

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? ___ Yes
___ No

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":

- 7.2 Why not? _____

8. 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

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 monitoring after the incident?

- Yes
- No
- Don't know

IF "NO" OR "DON'T KNOW" GO TO QUESTION 10, IF "YES":

9.5 Do you have records of this monitoring? Yes
 No

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

9.4 Are you willing to provide copies of these records to NIOSH?

- Yes
- No

IF "YES" GO TO QUESTION 10, IF "NO" EXPLAIN THE IMPORTANCE OF THIS INFORMATION AND ADDRESS ANY CONCERNS, AS FEASIBLE. IF THE ANSWER REMAINS NO:

9.5 Why not? _____

Required medical screening x rays

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)?

Time Period	Frequency of x rays

10.2 Do you have records of these x rays?

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

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

10.3 Would you provide us with copies of these records?

- Yes
- No

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:
