

## GOUT QUESTIONNAIRE

(To be completed by the applicant)

This questionnaire will form part of application on the life of \_\_\_\_\_  
effective dated \_\_\_\_\_

1. When did you have your first attack of gout? \_\_\_\_\_
2. What was the nature of the symptoms? Which joints are affected? \_\_\_\_\_  
\_\_\_\_\_
3. How many attacks have you had? \_\_\_\_\_
4. What was the date of your last attack? \_\_\_\_\_
5. What is the duration of each attack? Does the gout respond to therapy? \_\_\_\_\_  
\_\_\_\_\_
6. How severe are the attacks? \_\_\_\_\_
7. Has any of the attacks caused you to restrict your occupational activities or to be absent from work? (Y/N). If  
“Yes” please provide full details  
\_\_\_\_\_  
\_\_\_\_\_
8. Please describe any treatment you have been or are receiving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Date and results of last serum uric acid level \_\_\_\_\_
10. Please give the name and address of the doctor last consulted for gout  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby declare that the above particulars and answers are complete and true.**

Signed: \_\_\_\_\_ Date (day/month/year): \_\_\_\_\_