

Example Script for a Telephone Interview

Form Approved
OMB Number _____
Exp. Date _____

EEOICPA Dose Reconstruction Telephone Interview Version #1: Claimant is Covered Employee

Hello, my name is ___ {Name of Interviewer} ___. I'm calling from {Name of Contractor} ___. May I speak with ___ {Name of claimant} ___?

IF THE PERSON ANSWERING ASKS WHY YOU ARE CALLING:

I am an interviewer from ___ {Name of Contractor} ___. We are calling on behalf of the National Institute for Occupational Safety and Health, an agency of the United States government.

IF {NAME OF THE CLAIMANT} IS NOT HOME, ASK:

When is a good time to call back to speak with ___ {Name of the Claimant} ___ ?

Day ___ Date ___/___/___ Time: ___:___ AM/PM

IF THE CLAIMANT NO LONGER RESIDES AT THIS ADDRESS, ASK:

Do you know ___ {Name of the Claimant}'s current address or phone number?

IF YES:

Record new address/phone number here: _____

IF RESPONDENT IS UNWILLING TO DIVULGE THIS INFORMATION, ASK:

Would you relay a message to ___ {Name of the Claimant} ___?

IF YES:

Provide toll-free number for Claimant to call.

IF RESPONDENT DOES NOT KNOW CLAIMANT'S CURRENT ADDRESS OR PHONE NUMBER, END CALL.

Public reporting burden of this collection of information is estimated to average one hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

ONCE THE CLAIMANT COMES TO THE PHONE, USE THE SCRIPT BELOW:

I am an interviewer from ___ {Name of Contractor} ___ and we are calling on behalf of the National Institute for Occupational Safety and Health, also known as NIOSH.

BEGIN HERE IF RESPONDENT IS ALREADY ON THE PHONE (I.E., ANSWERED THE PHONE):

I am calling regarding a claim you submitted for compensation under the Energy Employees Occupational Illness Compensation Program. NIOSH, an Institute of the Centers for Disease Control and Prevention (CDC), provides assistance for certain claims. We will help develop what is called a "radiation dose reconstruction" for your claim, to estimate how much radiation exposure you may have experienced during your work at nuclear weapons production facilities. NIOSH recently sent you a letter explaining how we would like to work with you.

Did you receive the letter? ___ Yes
___ No

IF NO, CONFIRM THE RESPONDENT'S ADDRESS.

What is your current address? Name: _____
Street address: _____
City, State, Zip Code: _____

We will send you another copy of the letter. It is important because it explains the role of NIOSH in assisting you in your claim. It also explains the types of information we may need from you for your dose reconstructions, and the protections NIOSH gives to your information under the Privacy Act. However, if you would like, we can get started now. Otherwise we can call back after you have received the letter. Would you prefer continuing now or waiting until you have the letter?

IF CLAIMANT WOULD PREFER TO CONTINUE AFTER RECEIVING THE NIOSH LETTER:

You should have the letter within 3 work days. When would be a good time to call you back? Date ___/___/___
Time _____ AM/PM

IF CLAIMANT INDICATES THIS IS NOT A GOOD TIME:

When would be a good time to call you back? Date _____
Time _____ AM/PM

IF CLAIMANT IS ABLE TO BE INTERVIEWED NOW:

Interviewer's Name _____ Date _____

CONTINUE WITH THE STATEMENTS BELOW:

As you may know, NIOSH is responsible for estimating the occupational radiation doses received by persons with cancer applying for compensation from the Energy Employees Occupational Illness Compensation Program. For this purpose, you have a very important role. We will be interviewing you to help ensure that the information NIOSH uses to estimate your radiation doses is as complete and precise as possible. The type of information we will be

seeking from you will depend on your specific work experience and on information we already have. This interview should take no more than an hour, although we may have to call you back for additional information. If we need to divide this interview into a couple of shorter calls, we can do that as well.

You should understand that your participation in this interview is voluntary. However, if you choose not to be interviewed, this would hinder NIOSH in conducting the dose reconstruction for your claim. Choosing not to be interviewed may also result in a dose reconstruction that incompletely or inaccurately estimates the radiation dose to which you may have been exposed.

Should you choose to be interviewed, the information you provide will be treated in a confidential manner, unless otherwise compelled by law. The information you provide will be shared with NIOSH staff working on your dose reconstruction and with staff of the Department of Labor involved in adjudicating your claim.

Do you wish to be interviewed? Yes
 No

IF NO: CONFIRM THAT THE CLAIMANT UNDERSTANDS THE POTENTIAL CONSEQUENCES OF NON-PARTICIPATION. IF THE CLAIMANT UNDERSTANDS AND DOES NOT WANT TO BE INTERVIEWED:

Do you have any questions then, about the dose reconstruction process?

Yes
 No

IF YES:

Answer the questions and then thank the claimant and conclude the call. If there are questions you cannot answer, notify the claimant that someone from your firm or NIOSH will contact them shortly to respond to their question.

IF YES:

First we will review with you the information we already have from the Department of Labor and Department of Energy. Then we will ask a variety of questions to identify any information that may be missing from records. At the end of the interview we will answer any questions you may have about the remaining steps in the process of reconstructing your radiation doses.

