Crohn's Disease/Colitis Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/ F

Tobacco Usage: _____ Face Amount: _____

___Term 10 15 20 30 ___UL

1. Date of first diagnosis: _____

2. Date of most recent episode: _____

3. Total Number of episodes: _____
Number of episodes past six months: _____ Longest duration: _____ (days, weeks, months)
Number of episodes past five years: _____ Longest duration: _____ (days, weeks, months)

4. What condition(s) have been diagnosed? (Check all that apply)

___Irritable Bowl Syndrome	___ frequent colon spasms	___ frequent diarrhea
___ Ulcerative Proctitis	___ Mucous Colitis	___ Spastic Colitis
___Catarrhal Colitis	___ Ulcerative Proctosigmoiditis	___ Chronic Proctitis
___ Chronic Ulcerative Colitis	___ Crohn's Disease	

Other: _____

5. Has the proposed insured ever been hospitalized for the condition? ___Yes ___No
(If yes, please provide date(s): _____
_____

6. Has surgery been recommended? ___Yes ___No
(If yes, when will the surgery be completed)? _____
_____

7. Has surgery been done? ___Yes ___No
(If yes, please list dates and type of surgery (ies): _____
_____
_____

8. Has the proposed insured ever been disabled because of the condition? ___Yes ___No
(If yes, dates): _____
_____

9. Is the proposed insured taking any medications? ___Yes ___No
(If yes please provide name, dosage, and frequency). _____
_____
_____
_____

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