



# Gosport War Memorial Inquests Questionnaire

Deceased's:	
Name:	
Date of birth:	
Date of death:	
Place of death:	
Family's representative's:	
Name:	
Address:	
Telephone number:	
Relationship to the deceased:	
Medical cause of death as stated on the Death Certificate	
Reason why admitted to Gosport	



Date of admission	
Alleged cause of death	
Brief description of circumstances of death (five lines)	
Names (if known) of any of the doctors or nurses who provided the treatment.	
Which ward were they on?	
Was Diamorphine and or any other treatment administered through a syringe driver device?	
What regime for fluid intake was there?	
What investigations have been undertaken so far?	

Was there a police investigation? - give details	
What documents do you have? - please list the types	
What are the main reasons that you consider that there should be an inquest in the case of your relative (five lines)	
Do you give permission for us to provide a copy of this questionnaire to the Coroner and to request that you are included within the inquest?	
Please let us know if there is anything else you consider to be relevant? (three lines)	

If you have any queries in relation to this survey please contact  at