

Child's Name: _____ Date of Birth: _____

Filled Out By: _____ Today's Date: _____

M-CHAT

Please score the interview items on this page. Critical items are marked in **BOLD** and reverse score items, meaning those for which a score of "Yes" indicates risk for autism (11, 18, 20, 22) are noted by the word **REVERSE**.

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 a doll 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) **(REVERSE)** 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? (REVERSE)** 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? (REVERSE)** 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? (REVERSE)** Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes No

Critical Score: _____

Total Score: _____