AHORA)	Drop-down list (single choice)	Text	0,Totalmente de acuerdo|1,De acuerdo|2,Ni de acuerdo ni en desacuerdo|3,En desacuerdo|4,Totalmente en desacuerdo	No
Affordability				
A veces es difícil para las familias pagar todo lo que necesitan. Para cada uno de los siguientes, marque todo lo que corresponda.	Explanation	Text		No

16. El mes pasado, no pudo pagar (marque todas las opciones que correspondan):	Drop-down list (multiple choice)	Text	1,A. Renta o hipoteca|2,B. Servicios públicos o facturas (electricidad / gas / calefacción, teléfono celular, etc.)|3,C. Artículos de almacén / comida (incluso fórmula para bebés)|4,D. Cuidado de niños / guardería|5,E. Medicamentos, gastos médicos o copagos|6,F. Artículos básicos del hogar o de higiene personal|7,G. Transporte (incluso gasolina, pases de autobús, viajes compartidos)|8,H. Pude pagar todos estos	No
How many boxes did you select for question # 16?	Drop-down list (single choice)	Text	4,0 boxes checked or I was able to pay for all of these|3,1 box checked|2,2 boxes checked|1,3 boxes checked|0,4 or more boxes checked	No

17. Dentro del año pasado, usted (marque todas las opciones que correspondan)	Drop-down list (multiple choice)	Text	1,A. Se retrasó o no recibió atención médica u odontológica|2,B. Fue desalojado de su hogar o departamento|3,C. Vivió en un refugio, hotel/motel, una construcción abandonada o un vehículo|4,D. Se mudó con otras personas, aunque fuera temporalmente, porque no pudo pagar el alquiler, la hipoteca o las facturas|5,E. Perdió acceso a su transporte regular (por ejemplo, vehículo con destrucción total o embargado)|6,F. Estuvo desempleado cuando realmente necesitaba o deseaba un trabajo|7,G. Ninguna de estas opciones me corresponden	No
How many boxes did you select for question # 17?	Drop-down list (single choice)	Text	4,0 boxes checked or None of these apply to me|3,1 box checked|2,2 boxes checked|1,3 boxes checked|0,4 or more boxes checked	No
18. Tengo problemas para pagar lo que necesito cada mes.	Drop-down list (single choice)	Text	4,Nunca|3,Casi nunca|2,Algunas veces|1,Frecuentemente|0,Casi siempre	No
19. Puedo pagar la comida que deseo para alimentar a mi familia.	Drop-down list (single choice)	Text	0,Nunca|1,Casi nunca|2,Algunas veces|3,Frecuentemente|4,Casi siempre	No
Children in Household				
Cuéntenos sobre los niños que viven en su hogar.	Explanation	Text		No

20. Child 1 Sex:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
21. Fecha de nacimiento:	Date	Date (mm/dd/yyyy)		No
22. Este niño vive en mi casa:	Drop-down list (single choice)	Text	Sí|No	No
23. ¿Cuál es su parentesco con este niño?	Drop-down list (single choice)	Text	A. Madre/padre biológico|B. Padrastro o madrastra|C. Madre/padre adoptivo|D. Madre/padre sustituto|E. Abuelo(a) o bisabuelo(a)|F. Hermanos|G. Otro pariente|H. Otro	No
24. Child 2 Sex:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
25. Fecha de nacimiento:	Date	Date (mm/dd/yyyy)		No
26. Este niño vive en mi casa:	Drop-down list (single choice)	Text	Sí|No	No
27. ¿Cuál es su parentesco con este niño?	Drop-down list (single choice)	Text	A. Madre/padre biológico|B. Padrastro o madrastra|C. Madre/padre adoptivo|D. Madre/padre sustituto|E. Abuelo(a) o bisabuelo(a)|F. Hermanos|G. Otro pariente|H. Otro	No
28. Child 3 Sex:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
29. Fecha de nacimiento:	Date	Date (mm/dd/yyyy)		No
30. Este niño vive en mi casa:	Drop-down list (single choice)	Text	Sí|No	No
31. ¿Cuál es su parentesco con este niño?	Drop-down list (single choice)	Text	A. Madre/padre biológico|B. Padrastro o madrastra|C. Madre/padre adoptivo|D. Madre/padre sustituto|E. Abuelo(a) o bisabuelo(a)|F. Hermanos|G. Otro pariente|H. Otro	No