Do you have any questions or concerns before we get started? Yes
 No

IF YES:

Answer the questions as responsively as possible, without technically complicated explanations. Claimants may have concerns about the quality of their radiation monitoring. Claimants may have concerns about how a dose reconstruction could account for doses that were not monitored or recorded. Explain a few approaches used to address these problems.

Claimant ID

Interviewer Initials

Date
Day Month Year

Section 1: Telephone Interview, Introductory Questions

USE TELEPHONE SCRIPT TO INTRODUCE INTERVIEW

Section 2: Employment History

IF THE CLAIMANT IS READY TO BE INTERVIEWED:

I'll start by reviewing the employment history we received from the Department of Labor, which you submitted with your claim. First I'll ask you to confirm whether our records on the jobs you have held are correct. As we do this, we will correct whatever might be wrong and fill-in any additional jobs relevant to your claim that may not be included in our records. Then I'll ask you specific questions about each job.

1. What jobs have you held working for DOE, DOE contractors, or AWEs?

Employer	Supervisor's Name	Job Title	Start Date (mm/yyyy)	End Date

START WITH THE MOST RECENT JOB AND ASK THE FOLLOWING QUESTIONS IN SECTIONS 3 - 7. REPEAT THESE FOR EACH DOE/AWE JOB INCLUDED IN THE EMPLOYMENT HISTORY.

Section 3: Detailed Work History:

Concerning your job with (Name of employer):

2. How many hours per week did you work on this job? hrs/week

How many hours per week did your job involve potential exposure to radiation and/or radioactive materials? _____ hrs/week

4. Which buildings or locations did you work in, for each of your routine duties?

Building/Location	Duties

5 Describe what you did on the job, as routine duties.

Obtain additional details on duties, as necessary:

5.1 What types of radioactive materials were present or processed, and in what form(s) (solid, liquid, or gas)? Review the list below individually, as necessary.

Radionuclide	Response	Isotope(s) if known	Form		
Tritium	Y N DK		S	L	G
Co	Y N DK		S	L	G
Sr/Y	Y N DK		S	L	G
Tc	Y N DK		S	L	G
I	Y N DK		S	L	G
Cs	Y N DK		S	L	G
Tl	Y N DK		S	L	G
Pb	Y N DK		S	L	G
Po	Y N DK		S	L	G
Rn (progeny)	Y N DK		S	L	G
Ra	Y N DK		S	L	G
Ac	Y N DK		S	L	G
Eu	Y N DK		S	L	G
Th (natural)	Y N DK		S	L	G
Pa	Y N DK		S	L	G
U (natural)	Y N DK		S	L	G
U (enriched)	Y N DK		S	L	G
Np	Y N DK		S	L	G
Pu	Y N DK		S	L	G
Am	Y N DK		S	L	G
Cm	Y N DK		S	L	G

Cf

Y N DK

S L G

Others

___(1)
___(2)
___(3)

___S ___L ___G
___S ___L ___G
___S ___L ___G

5.2 What quantities of radioactive materials were present or processed (ounces, pounds, kilograms, drums) over what time periods? _____

5.3 What types of production processes involving radioactive materials occurred in areas where you worked? _____

5.4 What types of radiation-generating equipment were present or used (e.g., neutron devices, radiography equipment)? _____

5.5 What specific tasks did you perform, using what types of radioactive materials (in what quantities), and/or radiation generating equipment? _____

5.6 What exposure/contamination control measures were used to protect you?

<u>Measure</u>	<u>Frequency of use</u>		
___ Hoods	___ Always	___ Sometimes	___ Never
___ Glove boxes	___ Always	___ Sometimes	___ Never
___ Shielding	___ Always	___ Sometimes	___ Never
___ Other enclosures (explain)	___ Always	___ Sometimes	___ Never
___ Local ventilation	___ Always	___ Sometimes	___ Never
___ Anti-contamination clothing	___ Always	___ Sometimes	___ Never
___ Respirators	___ Always	___ Sometimes	___ Never
___ Other personal protective equipment (specify)	___ Always	___ Sometimes	___ Never
___ Showers	___ Always	___ Sometimes	___ Never

5.7 Did you conduct your work under a radiation work permitting system?

___ Yes
___ No
___ Don't know

IF "NO" OR "DON'T KNOW", GO TO QUESTION 6, IF "YES":

5.8 During what time period(s)? _____

6.4 Where on your body was your badge worn?

Time Period Body Location

_____	_____
_____	_____
_____	_____
_____	_____

7. Did you participate in a biological radiation monitoring program (urine/fecal/breath)?

- Yes, urine
- Yes, fecal
- Yes, breath
- No
- Don't know

8. Do you have copies of your dosimeter badge or biological monitoring records?

- Yes, badge
- Yes, biological
- No

IF "NO" GO TO QUESTION 9, IF "YES" :

8.1 Would you provide copies to us? Yes
 No

IF "YES" GO TO QUESTION 9, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS "NO":

8.2 Why not? _____

9. Did you routinely survey yourself (frisk) for external contamination?

IF "NO" GO TO QUESTION 10, IF "YES":

