

Child's Name \_\_\_\_\_

Filled out by: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to child \_\_\_\_\_

Today's date \_\_\_\_\_

## Modified Checklist for Autism in Toddlers (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, 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 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 |
| 21. | 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 something unfamiliar?                        | Yes | No |

Child's Name \_\_\_\_\_

Filled out by: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to child \_\_\_\_\_

Today's date \_\_\_\_\_

## Modified Checklist for Autism in Toddlers (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, 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 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 |
| 21. | 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 something unfamiliar?                        | Yes | No |