32. Child 4 Sex:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
33. Fecha de nacimiento:	Date	Date (mm/dd/yyyy)		No
34. Este niño vive en mi casa:	Drop-down list (single choice)	Text	Sí|No	No
35. ¿Cuál es su parentesco con este niño?	Drop-down list (single choice)	Text	A. Madre/padre biológico|B. Padrastro o madrastra|C. Madre/padre adoptivo|D. Madre/padre sustituto|E. Abuelo(a) o bisabuelo(a)|F. Hermanos|G. Otro pariente|H. Otro	No
Please include information about any additional children here:	Narrative	Text		No
Demographics				
Estas siguientes preguntas son sobre usted y su hogar. El personal del programa las utilizará para entender las necesidades de las personas y familias a las que atienden y mejorar la prestación de servicios. Recuerde, sus respuestas a esta encuesta son confidenciales.	Explanation	Text		No
36. Sexo:	Drop-down list (single choice)	Text	A. Masulino|B. Feminino|C. No concuerda con su género/no binario|D. Prefiero no responder	No
37. Edad (en años):	Text	Numeric		No
38. Idioma principal hablado en casa:	Drop-down list (single choice)	Text	A. Inglés|B. Español|C. Creole|D. Mandarín|E. Árabe|F. Ruso|G. Otro:	No

Please list Other Language:	Text	Text		No
39. Raza/etnia (marque todas las que correspondan):	Drop-down list (multiple choice)	Text	A. Nativo americano o nativo de Alaska|B. Asiático|C. Negro o afroamericano|D. Nacional africano/Isleño del Caribe|E. Hispano o latino|F. Oriente Medio|G. Nativo de Hawái o de las Islas del Pacífico|H. Blanco (no hispano/europeo americano)|I. Mestizo|J. Otro:	No
Please list Other Race/Ethnicity:	Text	Text		No
40. Estado civil:	Drop-down list (single choice)	Text	A. Casado(a)|B. En concubinato/Unión libre|C. Soltero(a) - nunca se ha casado|D. Divorciado(a)|E. Viudo(a)|F. Separado(a)	No
41. Vivienda Familiar:	Drop-down list (single choice)	Text	A. Propia|B. Alquilado/renta|C. Vivienda compartida con familiares o amigos|D. Sin hogar|E. Temporal (refugio, temporal con amigos/familiares)	No
42. Total de Ingreso Familiar anual:	Drop-down list (single choice)	Text	A. $0 - $10000|B. $10001 - $20000|C. $20001 - $30000|D. $30001 - $40000|E. $40001 - $50000|F. $50001 - $60000|G. Más de $60001	No

43. Grado de educación más alto logrado:	Drop-down list (single choice)	Text	A. Sin educación formal|B. Primaria|C. Secundaria|D. Algunos estudios de secundaria o preparatoria (some high school)|E. Diploma de preparatoria o GED (diploma de educación general)|F. Educación Professional Técnica/ Technical (Vocational)|G. Algunos estudios universitarios|H. Título universitario de dos años (técnico superior)|I. Título universitario de cuatro años (licenciatura)|J. Título de posgrado	No

44. ¿Cuál de los siguientes, si es que hay alguno, recibe usted o su familia actualmente? (Marque todo lo que corresponda)	Drop-down list (multiple choice)	Text	A. Programa de asistencia nutricional suplementaria (Supplemental Nutrition Assistance Program [SNAP] o cupones de alimentación)|B. Seguro Social por discapacidad (Social Security Disability Income, SSDI)|C. Medicaid/Medicare|D. Deducción en el impuesto sobre la renta (Earned Income Tax Credit, EITC)|E. El Programa de Asistencia Temporal Para Familias Necesitadas (Temporary Assistance for Needy Families TANF)|F. Servicios de Head Start/Early Head Start|G. Beneficios de desempleo|H. Seguro médico estatal (incluido el seguro médico para niños)|I. Seguridad de Ingreso Suplementario (Supplemental Security Income, SSI)|J. Ninguna de las anteriores|K. Otro	No
Subscale Scores - ANTES				
Family Functioning Subscale Score (ANTES): (Items 1-3)	Calculated	Numeric	Auto-calculated	No
Nurturing and Attachment Subscale Score (ANTES): (Items 4-7)	Calculated	Numeric	Auto-calculated	No
Social Supports Subscale Score (ANTES): (Items 8-12)	Calculated	Numeric	Auto-calculated	No

