SOPHIST

1. Visit 1 - Screening - Informed Consent

Number	Question	Answers
1.1	Date of Visit 1 - Screening	[ ] [ ] [ ] *(dd-mm-yyyy)*
	Please remember that, as per protocol, visit 3 should be scheduled between 14-30 days after Visit 1 AND 4-10 days after Visit 2	
1.2	Date of Consent	[ ] [ ] [ ] *(dd-mm-yyyy)*
1.3	Is Date of Consent after Date of Visit 1?	Automatic calculation in Castor
1.4	Consent for research blood and urine samples for future use to be collected	◯ YES ◯ NO
1.5	Consent to having an additional blood sample taken for future genetic analysis	◯ YES ◯ NO
1.6	Consent to be contacted about future research projects	◯ YES ◯ NO

2. Visit 1 - Screening - Demographics

Number	Question	Answers
2.1	Age	[ ] years
2.2	Sex at birth	○ Male ○ Female
2.3	Ethnicity	○ White - English / Welsh / Scottish / Northern Irish / British ○ White - Irish ○ White - Gypsy or Irish Traveller ○ White - Roma ○ Any other White background ○ Mixed or multiple ethnic groups - White and Black Caribbean ○ Mixed or multiple ethnic groups - White and Black African ○ Mixed or multiple ethnic groups - White and Asian ○ Any other Mixed or multiple ethnic background ○ Asian or Asian British - Indian ○ Asian or Asian British - Pakistani ○ Asian or Asian British - Bangladeshi ○ Asian or Asian British - Chinese ○ Any other Asian background ○ Black, Black British - African ○ Black, Black British - Caribbean ○ Any other Black / Black British / Caribbean background ○ Arab ○ Any other ethnic group ○ Unknown ○ Prefer not to say
2.3.1 If **Any other ethnic group**, specify		[ ]

3. Visit 1 - Screening - Medical History

Number	Question	Answers
3.1	Year of Diabetes Diagnosis	[ ] *(yyyy)*
3.2	Previous hospitalisation for Diabetic Ketoacidosis (DKA)	○ YES ○ NO
3.2.1	Date of most recent hospitalisation for Diabetic Ketoacidosis (DKA)	[ ] [ ] [ ] *(dd-mm-yyyy)*
3.2.2	Is date of most recent hospitalisation for DKA within one month of screening	Automatic Calculation on Castor
3.3	Previous hospitalisation or ambulance call-out for hypoglycaemia	○ YES ○ NO
3.3.1	Date of most recent hospitalisation or ambulance call-out for hypoglycaemia	[ ] [ ] [ ] *(dd-mm-yyyy)*
3.3.2	Is date of most recent hospitalisation or ambulance call-out for hypoglycaemia within one month of screening	Automatic calculation in Castor
3.4	Retinopathy	○ YES ○ NO
3.5	Nephropathy	○ YES ○ NO

3.6	Neuropathy	○ YES ○ NO
3.7	Heart Failure	○ YES ○ NO
3.7.1	Year of Heart Failure diagnosis	☐☐☐☐ *(yyyy)*
3.7.2	Heart Failure Aetiology	○ Ischaemic ○ Non-ischaemic
3.8	Previous Heart Failure Hospitalisation	○ YES ○ NO
3.8.1	Heart Failure Check	
3.8.2 Date of most recent Heart Failure hospitalisation		☐☐ ☐☐ ☐☐☐☐ *(dd-mm-yyyy)*
3.9	Implantable Cardioverter Defibrillator	○ YES ○ NO
3.10	Cardiac Resynchronisation Therapy Device (with or without defibrillator)	○ YES ○ NO
3.11	Myocardial Infarction	○ YES ○ NO
3.12	Angina	○ YES ○ NO
3.13	Coronary Artery Bypass Graft	○ YES ○ NO

3.14	Stroke	○ YES ○ NO
3.15	Atrial Fibrillation/flutter	○ YES ○ NO
3.16	Chronic Kidney Disease (eGFR less than 60 ml/min/1.73m2)	○ YES ○ NO
3.17	Chronic Obstructive Pulmonary Disease	○ YES ○ NO
3.18	Amputation (non-traumatic)	○ YES ○ NO
3.19	Peripheral Vascular Disease	○ YES ○ NO
3.20	Other relevant medical history	○ YES ○ NO
3.20.1	Specify other relevant medical history	

4. Visit 1 - Screening - NYHA Class

Number	Question	Answers
4.1	NYHA Class	○ I - No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnoea (shortness of breath). ○ II - Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnoea (shortness of breath). ○ III - Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnoea. ○ IV - Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

5. Visit 1 - Screening - Concomitant Medications

Number	Question	Answers
5.1	Concomitant Medications	

Please complete concomitant medications log

6. Visit 1 - Screening - Physical Examination

Number	Question	Answers
6.1	Height	[ ] cm
6.2	Weight	[ ] kg
6.3	BMI	Automatic calculation in Castor
6.4	Insulin administration	○ Subcutaneous injections ○ Pump
6.5	Daily basal insulin dose (average of last 7 days)	[ ] units/day
6.6	Daily bolus insulin dose (average of last 7 days)	[ ] units/day
6.7	Total daily insulin dose (average of last 7 days)	Automatic calculation in Castor
6.8	Insulin (units/kg)	Automatic Calculation on Castor
6.9	Insulin dose units per kg body weight	Automatic calculation in Castor
6.10	Waist circumference	[ ] cm
6.11	Hip circumference	[ ] cm

