



COLITIS & CROHN'S DISEASE 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: _____ Date of most recent episode: _____ Total number of episodes: _____
Number of episodes past six months: _____ Longest duration: _____
Number of episodes past five years: _____ Longest duration: _____

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

___ Irritable Bowl Syndrome ___ Frequent colon spasms ___ Frequent diarrhea r Ulcerative Proctitis
___ Mucous Colitis ___ Spastic Colitis ___ Ulcerative Proctosigmoiditis
___ Catarrhal Colitis ___ Crohn's Disease ___ Chronic Proctitis (rectum)
___ Chronic Ulcerative Colitis ___ Other: _____

3. Is the proposed insured taking any medication for this condition or any other? ___ Yes ___ No
(If yes, please provide name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

4. Has the proposed insured ever been hospitalized for the condition? ___ Yes ___ No
(If yes, please provide date(s): _____

5. Has surgery been recommended? ___ Yes ___ No
(If yes, when will the surgery be completed)? _____

6. Has surgery been done? ___ Yes ___ No
(If yes, please list dates, and type of surgery(ies): _____

7. Has the proposed insured ever been disabled because of the condition? ___ Yes ___ No
(If yes, please provide dates): _____

(8) Does the proposed insured have any other medical conditions that may affect underwriting?
___ Yes ___ No (If yes, please provide details): _____