

Symptome/Manifestationen	bis zur Diagnosestellung	jemals	aktuell	nie
Allgemein				
rez. Fieber ($\geq 38^\circ\text{Celsius}$)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lymphadenopathie/-schwellung	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serum-Amyloid-A u./o. CRP erhöht	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organbezogen				
Kopf/Neurologie				
Kopfschmerzen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Krampfanfälle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Augenentzündung (Konjunktivitis/Uveitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periorbitale Ödeme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schwerhörigkeit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharyngitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kardiopulmonal				
Pleuritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endokarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perikarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastrointestinal/Genital				
Hepatosplenomegalie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bauchschmerzen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peritonitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/Emesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
falls männlich: Orchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haut/Schleimhäute				
Aphthen (anal/genital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
makulopapulöses Exanthem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urtikaria-like rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erysipel-like Exanthem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pannikulitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Schleim-)Hautulzera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chilblain-lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muskuloskelettal				
Arthralgien/Gliederschmerzen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myositis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis (≥ 6 Wochen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Komorbidität, jemals (Bitte spezifische Erkrankung angeben)				
<input type="radio"/> keine Komorbidität				
<input type="radio"/> Augenerkrankung (z.B. Uveitis) _____		<input type="radio"/> Nierenerkrankung _____		
<input type="radio"/> Kardiovaskuläre Erkrankung _____		<input type="radio"/> Amyloidose		
<input type="radio"/> Gastrointestinale Erkrankung _____		<input type="radio"/> Hauterkrankung (z.B. Psoriasis) _____		
<input type="radio"/> Lebererkrankung _____		<input type="radio"/> hämatologische Erkrankung _____		
<input type="radio"/> Endokrinolog./Stoffwechsel-Erkrank. _____		<input type="radio"/> neurologische Erkrankung _____		
<input type="radio"/> Erkrankung der Atemwege/Lunge _____		<input type="radio"/> psychische Erkrankung _____		
<input type="radio"/> Allergien _____		<input type="radio"/> andere Erkrankung _____		
<input type="radio"/> nicht bekannt				
Familienanamnese		Eltern	Geschwister	Großeltern
Amyloidose, Nierenerkrankungen		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autoinflammatorische Erkrankungen _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schwerhörigkeit		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
keine derartige Erkrankung		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Konsanguinität		<input type="radio"/> ja <input type="radio"/> nein <input type="radio"/> unbekannt		