6.12	Cardiovascular	○ Normal ○ Abnormal
6.12.1	If abnormal, provide details	
6.13	Respiratory	○ Normal ○ Abnormal
6.13.1	If abnormal, provide details	
6.14	Gastrointestinal	○ Normal ○ Abnormal
6.14.1	If abnormal, provide details	
6.15	Neurological	○ Normal ○ Abnormal
6.15.1	If abnormal, provide details	
6.16	Other abnormalities?	○ YES ○ NO
6.16.1	Other abnormality, specify	

Vital Signs

Question	Answers
Blood Pressure - Systolic	[ ] mmHg
Blood Pressure - Diastolic	[ ] mmHg
Pulse	[ ] bpm

8. Visit 1 - Screening - Electrocardiogram (ECG)

Number	Question	Answers
8.1	ECG Performed/Not performed	○ Performed ○ Not performed
8.1.1 ECG Result		○ Normal ○ Abnormal - not clinically significant ○ Abnormal - clinically significant
8.1.2 Was the ECG reviewed by a delegated doctor prior to randomisation?		○ YES ○ NO
8.1.3 Heart rate		_____ beats/min
8.1.4 Rhythm		○ Sinus rhythm ○ Atrial fibrillation / Flutter ○ Paced ○ Other
8.1.4.1	Other, please specify	_____

9. Visit 1 - Screening - Imaging Test (LVEF)

Number	Question	Answers
9.1	Date of Imaging Test *(An imaging test must have been performed within the last 24 months. If not, an echocardiogram must be performed prior to Visit 3. When available, the result should be entered here. Impaired left ventricular function (i.e. LVEF less than 50% by any imaging modality) at any time is acceptable for inclusion. However, an imaging test within 24 months is required prior to randomisation)*	[ ] [ ] [ ] *(dd-mm-yyyy)*
9.2	Has Imaging Test been performed within 24 months of Screening?	Automatic calculation in Castor
9.3	LVEF	[ ] %
	Where numerical assessment is not available and there is a need to convert the qualitative documented LVEF to the equivalent numerical LVEF as a %, refer to the table below	
9.4	LVEF Table	

Documented LVEF	Numerical LVEF equivalent (%)
Normal/preserved	55
Mildly reduced	50
Mild/moderate	45
Moderate	40
Moderate/severe	35
Severe	30

9.5	Left Atrial Enlargement	○ YES ○ NO
	Preserved LV systolic function (LVEF ≥50%) with left atrial enlargement (2-dimensional measurement of left atrial width ≥3.8 cm or left atrial length ≥5.0 cm or left atrial area ≥20 cm2 or left atrial volume index >29 ml/m2) within the last 24 months.	
9.6	Left Ventricular Hypertrophy	○ YES ○ NO
	Defined as: 2-dimensional measurement of end-diastolic interventricular septal diameter ≥1.2 cm or end-diastolic left ventricular posterior wall diameter ≥1.2 cm	
9.7	Diastolic dysfunction	○ YES ○ NO
	Defined as: septal e' <7 cm/sec or lateral e' <10 cm/sec or average E/e' ≥15	

10. Visit 1 - Screening - Cardiomyopathy Questionnaire (KansasCity) (KCCQ) - Screening

Please Complete KCCQ

11. Visit 1 - Screening - Samples

Number	Question	Answers
11.1	Safety Bloods	
	Date of blood sample	[ ] [ ] [ ] *(dd-mm-yyyy)*
	Haemoglobin	[ ]
	Haemoglobin Unit	○ g/L ○ g/dL
	Sodium	[ ] mmol/L
	Potassium	[ ] mmol/L
	Urea	[ ] mmol/L
	Creatinine	[ ] µmol/L
	Glucose	[ ] mmol/L
	eGFR	[ ] mL/min/1.73m2

11. Visit 1 - Screening - Samples

Number	Question	
	Other Tests	
11.2	Pregnancy test performed	○ YES ○ NO ○ N/A
11.2.1	Pregnancy test result	○ Positive ○ Negative
11.3	N-terminal pro-B-type natriuretic peptide or B-type natriuretic peptide measurement available within 12 months of Visit 1 Screening? *(An NT-proBNP or BNP must have been done within the last 12 months. If not, an NT-proBNP or BNP must be measured at Visit 1. When the result is available, record YES in field 11.3 and enter the result here)* *Warning shown if field's value is equal to NO: 'If N-terminal pro-B-type natriuretic peptide or B-type natriuretic peptide is not available within 12 months prior to screening it needs to be measured at visit 1'*	○ YES ○ NO
11.3.1	Date of N-terminal pro-B-type natriuretic peptide or B-type natriuretic peptide measurement	[ ] [ ] [ ] *(dd-mm-yyyy)*
11.3.2	N-terminal pro-B-type natriuretic peptide or B-type natriuretic peptide available within 12 months prior to screening?	**Automatic Calculation on Castor**
11.3.3	N-terminal pro-B-type natriuretic peptide or B-type peptide peptide	○ natriureticN-terminal pro-B-type natriuretic ○ B-type natriuretic peptide
11.3.3.1	N-terminal pro-B-type natriuretic peptide	[ ] ng/L

