

	pathologisch bzw. vorhanden			
	aktuell	jemals	nie	nicht untersucht / nicht bekannt
Skin				
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"/>
Vascular				
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"/>
Gastrointestinal				
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"/>
Reflux	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
Respiratory				
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"/>
Renal				
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"/>
Cardiac				
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"/>
Neurological				
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"/>
Musculoskeletal				
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"/>