

Modified Checklist for Autism in Toddlers - Revised (M-CHAT-R)

MANUAL SCORE MCHAT-R

Please score the interview items on this page. Bolded yes/no = fail

Date: _____

Child's Name: _____

Case Number: _____

Title of Individual that completed M-CHAT with Parent/Guardian: _____

Item	YES	NO
1 If you point at something across the room, does your child look at it? (<i>Example</i> : 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 in your child might be deaf?	Yes	No
3 Does your child play pretend or make-believe? (<i>Example</i> : 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? (<i>Example</i> : furniture, playground, equipment, or stairs)	Yes	No
5 Does your child make unusual finger movements near his or her eyes? (<i>Example</i> : does your child wiggle his or her fingers close to his or her eyes)	Yes	No
6 Does your child point with one finger to ask for something or to get help? (<i>Example</i> : 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? (<i>Example</i> : pointing to an airplane in the sky or a big truck in the road)	Yes	No
8 Is your child interested in other children? (<i>Example</i> : 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? (<i>Example</i> : showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10 Does your child respond when you call his or her name? (<i>Example</i> : does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11 When you smile at your child, does he or she smile back at you?	Yes	No
12 Does your child get upset by everyday noises? (<i>Example</i> : 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 or her, playing with him or her, or dressing him or her?	Yes	No
15 Does your child try to copy what you do? (<i>Example</i> : 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 or her? (<i>Example</i> : 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 or her to do something? (<i>Example</i> : if you don't point, can your child understand "put the book on the chair" or "bring me a blanket"?)	Yes	No
19 If something new happens, does your child look at your face to see how you feel about it? (<i>Example</i> : if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20 Does your child like movement activities? (<i>Example</i> : being swung or bounces on your knee)	Yes	No
Total		_____

3 or More Total Shaded Items Selected = Positive Screening

Positive Screening, Referred for Diagnostic Evaluation

Not Referred to Diagnostic Evaluation