

Participant ID [
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19. Visit 3 - Baseline - Date of Visit 3 - Baseline

Number	Question	Answers			
19.1	Date of Visit 3 - Baseline	(dd-mm-yyyy)			
19.2	Is Visit 3 date 14 to 30 days after Visit 1 date and 4 to 10	Automatic Calculation on Castor			



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20. Visit 3 - Baseline - SOPHIST Cardiac Magnetic Resonance (CMR) Sub-study

Number	Question	Answers
	Only to be completed by Tayside, Gra	mpian, Guys & St Thomas
20.1.2	Is participant taking part in sub-study?	○YES ○NO
20.2.1	Date of sub-study consent	(dd-mm-yyyy)
	CMR Sub-study Eligibility Criteria	
	Inclusion Criteria	
20.2.4	Able to comply with sub-study procedures.	○YES ○NO
20.2.5	Written informed consent.	○YES ○NO
	Exclusion Criteria	
20.2.7	Non-CMR compatible implantable cardiac device i.e. pacemaker, implantable defibrillator.	○YES ○NO
20.2.8	Metallic foreign bodies, including suspicion of.	○YES ○NO

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20.2.9	Claustrophobia or inability	to remain still during imaging.	○YES ○NO	
20.2.10	the investigator, i.e. asthma	nous adenosine as judged by a; severe chronic obstructive lung eart failure; long QT syndrome; block and sick sinus syndrome;	○YES ○NO	
20.2.11	Contra-indication/allergy to	gadolinium contrast media.	○YES ○NO	
20.2.12	Estimated glomerular filtrat <30mL/min/1.73m2.	ion rate (eGFR)	○YES ○NO	
	Eligibility			
20.1.2.2	Is the participant eligible to	take part in the sub-study?	○YES ○NO	
20.1.2.2.1	Was eligibility signed off by	a delegated doctor prior to MRI	○YES ○NO	
20.1.2.2.2	Name of PI or delegated d	octor		
20.1.2.2.3	Date of signature			(dd-mm-yyyy)
	MRI			
20.2.14	Has MRI been done?		○YES ○NO	

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20.4.1	Date of MRI				(dd-mm-yyyy)
20.4.2	Haematocrit value (this will is to be obtained at the time	ll be from a full blood count test that ne of the scan)			L/L



21. Visit 3 - Baseline - Weight

Number	Question	Answers
21.1	Weight	kg



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22. Visit 3 - Baseline - Concomitant Medications

Number	Question	Answers
22.1	Concomitant Medications	
	Please complete Concomitant Medications Log	



23. Visit 3 - Baseline - Adverse Events

Number	Question	Answers
23.1	Adverse Events	



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24. Visit 3 - Baseline - Glucose Review

Number	Question	Answers
24.1	Was Glucose Management Assessed? If Glucose Management not assessed, this is a Protocol breach.	○ YES ○ NO
24.2	Insulin administration	Subcutaneous injections Pump
24.3	Daily basal insulin dose (average of last 7 days)	units/day
24.4	Daily bolus insulin dose (average of last 7 days)	units/day
24.5	Total daily insulin dose (average of last 7 days)	Automatic Calculation on Castor
	CGM summary data from previous 2 weeks	
24.6	Are summary data from CGM readings over the 2 weeks prior to this visit available?	○ YES ○ NO
24.6.1	Number of days CGM worn over preceding 14 days	days
24.6.2	Percentage of time CGM was active over preceding 14 days	%

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24.6.3	Mean blood glucose level or	ver preceding 14 days		mmol/L
24.6.4	Blood glucose percentage to preceding 14 days	ime above 13.9 mmol/L over		%
24.6.5	Blood glucose percentage to preceding 14 days	ime from 10.1 to 13.9mmol/L over		%
24.6.6	Blood glucose percentage to preceding 14 days	ime from 3.9 to 10.0 mmol/L over		%
24.6.7	Blood glucose percentage to preceding 14 days	ime from 3.0 to 3.8 mmol/L over		%
24.6.8	Blood glucose percentage to preceding 14 days	ime below 3.0 mmol/L over		%
24.6.9	Do blood glucose percentagup to 100%?	ge times spent in each range add	Automatic Calcula	ition on Castor
24.6.10	Glycaemic variability index of	over preceding 14 days		%CV

