

OWH Call Center Evaluation Post-call Interview Protocol

Thank you for taking the time to speak to us today. We appreciate your willingness to help us.

I am going to ask you a series of questions. Your answers will not be linked to you in any way. Information collected will be treated in a private manner, unless otherwise compelled by law. Please speak as freely and as honestly as possible. OWH will only receive information that you provide but not your information. You can end the questions at any time. Before I begin, do you have any questions?

1. What issue did you call the OWH Call Center about?

Probe: Was this the first time you called about this issue?

2. How did you feel about the information provided to you?

Probes: Was it helpful? Did you feel the need to call back? Would you have called back if you needed to?

3. Why did you feel the OWH Call Center could help you?

Probes: Had you used them before? Was it recommended to you by a family member, friend, health care provider? Other?

4. What did you like best about the OWH Call Center experience? Why?

5. What did you like least about the OWH Call Center experience? Why?

6. Would you recommend the OWH Call Center to a family member or friend? Why or why not?

7. Please name a few issues that you can imagine calling the OWH Call Center for in the future.

8. Is there anything else you would like to share with us about your experience with the OWH Call Center?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer