



**COLITIS/IRRITABLE BOWEL SYNDROME QUESTIONNAIRE**  
(Complete all questions)

Name of primary applicant: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

Name of person treated/relationship to applicant: \_\_\_\_\_

- Was diagnosis of condition Ulcerative colitis, Spastic colon, Diverticulosis or Diverticulitis ?  Yes  No  
(If yes, which condition?) \_\_\_\_\_  
(If no, explain exact diagnosis: \_\_\_\_\_  
What was the cause? \_\_\_\_\_
- Date of first episode? \_\_\_\_\_ Date last treated? \_\_\_\_\_ # episodes in last year? \_\_\_\_\_
- How many attacks/episodes/flare ups have you had since the initial diagnosis? \_\_\_\_\_  
Date of last attack/episode/flare up? \_\_\_\_\_

(Circle the most accurate description for each column below:)

Attack Duration	Attack Frequency	Weight Loss	Abdominal Pain and attack
Up to 4 weeks	1 per year	None	Mild
4-6 weeks	2 per year	10 lbs. or less	Moderate
over 6 weeks	3 per year	over 10 lbs.	Extreme

- Have you had any of the following test:  
 Blood Test Date: \_\_\_\_\_  Barium Enema Date: \_\_\_\_\_  
 Colonoscopy Date: \_\_\_\_\_  Sigmoidoscopy Date: \_\_\_\_\_  
 Pathology/Biopsy Date: \_\_\_\_\_
- Have you been hospitalized or had surgery for this or any other related condition:  Yes  No.  
 If yes, what type of surgery? \_\_\_\_\_ Date(s): \_\_\_\_\_  
 Details: \_\_\_\_\_

- Are you on a special diet or do you use regular medication for this condition?  Yes  No  

Name of Medication:	Dosage	Frequency (ie, daily, as needed)
_____	_____	_____
_____	_____	_____

- Have you ever taken or been advised to take any type of steroids (oral/suppositories) or azulfidine/sulfasalazine  
 Yes  No. If yes, give name of medications and dates taken: \_\_\_\_\_

- What is your current height? \_\_\_\_\_ and weight? \_\_\_\_\_
- Name and address of treating physician: \_\_\_\_\_

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand that the insurer will rely on these statements when determining eligibility.

\_\_\_\_\_  
Signature of person treated (or parent/guardian if under 18)

\_\_\_\_\_  
Date

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