

The Three-item ALERT-B Questionnaire Provides a Validated Screening Tool to Detect Chronic Gastrointestinal Symptoms after Pelvic Radiotherapy in Cancer Survivors

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Fig 3

Assessment of Late Effects of RadioTherapy-Bowel

ALERT-B Screening Tool

Date:

Your specialist has asked you to complete this screening tool to pick up any bowel or tummy problems you may have developed following radiotherapy treatment.

Please answer Yes or No to the following questions:

1. Do you have difficulty in controlling your bowels (having a poo), such as:

- Having to get up at night to poo

Yes

No

- Having accidents, such as soiling or a sensation of wetness (“wet wind”)

Yes

No

2. Have you noticed any blood from your bottom recently?
(any amount or frequency)

Yes

No

3. Do you have any bowel or tummy problems that affect your mood, social life, relationships or any other aspect of your daily life?

Yes

No

(e.g., do you avoid any activities or situations- travel, work, social life or hobbies? Do you take continence supplies or spare clothing with you when you go out? Have you made any dietary changes? Do you need to allow for frequency or urgency of needing the toilet?)

If you have any other problems your doctor will be happy to discuss this with you.