Modified Checklist for Autism in Toddlers

*M-CHAT*

Please fill out the questions on the other side of this form by telling us how your child usually is.

Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

The questions being asked on this form are from a developmental screening questionnaire called the Modified Checklist for Autism in Toddlers (or M-CHAT). This questionnaire does not give a clinical diagnosis of whether a child has an Autism Spectrum Disorder (ASD) but it does help us find children who might be at risk for an ASD or other developmental delay and may need further evaluation by a specialist. More pediatricians are using developmental screening questionnaires for Autism Spectrum Disorders (ASDs) during children's well visits, so you may already be familiar with this screening. Even if you have already completed this screening questionnaire at your pediatrician's office, we ask that you take a few minutes to complete this and return it to us so that we have complete information regarding your child's overall development.

The M-CHAT often requires a follow-up interview with parents to determine if a family should seek further evaluation for their child. Before making any recommendations about the need for further evaluation, the Upstate KIDS Program's Child Development Coordinator would contact you to review and discuss your child’s M-CHAT information with you in greater detail. Please be aware that the M-CHAT is not used to diagnose ASDs in toddlers. If you are contacted for a follow-up interview, this would simply allow us to obtain further information regarding your child's development to determine if any additional follow-up care may be appropriate to help monitor your child's development.

START-Please tell us the date you started completing this questionnaire.

mm / dd / yyyy

FINISH-Please tell us the date you finished completing this questionnaire.

mm / dd / yyyy
1. Does your child enjoy being swung, bounced on your knee, etc.?

2. Does your child take an interest in other children?

3. Does your child like climbing on things, such as up stairs?

4. Does your child enjoy playing peek-a-boo/hide-and-seek?

5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?

6. Does your child ever use his/her index finger to point, to ask for something?

7. Does your child ever use his/her index finger to point, to indicate interest in something?

8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?

9. Does your child ever bring objects over to you (parent) to show you something?

10. Does your child look you in the eye for more than a second or two?

11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)

12. Does your child smile in response to your face or your smile?

13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)

14. Does your child respond to his/her name when you call?

15. If you point at a toy across the room, does your child look at it?

16. Does your child walk?

17. Does your child look at things you are looking at?

18. Does your child make unusual finger movements near his/her face?

19. Does your child try to attract your attention to his/her own activity?

20. Have you ever wondered if your child is deaf?

21. Does your child understand what people say?

22. Does your child sometimes stare at nothing or wander with no purpose?

23. Does your child look at your face to check your reaction when faced with something unfamiliar?