



| Skin                             | pathologisch bzw. vorhanden |                          |                       | nicht untersucht / nicht bekannt |
|----------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------------|
|                                  | aktuell                     | jemals                   | nie                   |                                  |
| Scleredema                       | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Induration proximal to MCP       | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Induration distal to MCP         | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Sclerodactyly                    | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Calcinosis                       | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Heliotrope rash                  | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Gottron papule                   | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| <b>Vascular</b>                  |                             |                          |                       |                                  |
| Vasculitis                       | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Livedo reticularis               | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Raynaud                          | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Digital infarct /Digital pitting | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Nailfold capillaries             | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Capillaroscopy                   | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| <b>Gastrointestinal</b>          |                             |                          |                       |                                  |
| Weight loss                      | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Dysphagia                        | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Diarrhea / Constipation          | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Gastroesophageal Reflux          | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| <b>Respiratory</b>               |                             |                          |                       |                                  |
| Cough                            | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Dyspnoea                         | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Pleuritis                        | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Basal crackles                   | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| DLCO                             | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| FVC                              | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Chest HRCT                       | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Pulmonary Hypertension           | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| <b>Renal</b>                     |                             |                          |                       |                                  |
| Serum creatinine                 | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Urinary protein                  | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Blood pressure                   | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Renal crisis                     | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| <b>Cardiac</b>                   |                             |                          |                       |                                  |
| Pericarditis                     | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Cardiac failure                  | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Arrhythmia                       | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| <b>Neurological</b>              |                             |                          |                       |                                  |
| Seizures                         | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Headache                         | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Carpaltunnel syndrome            | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Peripheral neuropathy            | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| CNS MRI                          | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| <b>Musculoskeletal</b>           |                             |                          |                       |                                  |
| Muscle strength                  | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Tendon friction rubs             | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Arthralgia                       | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |
| Arthritis                        | <input type="radio"/>       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/>            |