

Colon and Rectal Patient Questionnaire

Are you 50 years or older without a colonoscopy?	YES	NO
Do you experience rectal pain?	YES	NO
Do you experience rectal bleeding?	YES	NO
Do you experience any leakage of gas or stool?	YES	NO
Do you experience constipation?	YES	NO
Do you experience diarrhea?	YES	NO
Do you experience anal itching?	YES	NO
Have you noticed any changes in bowel habits?	YES	NO

Comment: