PERIODIC AUTOINFLAMMATORY SYNDROMES (Appendix 1)

Patient code: ……..(Town/number/individual) i.e. GENOA/01/proband

Sex M □ F □ Date of birth……/……../…….

Father: affected yes □ no □
Mother affected yes □ no □

Ethnic group (caucasic, jewish, arab..):……..

Age at onset of fever attacks……..……

Date of the present evaluation ……..

Clinical characteristic of febrile episodes

Mean duration of episodes (days)	< 2 □ 2-5 □ 5-10 □ >10 □ ……..
Temperature >38°C	yes □ no □
N. of episodes/year Fever-free intervals □ Regular (periodic) Mean duration (days……)	< 2 □ 2-6 □ 6-12 □ >12 □ …… □ Irregular (non periodic)
Chills at fever onset	yes □ no □
Fever episodes during summer period	yes □ no □

Fever-associated manifestations

Muco-cutaneous

	Always	**Often**	**Sometime**	**Never**
Aphtous stomatitis				
Aphthous ulcers at genitalia				
Oral herpetic-like lesions				
Exudative pharyngitis				
Erythematous pharyngitis				
Conjunctivitis				
Maculo-papular rash*				
Erysipelas-like rash*				
Urticarial rash *				
Cold urticaria *				
Pseudo-folliculitis *				
Others…… ……....				

*Specify the prevalent localization ……
……
……

Musculoskeletal system

	Always	**Often**	**Sometime**	**Never**
Arthralgia				
Myalgias				
Monoarthritis*				
Oligoarthritis* (≤ 4 joints)				
Polyarthritis * (≥4 joints)				
Other…… ……				

* Specify the prevalent localization ……
……..

Ocular manifestations

	Always	**Often**	**Sometime**	**Never**
Periorbital oedema				
Conjunctivitis				
Periorbital pain				
Other…… ……				

Gastrointestinal system

	Always	**Often**	**Sometime**	**Never**
Abdominal pain				
Constipation				
Diarrhea				
Vomiting				
Other…… ……				

Lymphoid organs

	Always	**Often**	**Sometime**	**Never**
Lymphoadenopathy*				
Pain at lymph nodes				
Splenomegaly				
Others…… ……				

* Specify the prevalent localization ……
……..

Cardio-respiratory systems

	Always	Often	Sometime	Never
Thoracic pain				
Pleurisy*				
Pericarditis**				
Others…… ……				
X-ray documentation*	yes □ no □			
Echo-cardio documentation**	yes □ no □			

Other manifestations

	Always	Often	Sometime	Never
Headache				
Fatigue				
Other…… ……				

FAMILY PEDIGREE

Family

Doctor ……..
Address……

Family: code_/_/_/_/_/_/_/
Not to be filled

Genealogic tree (please sign)

Identification of family members (please indicate individuals presenting recurrent fever, oral aphtousis, recurrent episodes of arthritis/myalgias, amylodosis…):

	Initials (name & family name)	Ethnicity	Place of Birth	Clinical manifestations
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				