DIGS/MGS Version 2.2

Visual Diagnostic Interview for Genetic Studies (VISDIGS) Molecular Genetics of Schizophrenia.
The Diagnostic Interview for Genetic Studies (DIGS; Nurnberger et al. Arch Gen Psychiatry 1994;51:849-859) is a clinical interview developed by principal investigators in the NIMH Schizophrenia and Bipolar Disorder Genetics Initiatives and NIMH extramural program staff for the assessment and differential diagnosis of major mood and psychotic disorders and related "spectrum" conditions.

The DIGS has the following features: (1) diagnoses can be made in multiple systems that include the RDC, DSM-III, DSM-III-R, DSM-IV, Feighner et al. criteria (Arch Gen Psychiatry 1972;26:57-63), and the International Classification of Diseases, 10th Revision (ICD-10); (2) a detailed assessment is made of the longitudinal course of illness, with particular attention to the comorbidity of substance abuse and psychotic and mood symptoms; (3) detailed sections are included to assess current and past occurrences of episodes of substance abuse or dependence; and (4) a detailed psychosis section is included for collecting data to carefully distinguish schizophrenia, schizoaffective disorder, and other psychotic conditions.

DIGS assessments of self-reported mental disturbance are organized into several domains of psychopathology: somatization, major depression, mania/hypomania, dysthymia/depressive personality/hyperthymic personality, alcohol abuse or dependence, other drug abuse or dependence, psychosis, schizotypal personality features, suicidal behavior, anxiety disorders, eating disorder, pathological gambling, and antisocial personality disorder. The DIGS collects self-reported demographic and medical history data, and ratings are also made on the Global Assessment Scale (GAS: Endicott et al., Arch Gen Psychiatry 1976;33:766-771) and the Scales for the Assessment of Positive and Negative Symptoms (SANS, SAPS: Andreasen et al., Arch Gen Psychiatry 1990;47:615-621). Schizotypal and other Axis II Cluster A personality features are assessed by using a modified verson of the Schedule for Schizotypy (SIS; Kendler et al., Schizophr Bull 1989;15:559-571).