EEOICPA Dose Reconstruction Telephone Interview

Claimant is a Family Member

As you may know, NIOSH is responsible for estimating the occupational radiation doses received by persons with cancer applying for compensation under the Energy Employees Occupational Illness Compensation Program. Our contractor, Oak Ridge Associated Universities (ORAU), will be conducting the interviews.

This interview provides claimants with the opportunity to inform NIOSH of any additional information regarding the work history of the energy employee that might not be contained in the exposure monitoring information we receive from the Department of Energy (DOE) or Atomic Weapons Employer (AWE). While we encourage all claimants to participate in the interview process, participation is voluntary. Even though some claimants may not be able to answer all of the questions during the interview or have limited answers to the questions, any information provided during the interview may be useful in the dose reconstruction process.

Interviews with survivors will seek more general information while the interviews with energy employees will contain more detailed questions. This interview should take no more than a half 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. While we believe that most dose reconstructions can be completed without discussing classified information, we will arrange for a secure interview for those claimants who believe such an arrangement is necessary to complete the interview.

Employment History

1. What jobs did ____{covered employee}____ hold, working for DOE, DOE contractors, or AWEs?

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

FOR EACH JOB LISTED IN QUESTION 1, ANSWER THE FOLLOWING QUESTIONS. REPEAT THESE QUESTIONS FOR EACH DOE/AWE JOB INCLUDED IN THE EMPLOYMENT HISTORY.

Detailed Work History:

2. How many hours per week did ___ {covered employee} ____ work on this job? ______hrs/week

3. Do you know which buildings or locations (s)he worked in, routinely?

Building/Location

4. Describe whatever you know about ____{Covered Employee's}____duties.

Radiation Monitoring

- 5. Did ____{Covered Employee} ____ routinely wear radiation dosimetry badges? Yes
 - ____No ____Don't know
- 6. Did ____{Covered Employee} ____ participate in a biological radiation monitoring program (urine/fecal/breath)?
 - Yes, urine Yes, fecal Yes, breath No Don't know
- 7. Do you have copies of ____{Covered Employee's}___ dosimeter badge or biological monitoring records?
 - Yes, badge Yes, biological No

IF "NO" GO TO QUESTION 8, IF "YES" :

7.1 Would you provide copies to us?

IF "YES" GO TO QUESTION 8, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS "NO":

Yes No

7.2 Why not?

Was ____{Covered Employee} ____ ever restricted from the workplace or certain job duties because (s)he had reached a radiation dose limit? ____Yes

___No Don't know

Radiation Incidents

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- 9. Was ___{Covered Employee} ____ ever involved in an incident involving radiation exposure or contamination?
 - ___Yes ___No ___Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 10, IF "YES" ASK THE FOLLOWING QUESTIONS FOR EACH INCIDENT IDENTIFIED:

- 9.1 What happened, and when?_____
- 9.2 Did ____{Covered Employee} ____ 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 9.4, IF "YES":

9.3 Please describe the medical treatment (s)he received:

		Chelation Therapy	_Other Medical Treatment			
	9.4	Did{Covered Employee} receive biological m Yes No Don't know	onitoring after the incident?			
	IF "No" or 'Don't know" go to question 10, if "Yes":					
	9.5	Do you have records of this monitoring?YesNo				
	IF "No" GO TO QUESTION 10, IF "YES":					
	9.4	Are you willing to provide copies of these records to N Yes No	NOSH?			
		ES" GO TO QUESTION 10, IF "NO" EXPLAIN THE IMPORT EMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. I				

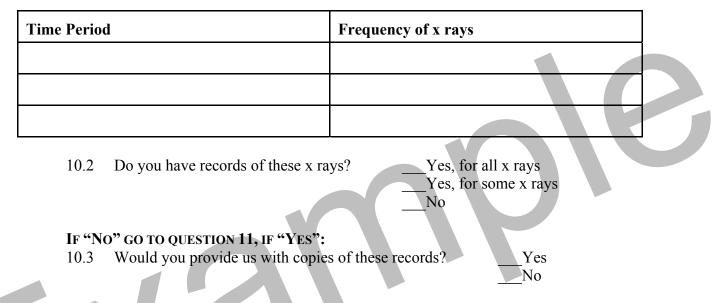
9.5 Why not?_____

<u>Required medical screening x rays</u>

- 10. Was ____{Covered Employee}____ ever required to have medical x rays for this job, as a condition of employment?
 - __Yes __No __Don't know

IF "NO" GO TO QUESTION 11, IF "YES" :

10.1 Do you know how often (s)he was x-rayed, and over what time period(s)?



Other relevant information

11. 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 ____{Covered Employee's}____ radiation doses?

___Yes No

IF "NO" GO TO QUESTION 13, IF "YES":

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

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 _____Other (describe) No

IF "NO" AND THIS IS THE LAST JOB TO REVIEW, GO TO QUESTION 14

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

Final Questions – Identifying co-workers and other witnesses

14. Can you name supervisors, co-workers or other potential witnesses, who can confirm or expand upon the information you have provided us?



1. 2. 3. 4.

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