



Mohawks of the Bay of Quinte Health Spending Survey

**Fill out and return this survey to the Community Well-Being Centre
Health Reception for a chance to win a \$200 Walmart Gift Card!**

****For Registered Members Only****

DEADLINE: November 28, 2025

NAME: _____ **Phone #:** _____

We are collecting information to better understand the out-of-pocket health care costs faced by community members. Your participation is voluntary, and all responses will remain confidential. The information gathered will help support future program planning to better meet community needs.

What is your age?

☐ **Under 18**

☐ **18-24**

☐ **25-34**

☐ **35-44**

☐ **45-54**

☐ **55-64**

☐ **65+**

**Approximately how much do you spend per year (out of pocket) on the
following health-related items?**

(Please choose the best estimate for each category)

Dental care:

- ☐ \$0
- ☐ Less than \$500
- ☐ \$500-\$999
- ☐ \$1,000-\$1,999
- ☐ \$2,000+

**Vision care (glasses,
contacts, exams, etc.):**

- ☐ \$0
- ☐ Less than \$500
- ☐ \$500-\$999
- ☐ \$1,000+

Prescription drugs:

- ☐ \$0
- ☐ Less than \$500
- ☐ \$500-\$999
- ☐ \$1,000-\$1,999
- ☐ \$2,000+

**Mental health services
(counselling, therapy, etc.):**

- ☐ \$0
- ☐ Less than \$500
- ☐ \$500-\$999
- ☐ \$1,000+

**Medical supplies and equipment
(hearing aids, mobility aids, braces, etc.):**

- ☐ \$0
- ☐ Less than \$500
- ☐ \$500-\$999
- ☐ \$1,000+

**Are there any other health-related expenses you pay for that are
not listed above?**

☐ No

☐ Yes (please describe): _____