Caregiver/Practitioner Relationship Subscale Score (ANTES): (Items 13-15)	Calculated	Numeric	Auto-calculated	No
Concrete Supports Subscale Score: (Items 16-19)	Calculated	Numeric	Auto-calculated	No
Subscale Scores - AHORA				
Family Functioning Subscale Score (AHORA): (Items 1-3)	Calculated	Numeric	Auto-calculated	No
Nurturing and Attachment Subscale Score (AHORA): (Items 4-7)	Calculated	Numeric	Auto-calculated	No
Social Supports Subscale Score (AHORA): (Items 8-12)	Calculated	Numeric	Auto-calculated	No
Caregiver/Practitioner Relationship Subscale Score (AHORA): (Items 13-15)	Calculated	Numeric	Auto-calculated	No
Reference				
Esta encuesta fue desarrollada por el Centro Nacional FRIENDS para la Prevención del Abuso Infantil Basado en la Comunidad en asociación con el Centro de Asociaciones e Investigaciones Públicas de la Universidad de Kansas a través de fondos proveídos por el Departamento de Salud y Servicios Humanos de los Estados Unidos.	Explanation	Text		No

Concrete Supports and Services (environment activity)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
PSI- Short Form				
Environment ID:	Auto-generated	Alphanumeric		No
Environment System ID:	Auto-generated	Alphanumeric		No
Concrete Supports and Services				
A single form should be completed for each contact with a family where one or more concrete supports or services are provided. Date of Activity should align with the date the family received the concrete support or services.	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes

Select all concrete supports and services provided to family during this interaction (select all that apply):	Drop-down list (multiple choice)	Text	1,Benefit support services|2,Car seat resources|3,Caregiver drop-in support group|4,Child care (financial assistance)|5,Child care (One time playgroup)|6,Child care (Respite)|7,Child Development screening (e.g., ASQ)|8,Childcare related items|9,Clothing|10,Community resource information|11,Fatherhood Drop-in Support Group|12,Food assistance|13,Gas/Heat Utility Assistance|14,Other Utilities support|15,Health and medical goods|16,Household and hygiene items|17,Household furnishing|18,Household tools and appliances|19,Legal advice|20,Medical bill support|21,Rent and Mortgage assistance|22,Sanitation services (pest control, specialized cleaning services, etc.)|23,Transportation assistance|24,Other	Yes
Describe other concrete support or service	Text	Text		No
Notes	Narrative	Text		No

Events and Trainings (environment activity)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Environment ID:	Auto-generated	Alphanumeric		No
Environment System ID:	Auto-generated	Alphanumeric		No
Event or Training Information				
One form should be created for each individual event or training. The Date of Activity should align with the date of the event or training. **Select the type of event or training, then enter the number of adults and children who attended.**	Explanation	Text		No
Date of Activity	Date	Dynamic Date		Yes

Select event or training	Drop-down list (single choice)	Text	1,Car seat safety training/event|2,Community baby showers|3,Community/family engagement|4,Diaper/formula drive|5,Food drives|6,Health, nutrition, physical education|7,Holiday-related (Christmas, Thanksgiving event, etc.)|8,Job support|9,Literacy and education|10,Parent leadership|11,School supply drive|12,Other event|13,Child maltreatment prevention training|14,Early childhood support/child development|15,Other training	Yes
Describe other event	Text	Text		No
Describe other training	Text	Text		No
Number of adults in attendance	Text	Numeric		Yes
Number of children in attendance	Text	Numeric		Yes
Notes	Narrative	Text		No

Quarterly External Referrals (environment activity)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
This is a quarterly form that must be submitted one time per quarter.	Explanation	Text		No
Environment ID:	Auto-generated	Alphanumeric		No
Environment System ID:	Auto-generated	Alphanumeric		No
Date of Activity	Date	Dynamic Date		Yes
Select CBCAP fiscal year	Drop-down list (single choice)	Text	2024-2025	Yes
Quarter	Drop-down list (single choice)	Text	Q1|Q2|Q3|Q4	Yes
Complete one Quarterly External Referrals form each quarter. For any type of referral not provided within the reporting period, enter 0.	Explanation	Text		No
Referral(s) to Adult Education Programs	Text	Numeric		No
Referral(s) to Aging Care	Text	Numeric		No
Referral(s) to Behavioral Health	Text	Numeric		No
Referral(s) to Developmental Disabilities	Text	Numeric		No
Referral(s) to Early Childhood Education	Text	Numeric		No
Referral(s) to Family Support	Text	Numeric		No
Referral(s) to Financial literacy	Text	Numeric		No
Referral(s) to Food assistance	Text	Numeric		No
Referral(s) to Health, nutrition, physical education	Text	Numeric		No
Referral(s) to Household goods	Text	Numeric		No

Referral(s) to Housing	Text	Numeric		No
Referral(s) to Legal advocacy information/Know your rights	Text	Numeric		No
Referral(s) to Literacy and education	Text	Numeric		No
Referral(s) to Maternal and Child health	Text	Numeric		No
Referral(s) to Resource/Service Navigation	Text	Numeric		No
Referral(s) to Utilities support	Text	Numeric		No
Referral(s) to Other	Text	Numeric		No
Provide details on other referral or referrals	Narrative	Text		No

