

**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





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