

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): _____