

Name: _____

Birthdate: _____

Visit Date: _____

M-CHAT™

Please answer the 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 circle **yes** or **no** for every question.

- | | | |
|--|-----|----|
| 1. If you point at something across the room, does your child look at it? | Yes | No |
| (FOR EXAMPLE, if you point at a toy or animal, does your child look at the toy or animal?) | | |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? | Yes | No |
| (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on the phone, or pretend to feed a dog or stuffed animal?) | | |
| 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 or her eyes? | Yes | No |
| (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) | | |
| 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? | Yes | No |
| (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) | | |
| 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? | Yes | No |
| (FOR EXAMPLE, showing you a flower, a stuffed animal or a toy truck) | | |
| 10. Does your child respond when you call his or her name? | Yes | No |
| (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | | |
| 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? | Yes | No |
| (FOR EXAMPLE, does your child scream or cry to noise such as vacuum cleaners or loud music?) | | |
| 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? (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 or 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 or her to do something? | Yes | No |
| (FOR EXAMPLE, if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?) | | |
| 19. If something new happens, does your child look at your face to see how you feel about it? | Yes | No |
| (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | | |
| 20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee) | Yes | No |