# #152

### COMPLETE

Collector: Web Link 1 (Web Link)

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**Time Spent:** 00:05:37 **IP Address:** 205.250.120.24

Page 2: Part 1

Q1

Title of activity

Climate-Conscious Asthma Management: Rethinking inhaler use in a changing environment

Q2

Q5

Date of activity

October 16, 2025

Q3 Speaker

What is your role in the CPD activity? (Select all that apply)

Q4 Combination - Community and Academic

What's your practice type?

Please indicate:

profit organization to disclose.If so, please indicate
below (questions 5 to 10) the organization(s) with which
you have/had a relationship over the previous two years

and briefly describe the nature of that relationship.

I HAVE a relationship with a for-profit and/or a not-for-

### Q6

Any direct financial payments including receipt of honoraria

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)

Description of relationship(s)

CASCADES stipend (Creating a Sustainable Canadian Health System in a Climate Crisis) a not-for-profit organization funded by Environment and Climate Change Canada,

stipend for work on the National Advisory Committee on Inhaler Sustainability and for my role as National Chair of Sustainable Prescribing and national innovation grant and support from the CASCADES Network for The Critical Project

### Q7

Membership on advisory boards or speakers' bureaus

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)

Description of relationship(s)

BC Guidelines and Protocols Advisory Committee, Health Quality BC

Committee member for BC asthma and COPD guidelines, HQBC Low Carbon High Quality Care Advisory Board member

### Q8

Funded grants or clinical trials

Respondent skipped this question

### Q9

Patents on a drug, product or device

Respondent skipped this question

### Q10

All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity Respondent skipped this question

Page 3: Part 2: To be completed by presenters only

Q11 No

I intend to use trade names during my presentation.Note: Only generic names should be used whenever possible. If trade names are used, they should be accompanied by the generic name.

Q12	No
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).Note: You must declare all off-label use to the audience during your presentation.	
Q13	N/A
If you answered "Yes" to the previous question, are the medications recommended manufactured by companies you have received funding from?	
Q14	Yes
I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.	
Page 4: Part 3 (Anonymous & Optional): Equity, Diversi	ty and Inclusion (EDI)
Q15	Yes
I confirm that I've completed the EDI Survey linked above	
Page 5: PART 4: Acknowledgement and signature (for all)	
Q16	
First Name:	
Valeria	
Q17	
Last Name:	
Stoynova	
Q18	She/Her
Gender Pronouns - How would you like us to address you?	

## Q19

Please review and check the items below.

I confirm that the above information is accurate and complete.

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I understand that this information may be publicly available