9.1 When did you survey yourself, before or after showering? Before
 After

10. Was there general area air monitoring for radiation performed in the work environment?

- Yes
- No
- Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 11, IF "YES":

When (over what time periods) did this occur? _____

11. Were there any radiation surveys taken to characterize potential for external exposure?

- Yes
- No

Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 12, IF "YES":

When did these occur? _____

IF CLAIMANT WORKED AT FERNALD, MALINCKRODT, OR FUSRAP, OR IF THE CLAIMANT RESPONDED IN QUESTION 4 THAT HE WORKED WITH RADIUM AND/OR THORIUM, ASK THE FOLLOWING QUESTION; IF NOT, GO TO QUESTION 13:

12. Was there monitoring in any of the buildings or areas you worked for exposure to radon?

___ Yes

___ No

___ Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 13, IF "YES":

12.1 Which buildings or areas? _____

13. Were you ever restricted from the workplace or certain job duties because you had reached a radiation dose limit? ___ Yes

___ No

Section 5: Radiation Incidents

I need to ask you about any radiation exposure or contamination incidents that may have occurred while you were in this job. For each incident you may recall, I'll ask a series of questions:

4. Were you ever involved in an incident involving radiation exposure or contamination?

___ Yes

___ No

IF "NO" GO TO QUESTION 15, IF "YES" ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

14.1 What happened and when? _____

Which radioactive materials were involved, and in what form and quantity? _____

Which radiation-generating equipment was involved? _____

Where did it take place? _____

Who was involved? _____

What actions were taken to remedy the exposure or contamination? _____

14.7 What were your location and activities during the incident? _____

What precautions were taken to protect you? _____

What types of personal protective equipment, if any, did you use? _____

How long were you exposed during the incident? _____

Did you receive chelation therapy or other medical treatment as a result of radiation exposure from this incident? Yes
 No
 Don't Know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 14.12, IF "YES":
Please describe the medical treatment you received:

Chelation Therapy

Other Medical Treatment

14.12 Did you receive biological monitoring after the incident? Yes
 No

IF "NO" GO TO QUESTION 15, IF "YES":

14.13 What type of biological monitoring? whole body measurement
 urine
 fecal
 breath

14.14 Do you have records of this monitoring? Yes
 No

IF "NO" GO TO QUESTION 15, IF "YES":

Are you willing to provide copies of these records to NIOSH?
 Yes
 No

IF "YES" GO TO QUESTION 15, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS NO:

14.16 Why not? _____

Section 6: Required medical screening x rays

Some workers were required to periodically have medical x rays as a condition of employment:

15. Were you ever required to have medical x rays for this job, as a condition of employment?

Yes
 No

IF "NO" GO TO QUESTION 16, IF "YES" :

15.1 How often were you x-rayed, and over what time period(s)?

Time Period	Frequency of x rays

15.2 Do you have records of these x rays?

Yes, for all x rays
 Yes, for some x rays
 No

IF "NO" GO TO QUESTION 16, IF "YES":

15.3 Would you provide us with copies of these records?

Yes
 No

Section 7: Other relevant information

We're nearly done reviewing this job. This is an opportunity for you to identify other relevant information that might help us complete your dose reconstruction:

16. Have we missed asking you about any conditions, situations, or practices that occurred during this job which you think may be useful to us in estimating your radiation doses?

Yes
 No

IF "NO", GO TO QUESTION 17, IF "YES":

16.1 Describe this with as much detail as possible, in terms of what occurred, where, when, for how long, and who was involved:

17. Are you aware of any records related to the information you have provided that may help us estimate your doses? ___ Yes: Source/Type

____ Personal Physician
____ Site Medical Records
____ Incident Reports
____ Safety Meeting Notes
_____ Other (describe)
____ No

IF "NO" AND THIS IS THE LAST JOB TO REVIEW, GO TO QUESTION 18.

IF "YES" AND THE RECORDS ARE FROM A PERSONAL PHYSICIAN, ASK THE CLAIMANT TO OBTAIN AND PROVIDE THE RELEVANT MEDICAL RECORDS TO NIOSH.

NOTE: COMPLETE SECTIONS 3-7 FOR EACH JOB LISTED IN QUESTION 1.

Section 8: Final Questions – Identifying co-workers and other witnesses

Depending on what information is available to us from DOE and other sources, we may or may not need to try to speak with your supervisors, co-workers, or others who can help us with your dose reconstruction. However we would like help from you now, so that we can contact others efficiently if we need to.

18. Can you name co-workers or other witnesses, such as consulting industrial hygienists or radiation safety specialists, who can confirm or expand upon the information you have provided us?

- Yes
- No

IF "YES", OBTAIN UP TO FIVE NAMES AND ANY CONTACT INFORMATION AVAILABLE:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

THAT'S IT! THANKS FOR TAKING THE TIME TO ANSWER ALL THESE QUESTIONS. WE REALLY APPRECIATE YOUR HELP. DO YOU HAVE ANY QUESTIONS ABOUT THE DOSE RECONSTRUCTION PROCESS OR CLAIMS PROCESS, FROM HERE FORWARD?
