

Janet Hall Foundation Survivor Form



Date:				
Name:				
Do you own a business:	Yes	No		
If so, Name of Busine	ess:			
Type of business:				
What do you sell?				
Mailing Address:				
City:		State:	Zip:	
Email Address:				
Website:				
Mobile:				
What are your personal inter	est?			
What are your business inter	est?			
What is your expertise?				



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Your Journey Breast Cancer Survivors

We All Are Working Together to Help Breast Cancer Survivors

1.	Age	Date of Birth				
2.	What type of Breast	Cancer were you diag	gnosed with?			
3.	At what stage were y	ou diagnosed with br	east cancer?			
4.	How old were you w	hen you were diagno	sed with breas	st cancer?	Age:	
5.	When did you first do	etect that something v	was wrong wit	th your breas	st?	
6.	How long did it take	for you to seek medi	cal attention fo	or the breast	issue?	
7.	. What was the first test the doctor did for you?					
8.	After being diagnose	d with breast cancer,	what was the	next course	of action for	you?
	Did you have	chemotherapy?	Yes	No		
	If so,	how long and how m	any days?			
	Radiation?		Yes	No		
	How 1	ong and how many d	ays			
9.	How long did it take	you to tell others? F	amily	Friends		
10.	How did your spouse	/family/children reac	t to you havin	g breast can	cer?	
11.	Did you get into a su	pport group after sur	gery/treatment	?	Yes	No
12.	Was it easy for you to	o find a support grou	p? Yes	s]	No	
13.	Are you currently in	a support group?	Yes	s]	No	



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14. What support would you like to receive that you haven't been able to get?

15. Have you had genetic testing? Yes No

Would you like to be tested Yes No

16. Did you have a mastectomy? Yes No.

Lumpectomy Yes No

17. Have you had reconstruction surgery Yes No

18. At what age should young ladies of color learn about Breast Health

What activities would you like the Foundation to facilitate for survivors?

Yoga	Mediation	Skin Care		
Exercise & Fitness	Wellness	Make up		
Bowling	Life coach	Hair/Wigs		
Golf/sports	Relaxation	Candle making		
Reiki	Mental health	Heathy eating		
Wine tasting	Herbal Medicine	Cooking		
Sip & paint	Vision board	Farmer markets		
Art therapy	Sound Healing	Travel/trips		
Museums	Job Re-training	Fashion outlets/shopping trips		
Movies/Plays	Networking/social events	Rock-a-torn		
Glass blowing	Fundraising	Gun safety		

Other activities

Please list any business owner who can support the above activities:

Janet Hall Foundation thanks you for your support.