**ORS Cognitive Demands Test**

**Securing Appointment Script: ORS703 Respondent**

Hello, my name is *[name]*, and I’m calling from the Bureau of Labor Statistics.

You may recall you were contacted previously by *[previous FE]* on *[approximate date of contact – e.g., last March, earlier this year, etc.]* to discuss the vocational preparation and physical, environmental, and cognitive demands of a few of your organization’s jobs in order to help the Social Security Administration make decisions about workers who are applying for disability.

First, I want to thank *[you/your company]* for helping us with this important research.

While analyzing the results of our research, we discovered that some of the questions about the mental and cognitive demands of occupations aren’t working as well as we had hoped.

In order to ensure that we provide the Social Security Administration the most accurate information possible, we developed revised questions. We are hoping you will help us test them out, and let us know what you think of these new questions.

I’ll be asking the questions about [this/these] jobs – *[provide job titles of sampled quotes]* at this location *[establishment identifier such as physical address, location #, etc.]*, which should take approximately 15 minutes. As with any of our surveys, your information will be kept confidential and used for internal research and statistical purposes only. You can stop at any time if you choose.

Do you have time now to help us out with this test, or can I call you back at a more convenient date and time?

**Key Points that must be shared with the ORS703 Respondent:**

* Prior participation
* Test background, purpose and use *(internal research and statistical purposes only)*
* Establishment-specific details
  + Location
  + Job titles of sampled quotes
* Appointment duration

**Securing Appointment Script: New Respondent (who did not participate in ORS703 interview)**

Hello, my name is *[name]*, and I’m calling from the Bureau of Labor Statistics. I work on the Occupational Requirements Survey. This is a national survey about the vocational preparation, cognitive and physical demands performed, and the environmental conditions of occupations in today’s economy. The data in this survey are being gathered at the request of the Social Security Administration, and they expect to use the outputs in their disability determination process.

[Name of ORS703 respondent] provided some data for this survey to my colleague *[previous FE]* on *[approximate date of contact – e.g., last March, earlier this year, etc.]*. My call today is a follow-up to that interview.

First, I want to thank *[your company]* for helping us with this important research. While analyzing the results of our research, we discovered that some of the questions about the mental and cognitive demands of occupations aren’t working as well as we had hoped.

In order to ensure that we provide the Social Security Administration the most accurate information possible, we developed revised questions. We are requesting your company’s continued cooperation through helping us test them out, and letting us know what you think of these new questions.

I’ll be asking the questions about [this/these] jobs – *[provide job titles of sampled quotes]* at this location *[establishment identifier such as physical address, location #, etc.]*, which should take approximately 15 minutes.

The test is being conducted for internal research only. The BLS will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

We estimate that it will take an average of 30 minutes to participate in this test. The OMB clearance number for this voluntary collection is 1220-0189. BLS could not conduct this survey without a currently valid OMB control number.

Do you have time now to help us out with this test, or can I call you back at a more convenient date and time?

**Key Points that must be shared with the New Respondent:**

* Overview of ORS
* Prior participation
* Test background, purpose and use *(internal research and statistical purposes only)*
* Establishment-specific details
  + Location
  + Job titles of sampled quotes
* Appointment duration
* Confidentiality Pledge
* Voluntary Nature of Survey
* OMB Approval for the Test