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24.1.1	Does the participant report hypoglycaemic events since	-	○ YES ○ NO	
	If there has been a level visit, participant is ineligit Complete the hypoglycae		ast	
	to actively administer car associated with sufficient may not be available during	vent is defined as requiring hosp bohydrate, glucagon, or other re neuroglycopaenia to induce sei ng such an event, but neurologio I is considered sufficient eviden	esuscitative actions izure or coma. Plas cal recovery attribu	s. These episodes may be sma glucose measurements utable to the restoration of
	Hypoglycaemic Events			
24.1.1.2	Hypoglycaemic Events			
	Please record any leve	l 2 or 3 hypoglycaemic events i	n the Hypoglycae	mic Events Log
24.1.3	Does the participant report hypoglycaemic events in the		O YES	
	Trypogrycacimic overtice in an	o last 2 wooks	○ NO	
24.1.3.1	If Yes, specify			
24.7	HbA1c performed?		Automatic Calcula	ation on Castor
24.7.1	HbA1c units used?			
			Automatic Calcu	lation on Castor
24.7.2	HbA1c level		Automatic Calcu	lation on Castor
24.7.1.1	Is HbA1c result lower than	58 mmol/mol?	Automatic Calcu	ulation on Castor
24.7.1.2	Is HbA1c result lower than	7.5%?		
24.7.1.2.1	If yes, was insulin reduced If insulin not reduced by 10	-	O YES	
		,	○ NO	

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24.7.1.1.1 If yes, was insulin reduced by 10%?

If insulin not reduced by 10%, this is a Protocol breach

O YES



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25. Visit 3 - Baseline - Ketone Review

Number	Question	Answers
	Ketone Readings	
25.1	Have there been Ketone measures since the last visit?	○ YES ○ NO
25.1.1	Number of ketone measurements taken since last visit	
25.1.2	Number of episodes with ketone levels between 0.6 and 1.5 mmol/L (inclusive of endpoints).	
	A distinct episode is a period where ketones have gone above the come down below this. If it then went up again that would be a n	
25.1.4	Number of episodes with ketone levels greater than 1.5 mmol/L	
	A distinct episode is a period where ketones have gone above the below this. If it then went up again that would be a new distinct expression of the control	
25.1.6	Have there been any DKA events since the last visit? If there has been a DKA event since last visit, participant is ineligible to	
	If the participant has experienced any DKA events please complet	e tne DKA Events Log
	DKA Events	

25.1.6.2

DKA Events

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Repeating Data 'Vital Signs'

Form Vital Signs

Number	Question	Answers
	Complete Vital Signs form	
1.1	Blood Pressure - Systolic	mmHg
1.2	Blood Pressure - Diastolic	mmHg
1.3	Pulse	bpm



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27. Visit 3 - Baseline - Questionnaires

Number	Question	Answers
27.1	Has the KCCQ questionnaire been completed?	Oyes
		ONO
27.1.1	Add KCCQ	Performed in Castor
27.2	Has the DTSQs questionnaire been completed?	OYES
		ONO
27.2.1	Add DTSQs	Performed in Castor
		r onomica in castor
27.3	Has the EQ-5D-5L questionnaire been completed?	○YES
		ONO
27.3.1	Add EQ-5D-5L	Performed in Castor



28. Visit 3 - Baseline - 6-Minute Walk Test

Number	Question	Answers	
	Please complete 6-Minute Walk Test		
28.1	Was 6-Minute Walk Test completed?	○ YES ○ NO	
28.1.1	Distance walked in 6 minutes?	m	
28.1.2	Number of stops?		



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Repeating Data 'Safety Bloods'

Visit 3 - Samples - Form Safety Bloods

Number	Question	Answers
1.1	Date of blood sample	(dd-mm-yyyy)
1.2	Haemoglobin	
1.3	Haemoglobin Unit	○ g/L ○ g/dL
1.4	Is the haemoglobin value within the expected range?	
1.5	Sodium	mmol/L
1.6	Potassium	mmol/L
1.7	Urea	mmol/L
.8	Creatinine	μmol/L
1.9	Glucose	mmol/L
1.10	eGFR	mL/min/1.73m2



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29. Visit 3 - Baseline - Samples

Number	Question	Answers
29.1	Urine Pregnancy Test	
	Pregnancy test performed	
29.2		Oyes
		ONO
		○ N/A
29.2.1	Pregnancy test result	OPositive
		○ Negative
	Without a negative pregnancy test result, the participant is not eligible to take part in the trial.	
29.2.2	Is the participant either permanently sterilized or post-	Oyes
	menopausal?	ONO
	Urine Sample	
29.3	Urine Sample	
29.4	Were research bloods taken and processed as per	Oyes
	laboratory manual?	ONO
29.4.1	If answered No, give reason	
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Repeating Data 'Urine Sample'

Form Urine sample

Number	Question	Answers
1.1	Date of urine sample	(dd-mm-yyyy)
1.2	Albumin	mg/L
1.4	Creatinine	
1.5	Creatinine Units	O μmol/L
		○ mmol/L
1.6	Urine albumin/creatinine ratio	mg/mmol
		creat
1.7	Sodium	mmol/L
		<u> </u>



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30. Visit 3 - Baseline - Inclusion Criteria

