

## M-CHAT

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- |   |     |    |
|---|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.?   | Yes | No |
| 2. Does your child take an interest in other children?  | Yes | No |
| 3. Does your child like climbing on things, such as up stairs?  | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek?  | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of dolls,<br>or pretend other things?       | Yes | No |
| 6. Does your child ever use his/her index finger to point, to ask for something?  | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something?                               | Yes | No |
| 8. Can your child play properly with small toys (e.g. cars or bricks) without just<br>mouthing, fiddling, or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something?   | Yes | No |
| 10. Does your child look you in the eye for more than a second or two?  | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)   | Yes | No |
| 12. Does your child smile in response to your face or your smile?   | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)  | Yes | No |
| 14. Does your child respond to his/her name when you call?  | Yes | No |
| 15. If you point at a toy across the room, does your child look at it?  | Yes | No |
| 16. Does your child walk?   | Yes | No |
| 17. Does your child look at things you are looking at?  | Yes | No |
| 18. Does your child make unusual finger movements near his/her face?  | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity?  | Yes | No |
| 20. Have you ever wondered if your child is deaf?   | Yes | No |
| 21. Does your child understand what people say?   | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose?   | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with<br>something unfamiliar?                       | Yes | No |

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Please refer to: Robins, D., Fein, D., Barton, M., & Green, J. (2001). The Modified Checklist for Autism in Toddlers: An initial study investigating the early detection of autism and pervasive developmental disorders. Journal of Autism and Developmental Disorders, 31 (2), 131-144.

**This screening is billed to your insurance. If you have commercial insurance it may or may not be a covered benefit.**