Parent Engagement Progress (environment activity)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Environment ID:	Auto-generated	Alphanumeric		No
Environment System ID:	Auto-generated	Alphanumeric		No
Date of Activity	Date	Dynamic Date		Yes
This is a quarterly form that must be submitted one time per quarter.	Explanation	Text		No
Select CBCAP fiscal year	Drop-down list (single choice)	Text	2023-2024|2024-2025	Yes
Quarter	Drop-down list (single choice)	Text	Q1|Q2|Q3|Q4	Yes
Lived Expertise- Actions				

Pillar 1: Family Engagement **Goal**: The CBCAP agency fully embraces a commitment to engaging parents as partners and leaders as a central strategy to achieving positive outcomes for children and their families. **Pillar 2: Family Experience** **Goal**: The CBCAP agency fully embraces a commitment to understanding families' experiences and break down barriers. **Pillar 3: Collaborative** **Goal**: The CBCAP agency fully embraces a strong partnership with parents and parent-led organizations to support families to build their power, develop their leadership, and advocate for their children and community. **Pillar 4: Transparent**	Explanation	Text		No
Please describe actions taken for each pillar for the quarter.	Explanation	Text		No
Actions taken for Pillar 1:	Narrative	Text		Yes
Actions taken for Pillar 2:	Narrative	Text		Yes

Actions taken for Pillar 3:	Narrative	Text		Yes
Actions taken for Pillar 4:	Narrative	Text		Yes
Lived Expertise- Number of Activities				
Lived Expert Definition: A lived expert is a person who is a current or former client and/or a person with experience using prevention or family support services.	Explanation	Text		No
Did you hold an advisory committee meeting, parent leadership meeting, or other type of meeting where attendees were lived experts? (Example: Your agency's Parent Advisory Council met at least once during the quarter.)	Drop-down list (single choice)	Text	1,Yes|0,No	No
Please enter the number of meetings for lived experts.	Text	Numeric		No
Did you engage lived experts at a Board meeting? (Example: A person with lived expertise attended a Board of Directors meeting for your agency at least once during the quarter.)	Drop-down list (single choice)	Text	1,Yes|0,No	No
Please enter the number of times a lived expert attended a Board meeting during the quarter.	Text	Numeric		No

Did you collaborate with a lived expert on program planning, program evaluation, or other program planning activity? (Example: A person with lived expertise offered insight on how to improve service delivery and agency staff then partnered with this person to contribute to modifying the program.)	Drop-down list (single choice)	Text	1,Yes|0,No	No
Please describe the collaboration:	Narrative	Text		No
Did you compensate lived experts for their work during the quarter? (Example: Your agency held a parent engagement meeting and provided a meal and child care for families (this is an in-kind payment); or Your Parent Advisory Council met two times during the quarter and members received a cash stipend.)	Drop-down list (single choice)	Text	1,Yes|0,No	No
Please describe as appropriate the funding type, frequency, and amount. This could include gift cards, cash payment, in-kind, etc.	Narrative	Text		No
Please highlight 1-3 other ways that you engaged lived experts or used co-design during the quarter.	Narrative	Text		No
Notes				
Notes	Narrative	Text		No

SEKS Library System Quarterly Report (environment activity)

Question Label	Question Data Type	Question Format Type	Response Options	Mandatory
Environment ID:	Auto-generated	Alphanumeric		Yes
Environment System ID:	Auto-generated	Alphanumeric		No
Date of Activity	Date	Dynamic Date		Yes
Select CBCAP fiscal year	Drop-down list (single choice)	Text	2023-2024|2024-2025|2025-2026	Yes
Quarter	Drop-down list (single choice)	Text	Q1|Q2|Q3|Q4	Yes
Southeast Kansas Library System Quarterly Report				
Indicate the number of individuals who have utilized the children and families section of the library during the quarterly reporting period.	Text	Numeric		Yes
Indicate the total circulation number of the parenting collection during the quarter.	Text	Numeric		Yes
Indicate the number of participants engaged in summer reading or reading challenge programs.	Text	Numeric		Yes
Indicate the total number of events held across all libraries during the quarter	Text	Numeric		Yes
Indicate the total number of adults that attended events or trainings across all libraries during the quarter	Text	Numeric		Yes

Indicate the total number of children that attended events or trainings across all libraries during the quarter	Text	Numeric		Yes
Please list 5–10 topics or themes of events or trainings that took place this quarter	Narrative	Text		Yes
Notes	Narrative	Text		No