		Answers
11.3.3.2	B-type natriuretic peptide	[ ] ng/L
11.4	HbA1c performed?	○ YES ○ NO
11.4.1	HbA1c units used?	○ mmol/mol ○ %
11.4.1.1	HbA1c level	[ ] mmol/mol
11.4.1.2	HbA1c level	[ ] %

12. Visit 1 - Screening - Inclusion Criteria

Number	Question	Answers
12.2	Age 18 years to less than 85 years	Automatic Calculation on Castor
12.3	Type 1 Diabetes	○ YES ○ NO
12.4	Insulin dose greater than or equal to 0.5 units/kg body weight at screening or BMI greater than or equal to 25kg/m2 at screening	Automatic Calculation on Castor
12.5	Using continuous glucose monitor at screening or willing to use one for the duration of the trial	○ YES ○ NO
12.1.1	Diagnosis of heart failure (HF) or high risk for HF defined as any of the following: **NT-pro-BNP greater than or equal to 250 ng/L for those in atrial fibrillation/flutter, greater than or equal to 125 ng/L for those in all other rhythms** or **Previous HF hospitalisation where HF was documented as the primary cause of hospitalisation and there was a requirement for loop diuretics.** or **Impaired left ventricular function (i.e. LVEF less than 50% by any imaging modality) at any time** or **Preserved LV systolic function (LVEF greater than or equal to 50%) with left atrial enlargement (2-dimensional measurement of left atrial width greater than or equal to 3.8 cm or left atrial length greater than or equal to 5.0 cm or left atrial area greater than or equal to 20 cm2 or left atrial volume index greater than 29 ml/m2) within the last 24 months.** or	○ YES ○ NO

Preserved LV systolic function (LVEF greater than or equal to 50%) with left ventricular hypertrophy (2-dimensional measurement of end-diastolic interventricular septal diameter greater than or equal to 1.2 cm or end-diastolic left ventricular posterior wall diameter greater than or equal to 1.2 cm) within the last 24 months

or

Preserved LV systolic function (LVEF greater than or equal to 50%) with diastolic dysfunction (septal e' less than 7 cm/sec or lateral e' less than 10 cm/sec or average E/e' greater than or equal to 15) within the last 24 months

12.6	New York Heart Association Class II-IV at screening	Automatic Calculation on Castor
12.7	Kansas City Cardiomyopathy clinical summary score less than 85 at screening.	Automatic Calculation on Castor

13. Visit 1 - Screening - Exclusion Criteria

Number	Question	Answers
13.1	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.	◯ YES ◯ NO
13.2	End-stage heart failure requiring left ventricular assist devices, intra-aortic balloon pump, or any type of mechanical support.	◯ YES ◯ NO
13.3	Documented primary severe valvular heart disease, amyloidosis or hypertrophic cardiomyopathy as principal cause of heart failure as judged by the local investigator.	◯ YES ◯ NO
13.4	Respiratory disease thought to be the primary cause of dyspnoea as assessed by the local investigator.	◯ YES ◯ NO
13.5	Chronic kidney disease with estimated glomerular filtration rate <25ml/min/1.73m2 at screening.	◯ YES ◯ NO
13.6	Moderate or severe hepatic impairment (e.g. Child-Pugh B and C) at screening as judged by the local investigator.	◯ YES ◯ NO
13.7	Use of sotagliflozin or any SGLT2 inhibitor within 1 month of screening.	◯ YES ◯ NO
13.8	Previous hypersensitivity/intolerance to SGLT2 inhibitors.	◯ YES ◯ NO
13.9	Presence of malignancy with expected life expectancy less than 1 year at screening	◯ YES ◯ NO
13.10	Severe hypoglycaemia (hospitalisation for hypoglycaemia or episode requiring external assistance to treat) within 1 month prior to screening.	◯ YES ◯ NO

13.11	One episode of diabetic ketoacidosis or nonketotic hyperosmolar state within 1 month of screening or greater than or equal to 2 diabetic ketoacidosis or nonketotic hyperosmolar state events within 6 months of screening.	○ YES ○ NO
13.12	Pregnant or lactating women	○ YES ○ NO
13.13	Women of childbearing age or male partners of women of childbearing age and not practicing a method of acceptable birth control	○ YES ○ NO
13.14	On a ketogenic diet.	○ YES ○ NO
13.15	Unwilling/unable to share glucose and ketone monitoring data.	○ YES ○ NO
13.16	Use of any investigational drugs within five times of the elimination half-life after the last dose or within 30 days, whichever is longer. Current enrolment in non-interventional, observational studies will be allowed.	○ YES ○ NO
13.17	Is participant eligible to continue to visits 2 and 3?	○ YES ○ NO