

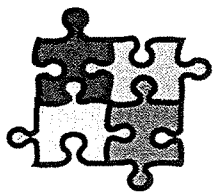
# M-CHAT

## (Modified Checklist for Autism in Toddlers)

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 only 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 blocks, 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., if 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 something unfamiliar?                       | Yes | No |

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# M-CHAT Scoring Instructions

A child fails the checklist when 2 or more critical items are failed OR when any three items are failed. Yes/no answers convert to pass/fail responses. Below are listed the failed responses for each item on the M-CHAT. **Bold capitalized items are CRITICAL items.** Not all children who fail the checklist will meet criteria for a diagnosis on the autism spectrum. However, children who fail the checklist should be evaluated in more depth by the physician or referred for a developmental evaluation with a specialist.

1. No	6. No	11. Yes	16. No	21. No
<b>2. NO</b>	<b>7. NO</b>	12. No	17. No	22. Yes
3. No	8. No	<b>13. NO</b>	18. Yes	23. No
4. No	<b>9. NO</b>	<b>14. NO</b>	19. No	
5. No	10. No	<b>15. NO</b>	20. Yes	

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