Number	Question	Answers
30.1	Age 18 years to <85 years	○ YES ○ NO
30.2	Type 1 Diabetes	Automatic Calculation on Castor
30.3	Insulin dose greater than or equal to 0.5 units/kg body weight at screening or BMI equal to or greater than 25kg/m2 at screening	Automatic Calculation on Castor
30.4	Using continuous glucose monitor at screening or willing to use one for the duration of the trial	Automatic Calculation on Castor
30.5	Diagnosis of heart failure (HF), defined as one or more of the following:	Automatic Calculation on Castor
	Previous HF hospitalisation where HF was documented as the requirement for loop diuretics.	primary cause of hospitalisation and there was a
	Impaired left ventricular function (i.e. LVEF <50% by any imagir	ng modality) at any time.
	Preserved LV systolic function (LVEF ≥50%) with left atrial enlawidth ≥3.8cm or left atrial length ≥5.0 cm or left atrial area ≥20c the last 24 months.	
	Preserved LV systolic function (LVEF ≥50%) with left ventricular end-diastolic interventricular septal diameter ≥1.2cm or end-dia ≥1.2cm) within the last 24 months.	
	Preserved LV systolic function (LVEF ≥50%) with diastolic dysfesec or average E/e' ≥15) within the last 24 months.	unction (septal e' <7cm/sec or lateral e' <10cm/
30.6	New York Heart Association Class II-IV at screening	Automatic Calculation on Castor
30.7	Elevated N-terminal pro-B-type natriuretic peptide (≥400 ng/L for those in atrial fibrillation/flutter, ≥250 ng/L for those in all other rhythms) or B-type natriuretic peptide (≥100 ng/L for those in atrial fibrillation/flutter, ≥75 ng/L for those in all other rhythms) within 12 months of screening	○ YES ○ NO



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Kansas City Cardiomyopathy clinical summary score less than 85 at screening.

Automatic Calculation on Castor



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31. Visit 3 - Baseline - Exclusion Criteria

Number	Question	Answers
31.1	Cardiac surgery (coronary artery bypass graft or valve replacement), type 1 myocardial infarction, implantation of cardiac device (including biventricular pacemaker) or cardiac mechanical support implantation within 1 month of screening, or between screening and randomisation, or planned during the trial.	○ YES ○ NO
31.2	End-stage heart failure requiring left ventricular assist devices, intra-aortic balloon pump, or any type of mechanical support at the time of randomisation.	○ YES ○ NO
31.3	Documented primary severe valvular heart disease, amyloidosis or hypertrophic cardiomyopathy as principal cause of heart failure as judged by the local investigator.	○ YES ○ NO
31.4	Respiratory disease thought to be the primary cause of dyspnoea as assessed by the local investigator.	○ YES ○ NO
31.5	Chronic kidney disease with estimated glomerular filtration rate <25ml/min/1.73m2 at screening.	○ YES ○ NO
31.6	Moderate or severe hepatic impairment (e.g. Child-Pugh B and C) at screening as judged by the local investigator.	○ YES ○ NO
31.7	Use of sotagliflozin or any SGLT2 inhibitor within 1 month of screening or between screening and randomisation.	○ YES ○ NO
31.8	Previous hypersensitivity/intolerance to SGLT2 inhibitors.	○ YES ○ NO
31.9	Presence of malignancy with expected life expectancy less than 1 year at screening	

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31.10	episode requiring external	spitalisation for hypoglycaemia or assistance to treat) within 1 month en screening and randomisation.	○ YES ○ NO	
31.11	screening and randomisation	l month of screening or between on, or greater than or equal to 2 nketotic hyperosmolar state events	○ YES ○ NO	
31.12	Pregnant or lactating wome	en	○ YES ○ NO	
31.13		e or male partners of women of racticing a method of acceptable		
31.14	On a ketogenic diet.		○ YES ○ NO	
31.15	Unwilling/unable to share g data.	lucose and ketone monitoring	○ YES ○ NO	
31.16	elimination half-life after the	drugs within five times of the elast dose or within 30 days, at enrolment in non-interventional, e allowed.	○ YES ○ NO	



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32. Visit 3 - Baseline - Eligibility

Number	Question	Answers
	Eligibility must be checked prior to randomisation by a doct	or delegated this task in the Delegation Log.
32.1	Is the participant eligible to take part in the trial?	Oyes
		Оио
32.2		Oyes
	Was eligibility signed off by a delegated doctor prior to randomisation?	О NO
32.3	Name of PI or delegated doctor	
32.4	Date of signature	(dd-mm-yyyy)
32.5	Date of signature between date of visit 3 and date of randomisation?	Automatic Calculation on Castor



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33. Visit 3 - Baseline - Randomisation

Number	Question	Answers
33.1	Has the participant been randomised?	○ YES ○ NO
33.1.1	Date of Randomisation	(dd-mm-yyyy)
33.1.2	Is date of randomisation after date of consent (Visit 1) and on or after date of eligibility sign-off (Visit 3)?	Automatic Calculation on Castor



34. Visit 3 - Baseline - Dispensing of IMP

Number	Question	Answers
34.1	Was IMP dispensed at visit?	○ YES
		ONO
34.1.1	If answered No, give reason?	