

M-CHAT-R®

Date: _____ Patient's Name: Last _____ First _____
Patient's DOB: _____

Name & Relationship to child of individual completing form: _____

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please check yes or no for every question. Thank you very much.

1. If you point at something across the room, does your child look at it?
(For Example, if you point at a toy or an animal, does your child look at the toy or animal?) Yes No
2. Have you ever wondered if your child might be deaf? Yes No
3. Does your child play pretend or make-believe?
(For Example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) Yes No
4. Does your child like climbing on things?
(For Example, furniture, playground equipment, or stairs) Yes No
5. Does your child make unusual finger movements near his/her eyes?
(For Example, does your child wiggle his/her fingers close to his/her eyes?) Yes No
6. Does your child point with one finger to ask for something or to get help?
(For Example, pointing to a snack or toy that is out of reach) Yes No
7. Does your child point with one finger to show you something interesting?
(For Example, pointing to an airplane in the sky or a big truck in the road) Yes No
8. Is your child interested in other children?
(For Example, does your child watch other children, smile at them, or go to them?) Yes No
9. Does your child show you things by bringing them to you or holding them up for you to see -not to get help, but just to share? (For Example, showing you a flower, a stuffed animal, or a toy truck?) Yes No
10. Does your child respond when you call his/her name?
(For Example, does he/she look up, talk or babble, or stop what he/she is doing when you call his/her name?) Yes No
11. When you smile at your child, does he/she smile back at you? Yes No
12. Does your child get upset by everyday noises?
(For Example, does your child scream or cry to noise such as a vacuum cleaner or loud music?) Yes No
13. Does your child walk? Yes No
14. Does your child look you in the eye when you are talking to him/her, playing with him/her or dressing him/her? Yes No
15. Does your child try to copy what you do?
(For Example, wave bye-bye, clap, or make a funny noise when you do?) Yes No
16. If you turn your head to look at something, does your child look around to see what you are looking at? Yes No
17. Does your child try to get you to watch him/her?
(For Example, does your child look at you for praise, or say "look" or "watch me"?) Yes No
18. Does your child understand when you tell him/her to do something?
(For Example, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) Yes No
19. If something new happens, does your child look at your face to see how you feel about it?
(For Example, if he/she hears a strange or funny noise, or sees a new toy, will he/she look at your face?) Yes No
20. Does your child like movement activities? (For Example, being swung or bounced on your knee?) Yes No