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-XXXXX).

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?
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//
IF CLAIMANT INDICATES THIS IS NOT A GOOD TIME: When would be a good time to call you back? Date
IF CLAIMANT IS ABLE TO BE INTERVIEWED NOW:
Interviewer's Name Date
CONTINUE WITH THE STATEMENTS RELOW:

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?	Ye
•	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

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				
Intervie	wer Initials			
Date	Day Month			

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