

## Appendix B1

Form Approved

OMB #0920-0

Expiration Date: \_\_\_\_\_

### OCCUPATIONAL SAFETY AND HEALTH INFORMATION NEEDS AND USES BY TRADE ASSOCIATIONS AND LABOR UNIONS WITHIN EIGHT INDUSTRIAL SECTORS

Interviewer Name:

Computer Log Number:

Date:

Name of Association or Union:

Address:

Phone No.:

Fax No.:

#### Guidelines for Interviewers

##### A. First contact with Association or Union:

Hello, Is this \_\_\_\_\_ (*Name of association or union*)? My name is \_\_\_\_\_ (*Name of Interviewer*). I work for the Oak Ridge Institute for Science and Education (ORISE). We are working with the National Institute for Occupational Safety and Health or NIOSH (as it is commonly known) which is part of the Centers for Disease Control and Prevention. We are interested in obtaining information about the workplace (worker) safety and health resources you use in your association/union and/or disseminate to your **members**.

(1) Could I speak with \_\_\_\_\_ (contact name from Association Unlimited Database)?

(1a) No \_\_\_\_\_ (*Interviewer: If no one in this position go to (2)*)

(1b) Person no longer the contact \_\_\_\_\_

(1c) New contact name \_\_\_\_\_ (*Interviewer: If available go to Section B*)

(1d) If not available get date/time to call back \_\_\_\_\_

(*Interviewer: Say thank you and I will call back at the suggested time and date*)

(1e) Yes \_\_\_\_ (*Interviewer: If person available go to Section B*)

(1f) If person not available get the Name

\_\_\_\_\_ and

(1g) get date/time to return call \_\_\_\_\_

(*Interviewer: Say thank you and I will call back at the suggested time and date*)

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(2) I am trying to reach the person who is responsible for handling the workplace (worker) safety and health issues for the **members** of your organization. Could I speak to the safety manager, or executive director?

(2a) No \_\_\_\_\_ (*Interviewer: Go to (3)*)

(2b) Yes \_\_\_\_\_ (*Interviewer: If person available go to Section B*)

(2c) If person not available get the name \_\_\_\_\_ and

(2d) date/time to return call \_\_\_\_\_

(*Interviewer: Say thank you and I will call back at the suggested time and date*)

(3) Is there anyone you could suggest I speak to who deals with the workplace (worker) safety and health issues of your **members**? (Suggest- the regulatory person, membership person, or marketing person or someone else)

(3a) No \_\_\_\_\_ (*Interviewer: If the person still says there is no one to speak to thank person and say good-bye. Secretaries are not eligible to answer the survey.*)

(3b) Yes \_\_\_\_\_ (*Interviewer: If person available go to Section B*)

### Non-Response Form

1. Before we say good-bye, may I ask you just two questions so that we can compare associations (unions) that do and do not take part in the survey?

1) No \_\_\_\_\_ (*Interviewer: Thank person and say good-bye*)

(2) Yes \_\_\_\_\_ (*Interviewer: Go to question 2*)

2. Does your association (union) distribute workplace (worker) safety and health information to your members?

(1) No \_\_\_\_\_ (*Interviewer:*

(2)

Go to question 3)

Yes \_\_\_\_\_ (*Interviewer: Go to question 3*)

not available get name \_\_\_\_\_

call back \_\_\_\_\_

*ou and I will call back at the suggested time and*

*be interviewed), my name is \_\_\_\_\_*

*Oak Ridge Institute for Science and Education*

*ional Institute for Occupational Safety and Health*

*hich is part of the Centers for Disease Control and*

*f of NIOSH to learn about the workplace (worker)*

*ers. Also, I would like to know about the*

*resources you use or send to members of your*

association (union). Participation in the survey is voluntary and you are free to skip any questions or stop participating at any time. Would you have a few minutes to answer some questions for me or may I call back later?

(1) No \_\_\_\_\_ (*Interviewer: Ask if you can call back, if refused ask questions in Blue Box in Appendix B1 below*)

(2) Call back \_\_\_\_\_ (*Interviewer: Get date, time and phone number*)

\_\_\_\_\_

Thank you. I will call you back at \_\_\_\_\_ (time and date)

(*Interviewer: Say thank you and I will call back at the suggested time and date*)

(3) Yes \_\_\_\_\_

Mr/Ms. \_\_\_\_\_(Contact) this survey will take about 15 minutes to complete. The information you provide in the interview will be kept secure and your name and phone number will be deleted from the data file immediately after the data collection is complete. Your interview will help NIOSH understand your needs in the area of workplace (worker) safety and health and be valuable in planning for the development of future NIOSH safety and health materials. (Go to question 4 of Appendix B)

### Non-Response Form

1. Before we say good-bye, may I ask you just two questions so that we can compare associations (unions) that do and do not take part in the survey?
  - (1) No \_\_\_\_ (*Interviewer: Thank person and say good-bye*)
  - (2) Yes \_\_\_\_ (*Interviewer: Go to question 2*)
  
2. Does your association (union) distribute workplace (worker) safety and health information to your members?
  - (1) No \_\_\_\_ (*Interviewer: Go to question 3*)
  - (2) Yes \_\_\_\_ (*Interviewer: Go to question 3*)
  
3. On a scale of 1-5, with 5 being very important and 1 being not at all important, how important are workplace (worker) safety and health issues to your association (union).

1    2    3    4    5

Thank you for taking the time to answer these questions. Have a great day.

***(Interviewer: Thank person and say good-bye)***