

Colitis and Crohn's disease questionnaire

Your details

Name

Application number(s)

Why we are asking you for this information

You told us that you have a bowel condition. We'd like some more information on this so that we can assess whether to offer you cover and the terms of that cover.

What you need to know before completing the questionnaire

You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.

If you don't answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

Please answer the following questions

1. What type of bowel condition do you have?

☐

Ulcerative Colitis

☐

Ulcerative Proctitis

☐

Proctitis

☐

Crohn's Disease

2. When was your condition diagnosed? Please give month and year:

3. How often do you experience a relapse of symptoms?

☐

0-1 times per year

☐

2-4 times per year

☐

More than 4 times per year

☐

Continuous symptoms

4. When were your last symptoms of bowel disease requiring you to attend your doctor?

5. How often are you treated with steroids?

☐

More than twice a year

☐

Twice a year

☐

Once or less than once a year

☐

Never

If you have needed treatment with steroids, when did you last need steroid treatment?

6. Have your symptoms required admission to hospital?

☐

Yes

☐

No

If 'yes', please give the dates:

From

To

7. Have you taken or are you taking any medication for your bowel condition? ☐ Yes ☐ No

If 'yes', please tell us the name of the medication prescribed and the period(s) of use below:

Name of medication

	From				To			
_____	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
_____	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
_____	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

8. Have you had an operation to treat your bowel condition? ☐ Yes ☐ No

If 'yes', please tell us the name and date of the operation(s):

Name of operation

	Date			
_____	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
_____	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

9. Do you currently have an ileostomy (external bag for waste)? ☐ Yes ☐ No

If 'yes', please tell us if this is going to be reversed in the future, and the date if known:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Planned date of reversal	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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10. Are you waiting for an operation to treat your bowel condition? ☐ Yes ☐ No

If your answer is 'Yes', please tell us the date your operation is due:

<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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11. Do you know the extent of your disease?

<input type="checkbox"/> Rectum (proctitis)	<input type="checkbox"/> Small intestine only	<input type="checkbox"/> Small intestine and/or upper colon
<input type="checkbox"/> Left (descending) colon	<input type="checkbox"/> Whole colon, including total colitis or pancolitis	
<input type="checkbox"/> Symptoms outside the digestive tract/in other parts of the body	<input type="checkbox"/> Unknown	

12. In the last 3 years, how many days have you had off work in total due to your bowel condition?

Please give the number of days:

13. Have you had any complications of your bowel condition, such as anaemia, or problems with your liver, skin, eye or joints? ☐ Yes ☐ No

If 'yes', please give details below:

14. How often do you have colonoscopy reviews for your bowel condition?

15. Please tell us the year and result of your latest colonoscopy:

Year	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Result	_____
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16. If you need more space to answer the questions in this questionnaire, please provide any additional information here:

17. Do you have any reports or letters from the specialist about your condition?

☐ Yes ☐ No

If 'yes', please email us a scanned copy to **underwriting.team@uk.zurich.com** including the application number(s) in the title of your email, or send them to us at Medical Underwriting department, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Declaration

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven't answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Signature

Date