



Symptome/Manifestationen	bis zur Diagnosestellung	jemals	aktuell	nie
<b>Allgemein</b>				
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"/>
<b>Organbezogen</b>				
<b>Kopf/Neurologie</b>				
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"/>
<b>Kardiopulmonal</b>				
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"/>
<b>Gastrointestinal/Genital</b>				
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"/>
<b>Haut/Schleimhäute</b>				
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-lesion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Muskuloskelettal</b>				
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 ( $\geq 6$ Wochen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Komorbidität, jemals</b> (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				
<b>Familienanamnese</b>		<b>Eltern</b>	<b>Geschwister</b>	<b>Großeltern</b>
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"/>
<b>Konsanguinität</b>	<input type="radio"/> ja	<input type="radio"/> nein	<input type="radio"/> unbekannt	