



**COLITIS & CROHN'S DISEASE
QUESTIONNAIRE**

Agent: _____ Phone: _____ Fax: _____
 Proposed Insured Name: _____ M F Date of birth: _____
 Face Amount: _____ Max. Premium: \$ _____ / year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: ____ (Month) ____ (Year) Type used last: _____
 Height: ____ ft. ____ in. Weight: _____ lbs.

(1) *Date of first diagnosis:* _____ *Date of most recent episode:* _____ *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)

(2) *What condition(s) have been diagnosed?*

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

(3) *Is the proposed insured taking any medications? If yes:*

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(4) *Has the proposed insured ever been hospitalized for the condition? If yes, please provide date(s):* _____

(5) *Has surgery been recommended? If yes, when will the surgery be completed?* _____

(6) *Has surgery been done? If yes, please list dates and type of surgery(ies):* _____

(7) *Has the proposed insured ever been disabled because of the condition? If yes, date(s):* _____

(8) *Does the proposed insured have any other medical conditions that may affect underwriting? If yes, please provide details:*

